DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041

REPLY TO ATTENTION OF

Military Vaccine Agency 9 October 2009

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Implementation Guidance for Administration of Novel A(H1N1) Influenza Vaccine

1. The purpose of this memorandum is to provide guidance to Service representatives for the implementation of the Novel A(H1N1) Influenza Vaccine Immunization Program (NIVIP).

2. Novel A(H1N1) influenza is a new influenza virus of swine origin that first caused illness in Mexico and the United States in April, 2009. It is thought that the H1N1 virus spreads in the same way that regular seasonal influenza viruses spread, through coughs and sneezes of people who are sick with the virus, and by touching infected objects and then touching one's nose or mouth. On 11 June 2009, the World Health Organization (WHO) signaled that a global pandemic of novel A(H1N1) influenza was underway by raising the worldwide pandemic alert level to Phase 6. Since the WHO declaration of a pandemic, the H1N1 virus has continued to spread. In the United States, significant novel A(H1N1) influenza illness has continued through the summer, with localized and, in some cases, widespread outbreaks. The novel A(H1N1) influenza virus, in conjunction with regular seasonal influenza viruses, poses the potential to cause significant illness with associated hospitalizations and deaths during the US influenza season.

3. The Federal Government has contracted with vaccine manufacturers to acquire as many as 200 million doses of the novel A(H1N1) influenza vaccine. The DoD has purchased enough novel A(H1N1) influenza 2009 monovalent vaccine from the Department of Health and Human Services (DHHS) to ensure a basic quantity of vaccine is available for its operational forces. DoD will receive additional vaccine through allocations from the DHHS to cover all categories of beneficiaries. Within the civilian community there will be multiple sites offering vaccine.

4. The Services are responsible for implementing the NIVIP per the Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum (ref 1a). The attached guidance (enclosure) supplements the ASD(HA) memorandum and provides implementation instructions for the NIVIP.

Military Vaccine Agency
SUBJECT: Implementation Guidance for Administration of Novel A(H1N1) Influenza Vaccine

5. My point of contact for this action is LTC Patrick M. Garman, Deputy Director for Scientific Affairs, Military Vaccine Agency, Office of the Surgeon General, (703) 681-5101 or email: patrick.garman@us.army.mil.

Encl

MICHAEL J. KRUKAR
COL, MS
Director, Military Vaccine Agency

DISTRIBUTION:
Army Immunization Policy POC (ATTN: COL Stanek)
Navy Immunization Policy POC (ATTN: CAPT Naito)
Air Force Immunization Policy POC (ATTN: Lt Col Gould)
Marine Corps Immunization Policy POC (ATTN: CDR Springs)
Coast Guard Immunization Policy POC (ATTN: CDR Schwartz)
Joint Staff Immunization Policy POC (ATTN: Maj Fea)
USAMMA Distribution Operations Center (ATTN: LTC Williams)

Enclosure. Implementation Instructions for Administration of Novel A(H1N1) Influenza Vaccine

1. References.

a. Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum, Subject: Department of Defense Pandemic Vaccine Guidance for Novel Influenza A (H1N1) available at: http://www.vaccines.mil/documents/1291DoD_H1N1_Policy_Sep2009.pdf.

b. Department of Defense Directive (DoDD) 6205.02E, Subject: Policy and Program for Immunizations to Protect the Health of Service Members and Military Beneficiaries, September 2006.

c. Department of Defense (DoD) Joint Regulation (Army Regulation 40-562, BUMEDINST 6230.15A, AFJI 48-110, CG COMDTINST M6230.4F), Immunizations and Chemoprophylaxis, 29 September 2006.

d. ASD(HA) Interim Policy for the Use of Influenza Antiviral Medications for the 2008-2009 Influenza Season, HA Policy 09-002 (22 January 2009) available at: http://www.vaccines.mil/documents/1237FluAntiviralPolicy_09_002.pdf.

e. Novel Influenza A (H1N1) Virus Infections Among Health Care Personnel - United States, April-May 2009 MMWR 2009; 58(23);641-645 (19 June 2009), available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a2.htm?s_cid=mm5823a2_e.

f. Use of Influenza A (H1N1) 2009 Monovalent Vaccine Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009/58(RR10); 1-8 (28 August 2009). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm.

g. Occupational Safety and Health Administration (OSHA) 3327-02N 2007, Guidance on Preparing Workplaces for an Influenza Pandemic. Available at: http://www.osha.gov/Publications/influenza_pandemic.html.

