THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

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MEMORANDUM FOR GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities

Society expects health care personnel to "do no harm" to the patients they treat and serve. I expect no less, and ensuring patient safety in our health care facilities is a top priority for the Military Health System (MHS). Minimizing the transmission of infections between health care personnel and patients is a major part of this effort. Historically, the MHS has followed national recommendations to minimize such transmissions. In some instances, specific immunization or proof of immunity has been made a condition of employment (e.g., measles and rubella).

Each year, influenza infections are a problem for all of us, especially during the late fall and winter. The severity of the influenza season varies from year to year. It is not possible to predict the severity of an influenza season in advance, just as it is not possible to predict when an influenza pandemic will occur. The Centers for Disease Control and Prevention (CDC) reports that influenza is responsible for more than 200,000 excess hospitalizations and about 40,000 deaths each year in the United States. Many of these cases are preventable by immunization with the seasonal influenza vaccine.

Each year, the Advisory Committee on Immunization Practices (ACIP) and CDC recommend seasonal influenza immunization for health care personnel (HCP) as a priority (Morbidity and Mortality Weekly Report, Prevention and Control of Influenza, June 29, 2007, *www.cdc.gov/mmwr/weekcvol.html*). Recent surveys show that compliance with this recommendation for HCP is only about 40 percent nationwide. Influenza immunization benefits the individual worker at the same time it benefits our patients. In addition to reducing the risk of HCP-to-patient transmission of influenza, studies show that immunization also results in reduced infections and fewer lost days of work among HCP.

HA POLICY: 08-005

In December 2005, the Armed Forces Epidemiological Board sent a letter to the Assistant Secretary of Defense (Health Affairs) advocating mandatory influenza vaccination of all Department of Defense (DoD) HCP directly involved in providing patient care in the MHS. Currently, all military HCP are required to be immunized against influenza annually as part of DoD's annual mandatory Active Duty influenza immunization policy. In previous years, influenza immunization was highly recommended (but not mandatory) for our civilian HCP, consistent with CDC, ACIP, and Healthcare Infection Control Practices Advisory Committee recommendations. This recommendation will continue for HCP who are not involved with direct patient care.

I direct every DoD military treatment facility (MTF) to require all civilian HCP who provide direct patient care in DoD MTFs be immunized against seasonal influenza infection each year as a condition of employment, unless there is a documented medical or religious reason not to be immunized. I am directing this to minimize the risk of influenza transmission within the military health care setting and maximize personal protection from infection. This policy will help to reduce potential outbreaks of influenza that could adversely affect military preparedness and medical care. It applies to all DoD MTF settings, regardless of age or gender of the health care provider, and includes Federal personnel, contract personnel consistent with the terms of their contracts, and volunteers. The MHS will provide influenza vaccines used for Federal employees and volunteers covered by this policy. HCP may choose between injectable and intranasal influenza vaccines as medically appropriate and available.

During the influenza season, all MTFs should institute heightened febrile illness surveillance of patients and HCPs. All HCP with febrile illnesses should not be allowed to work until afebrile and medically cleared. MTFs should enforce standard and droplet precautions for infected individuals and respiratory hygiene and cough etiquette by all.

Local bargaining obligations will need to be satisfied prior to full implementation of this policy. Therefore, local management must fulfill applicable labor relations obligations under the Federal Service Labor-Management Relations statute before implementing any changes to conditions of employment of bargaining unit employees represented by a union. Contact your servicing labor relations professional for additional guidance on these matters. This requirement should be included when establishing new civilian positions, awarding new contracts, and renegotiating existing collective bargaining agreements and contracts. Full implementation should be attained by the 2009-2010 influenza season. Until local bargaining obligations have been met, influenza immunization will continue to be highly recommended on a voluntary basis for HCP not covered under the mandatory immunization program. All MTFs should institute a comprehensive, aggressive HCP influenza immunization education program to achieve high immunization rates among HCP.

For HCP working under contract to any component of the DoD, influenza immunization may be provided by the MTF, according to terms of the contract. Otherwise, contractors will provide influenza immunization to their employees. The contractor is responsible for work-related illnesses, injuries, or disabilities under worker-compensation programs, supplemented by existing Secretarial designee authority as appropriate. Contracted health care personnel are eligible for influenza immunization provided by the MTF, if stated in the contract agreement.

Services will ensure that all immunizations or exemptions are documented in the worker's health record and recorded in the Service's immunization tracking system, as appropriate. In addition, Services will monitor the immunization coverage rate for HCP in their MTFs, and provide to my office an annual Service-wide consolidated report no later than May 1, 2008, beginning with the 2009-2010 influenza season.

My point of contact is Dr. Benedict Diniega. He may be reached by telephone at (703) 681–1703 or by e-mail at *Benedict.Diniega@ha.osd.mil.*

S. Ward Casscells, MD

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