2. Guidance.

a. Novel A(H1N1) Influenza Vaccine Immunization Program (NIVIP) Prioritization: The goal of the DoD NIVIP is to protect all segments of the DoD population.

b. If severity of disease is similar to the Spring/Summer H1N1 Influenza outbreak, DoD purchased vaccine will be targeted toward deployed and deploying forces, new accession sites (including Service Academies), and healthcare personnel. Vaccine provided through the state distribution system

should target ACIP recommended groups of DoD beneficiaries. If the novel A(H1N1) influenza virus begins to cause more severe disease, vaccine will be prioritized towards protecting forces responsible for completing DoD operational missions as determined by the Joint Staff.

c. Delivery. There are two systems for delivering vaccine to DoD installations.

(1) Defense Supply Center Philadelphia (DSCP) will provide vaccine for uniformed personnel, OCONUS dependents and retirees, as well as DoD civilians, based on the seasonal influenza distribution model.

(2) CONUS (including Alaska and Hawaii) Military Treatment Facility (MTF) Commanders, in coordination with installation Public Health Emergency Officers (PHEOs), will register through their respective states as immunizers to vaccinate dependents and retirees (http://www.cdc.gov/h1n1flu/vaccination/statecontacts.htm). The state, in turn, will incorporate this population and forward to the Centers for Disease Control and Prevention (CDC). The CDC will supply vaccine to the state based on this population. The state will coordinate with the vaccine distributor and the installation to have the vaccine delivered to the MTF.

d. Vaccination is mandatory for uniformed personnel and highly encouraged for all others.

e. Precluding shortages, no eligible beneficiary should be denied immunization.

3. Vaccination Instructions.

a. Immediately upon receipt of vaccine, begin vaccinating personnel in accordance with DoD and Service priorities and ACIP guidelines for state-provided vaccine, listed in paragraph 2.b. of this guidance.

b. When additional allocations become available, vaccinate the remainder of uniformed personnel, mission-essential contractors, DoD civilians, DoD beneficiaries, and retirees.

c. Vaccinate individuals regardless of their status of having an RT-PCR lab confirmed 2009 H1N1 virus infection. Vaccination is not harmful to persons with some existing immunity to the 2009 H1N1 virus.

d. The live attenuated influenza vaccine (LAIV) viruses in seasonal influenza vaccine and 2009 H1N1 monovalent vaccine can cause a positive result on a rapid influenza diagnostic test. The tests are designed to detect influenza viruses and cannot differentiate between live attenuated and wild-type influenza viruses. A positive test in a person who recently (in the previous 7 days) received LAIV

and who also has an influenza-like illness could be caused by either LAIV or wild-type influenza virus.

e. People ≥10 years of age will receive one 0.5mL dose administered intramuscularly (IM) in the deltoid muscle. For those 6 to 35 months of age, the novel A(H1N1) influenza vaccine will be administered IM in the vastus lateralis muscle of the thigh or the deltoid muscle as a 0.25ML dose. Children ages 36 months to 9 years of age will be administered the vaccine by IM route over the deltoid muscle. Children ages 6 months to 9 years will receive a two-dose regimen, separated by approximately one month.

f. Timing and Spacing of Vaccinations: General recommendations from the ACIP (ref f.) allow administration of live and inactivated vaccines simultaneously or at any interval, if different anatomic sites are used. Live vaccines not administered on the same day should be separated by at least 28 days. Accordingly, simultaneous administration of inactivated vaccines against seasonal and novel A(H1N1) influenza viruses is permissible, if different anatomic sites are used. However, simultaneous administration of live, attenuated vaccines against seasonal and novel A(H1N1) influenza virus is not recommended. If a person is found to have been vaccinated with both trivalent LAIV and monovalent LAIV in the same day, re-vaccination is not required. Standard recommendations apply if two live vaccines, including live seasonal and live H1N1 vaccine, are not given on the same day; they should be given at least 28 days apart.

g. Should a vaccine shortage occur, monitor information sources for further directions regarding prioritization. ASD(HA) will provide directives consistent with recommendations published in subsequent issues of the CDC Morbidity and Mortality Weekly Report (MMWR).

h. Continue the NIVIP until supply is exhausted or the vaccine expiration date has been reached.

i. Immunization clinics and healthcare personnel will screen individuals receiving novel A(H1N1) influenza vaccinations according to the package insert information to identify contraindications to immunizations. Package inserts are available at: http://www.vaccines.mil/H1N1.

j. The DoD requires the Services to achieve a green status with regard to uniformed service members NLT 1 April 2010. Compliance will be categorized as green (≥ 90% vaccinated), amber (80-89% vaccinated), and red (< 80% vaccinated).

k. ACIP Recommendations. When vaccine is first available, ACIP recommends that programs and providers administer vaccine to persons in the following five target groups (order of target groups does not indicate priority):

(1) Pregnant women.

(a) Per ACIP recommendations, target injectable vaccinations for pregnant women because they are at higher risk of complications and can potentially provide protection for infants who cannot be vaccinated.

(b) Immunization clinics and healthcare personnel will display a prominent sign directing women to alert the technician or provider if they think they might be pregnant.

(c) Ask all females of childbearing age about the possibility of pregnancy prior to administering the vaccine. If women have questions or concerns, they should consult with their healthcare provider before receiving the vaccine.

(d) In an effort to comply with local requirements, facilities providing immunization services should make every attempt to comply with state law related to vaccines preserved with thimerosal. If thimerosal-free vaccines are not available in the local communities that require them, do not withhold immunization as there is an overriding Federal interest in protecting DoD healthcare beneficiaries.

(2) Persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers).

(3) Healthcare and emergency medical services personnel.

(4) Persons aged 6 months - 24 years.

(5) Persons aged 25 - 64 years who have medical conditions that put them at higher risk for influenza-related complications.

4. Immunization Record Keeping Procedures. MILVAX will coordinate with the Services to centralize electronic tracking and reporting of vaccine coverage. Commanders are charged with ensuring immunization data is entered into Service-specific immunization tracking systems (ITS) at the time of immunization, or at a maximum, within 72 hours after vaccination.

a. There are four CVX codes for H1N1 vaccine(s): 125 - live intranasal; 126 - injectable-preservative free; 127 – injectable; and CVX code 128, which should only be used when the actual H1N1 formulation cannot be determined.

b. Personnel who receive influenza vaccinations from non-military facilities will provide immunization data to their unit’s ITS point of contact at the earliest opportunity.

5. Standards of Military Immunizations. During the administration of any vaccine, staff must adhere to the standards of military immunizations as outlined

in the DoD Joint Regulation, “Immunizations and Chemoprophylaxis,” (ref b.). Information, as it becomes available, will be posted on the MILVAX website: http://www.vaccines.mil/H1N1.

a. Immunization Availability. Immunization clinic directors must sign and make available standing orders to all staff administering immunizations, unless a credentialed provider is writing individual patient orders. H1N1 standing order templates for adult and pediatric patients are posted on the MILVAX website.

b. Patient Education. Provide a H1N1 Vaccine Individuals Brief to Service members and their families about H1N1 and the vaccine. The US Army Center for Health Promotion and Preventive Medicine (USACHPPM) has produced a brochure available for all vaccinees describing disease and vaccine. Provide vaccinees with a Vaccine Information Statement (VIS) prior to immunization. Provide reminder cards to parents of children requiring a 2nd dose. (http://chppm-www.apgea.army.mil/news/influenzaWebsite/pages/resources.htm)

c. Prior to vaccination with the H1N1 vaccine, provide all vaccinees with a copy of the VIS. The CDC has published separate VISs for the live attenuated and inactivated vaccines. Display VISs at immunization clinics and provide to each vaccinee or their parent/guardian to read prior to immunization. VISs are available for download and local reproduction at: http://www.cdc.gov/vaccines/pubs/vis/ (Ref d.).

d. Vaccine Storage and Handling. The novel A(H1N1) influenza vaccine is a temperature-sensitive product and activities must comply with cold chain management guidelines when transporting and storing this vaccine. Submit destruction documents for unused, expired vaccine to the US Army Medical Materiel Agency (USAMMA) at vaccine expiration date. The USAMMA website provides additional guidance on handling, storage, transportation, and administration of influenza vaccine at: http://www.usamma.army.mil/flu_h1n1.cfm.

e. Indications and Contraindications. Review package inserts for precautions and contraindications.

(1) Evaluate patients for vaccination using a screening form. Sample adult and pediatric H1N1 vaccine screening forms are available on the MILVAX website.

(2) All H1N1 vaccine rubber tip caps and plungers used for preservative-free, single-dose syringes, and the rubber stoppers used for multi-dose vials are latex free.

(3) The novel A(H1N1) influenza vaccine should not be administered to people who have hypersensitivity (e.g., allergic reactions including anaphylaxis) to eggs or other vaccine components without first consulting a physician. Allergy

to the novel A(H1N1) influenza vaccine should not be confused with mild systemic reactions characterized by fever, malaise, myalgia, and headache.

f. Training. Train staff on screening, administration, documentation, adverse events, and cold chain management of vaccines. Document all training on a competency form and ensure the form is in the training record. Sample competency forms are available at: http://www.vaccines.mil/h1n1. Additional staff training materials are available from:

(1) US Army Center for Health Promotion and Preventive Medicine (USACHPPM): http://chppm-www.apgea.army.mil/news/influenzaWebsite/pages/resources.htm.

(2) Navy and Marine Corps Public Health Center (NMCPHC) Portal: http://www-nmcphc.med.navy.mil/Diseases_Conditions/swine_flu.aspx.

(3) Air Force Knowledge Exchange: https://kx.afms.mil/kxweb/dotmil/kjPage.do?functionalArea=OperationalPreventionDiv&cid=ctb_117365.

(4) Centers for Disease Control and Prevention – http://www.cdc.gov/h1n1flu and http://www.flu.gov.

g. Adverse Events after Immunization. Train all staff on managing an adverse event and an anaphylaxis reaction. Supplies including epinephrine should be easily accessible and properly stored with other emergency response supplies and equipment. See paragraph 12 below for further vaccine safety information.

6. Key Messages.

a. Your health and safety are our number one concern.

b. The vaccine is safe and effective.

c. Vaccination offers a layer of protection in addition to antivirals and other measures that are needed for the armed forces.

d. The DoD NIVIP is part of our national defense strategy to safeguard DoD personnel against the novel A(H1N1) influenza virus.

e. Vaccination acts as our internal body armor and offers a 24/7 layer of protection.

f. Take everyday actions to stay healthy.

(1) Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

(2) Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.

(3) Avoid touching your eyes, nose, or mouth. Germs spread that way.

(4) Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

7. Medical Exemptions. In accordance with DoD Joint Regulation, Immunizations and Chemoprophylaxis (ref b.), individuals with reported hypersensitivity are deferred from immunization or chemoprophylaxis. Hypersensitivity to any vaccine, vaccine component, or medication will be documented on the SF 600 (Health Record–Chronological Record of Medical Care) and on the problem list. Exemptions from further immunization are entered in DoD or USCG–approved electronic ITS, the PHS Form 731 (International Certificate of Vaccination), deployable health record, DD Form 2766, (Adult Preventive and Chronic Care Flow sheet), and/or in other relevant paper–based immunization records.

a. Medical Temporary (MT) exemptions are warranted when a provider has a concern about the safety of immunizations in people with certain clinical conditions. The vaccine's package insert contains examples of situations that warrant a temporary medical exemption (e.g., immune-suppressed people).

b. Medical Permanent (MP) exemptions are generally warranted if the medical condition or adverse reaction is so severe or unremitting that the risk of subsequent immunization is not justified.

c. Administrative exemption codes are warranted in situations where an individual is on emergency leave; is missing in action or a prisoner of war (POW); is within 90 days of Permanent Change of Station (PCS); has refused vaccination for religious reasons; is involved in actions under the Uniformed Code of Military Justice (UCMJ); is pending discharge, separation or retirement; or is absent without leave (AWOL).

8. Logistics. The novel A(H1N1) influenza vaccine contracted for DoD has the following characteristics:

a. NSN: 6505-01-577-5940 - Novartis Vaccines Influenza A (H1N1) 2009 Monovalent Vaccine; USP, 0.5-mL prefilled single dose syringe; package of 10 syringes per carton, for immunizing persons 4 years of age and older; for IM use. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Cold chain must be maintained when transporting and storing this product.

b. NSN 6505-01-577-5936 - Novartis Vaccines Influenza A (H1N1) 2009 Monovalent Vaccine; USP, 5-mL multi-dose vial, contains preservative, individually packaged in a carton. For IM use in persons 4 years of age and older; Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

c. NSN 6505-01-577-6829 - Sanofi Pasteur Influenza A(H1N1) 2009 Monovalent Vaccine; USP, prefilled 0.25-mL single dose pediatric syringe, package of 10 prefilled syringes per carton. For IM use in persons 6 months to 35 months of age. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

d. NSN 6505-01-577-9973 - Sanofi Pasteur Influenza A(H1N1) 2009 Monovalent Vaccine; USP, prefilled 0.25-mL single dose pediatric syringe, package of 25 prefilled syringes per carton. For IM use in persons 6 months to 35 months of age. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

e. NSN 6505-01-577-7716 - Sanofi Pasteur Influenza A(H1N1) 2009 Monovalent Vaccine; USP, prefilled 0.5-mL single dose syringe in a package of 10; For IM use in persons 36 months of age and older. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

f. NSN 6505-01-577-9975 - Sanofi Pasteur Influenza A(H1N1) 2009 Monovalent Vaccine; USP, prefilled 0.5-mL single dose syringe in a package of 25; For IM use in persons 36 months of age and older. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

g. NSN 6505-01-577-6430 - Sanofi Pasteur Influenza A(H1N1) 2009 Monovalent Vaccine; USP, 0.5-mL single-dose vial. For immunizing persons 6 to 35 months of age (0.25ml per dose) and 36 months and older (0.5ml per dose). Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

h. NSN 6505-01-578-2138 - Sanofi Pasteur Influenza A(H1N1) 2009 Monovalent Vaccine; USP, 5-mL multi-dose vial. Contains preservative. For immunizing persons 6 to 35 months of age (0.25ml per dose) and 36 months and older (0.5ml per dose). Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

i. NSN 6505-01-577-7047 - CSL Biotherapies Influenza A(H1N1) 2009 Monovalent Vaccine; USP, 5-mL multi-dose vial, containing ten 0.5mL doses. Contains preservative. For IM use in persons 18 years of age and older. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Once the stopper has been pierced, the vial must be discarded within 28 days. Maintain the cold chain when transporting and storing this product.

j. NSN 6505-01-577-7013 - CSL Biotherapies Influenza A(H1N1) 2009 Monovalent Vaccine; USP, 0.5-ml prefilled single dose syringe in a package of 10. For IM use in persons 18 years of age and older. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Once the stopper has been pierced, the vial must be discarded within 28 days. Maintain the cold chain when transporting and storing this product.

k. NSN 6505-01-578-1392 – MedImmune Influenza A(H1N1) 2009 Monovalent Live, Intranasal Vaccine; USP, 0.2-mL prefilled, single-dose intranasal sprayer in a package of 10. For intranasal use in persons 2-49 years of age. Storage: requires refrigeration. Do not freeze. Store product at 2º to 8ºC (36º and 46ºF). Maintain the cold chain when transporting and storing this product.

9. Ancillary Supplies. DoD vaccine allocations will be accompanied by a corresponding number of syringes distributed by DSCP. Ancillary supplies to complement doses provided by HHS allocations will come from the Strategic National Stockpile.

10. Vaccine Safety.

a. Adverse reactions. Local swelling, soreness at the injection site, and headache are common side effects that are self-limiting, resolve quickly, and do not constitute an allergic reaction. Soreness at the immunization site lasting up to 2 days, fever, malaise, myalgia, and other systemic symptoms may occur. These begin 6-12 hours after immunization, and can persist for 1-2 days. Immediate allergic reactions including hives, angioedema, allergic asthma, and systemic anaphylaxis are rare.

b. Vaccine Adverse Event Reporting System (VAERS). Report to VAERS per Service reporting procedures for those events resulting in hospital admission, lost duty time or work of 24 hours or more, adverse event suspected to result from contamination of a vaccine vial, or death. Further, healthcare providers are encouraged to report other adverse events that in the provider's professional judgment appear to be unexpected in nature or severity. In other situations in which the patient wishes a VAERS report to be submitted, the healthcare provider will work with the patient to submit one with regard to causal assessment. VAERS report forms may be obtained by accessing www.vaers.hhs.gov or by calling 1-800-822-7967.

c. H1N1 Vaccine Safety Surveillance Project. Ensure healthcare providers are prepared to detect potential serious adverse events during mass H1N1 vaccination programs in military populations. Although clinical pre-licensure studies on any new H1N1 vaccine may identify potential vaccine-associated adverse events, rare adverse events associated with the vaccine will likely go unrecognized until there is widespread use of the vaccine in the population. Therefore, the timely identification of rare, serious adverse events once the vaccine is in use is important to warrant the safe use of the vaccine in the military population.

(1) The project is a collaboration between the DoD Military Vaccine (MILVAX) Agency, Armed Forces Health Surveillance Center (AFHSC), the Food and Drug Administration (FDA), Center for Biologic Evaluation and Research (CBER), and the Centers for Disease Control and Prevention (CDC) Immunization Safety Office.

(2) The goal of the H1N1 vaccine safety surveillance project is to evaluate potential adverse events following administration of the new H1N1 vaccine(s) administered to US military active duty personnel using the Defense Medical Surveillance System (DMSS) and the military's electronic health record data.

(3) ICD-9 Codes. HCPs are encouraged to adhere to the following guidance when using ICD-9 codes to document their diagnosis. The following table (see page 11) contains ICD-9 codes that form a nationally recognized tier one list of pre-specified codes that may signal a potential vaccine related adverse event. The codes will be actively monitored as part of the DoD vaccine safety surveillance project.

Table : ICD-9-CM Codes

Disease/ Disease Category	**ICD-9-CM Code**
Guillain-Barré Syndrome (GBS)	357.0
Optic neuritis	377.3
Optic neuritis, unspecified	377.30
Optic papillitis	377.31
Retrobulbar neuritis	377.32
Toxic optic neuropathy	377.34
Optic neuritis, other	377.39
Encephalomyelitis and myelitis	
Encephalitis, myelitis, and encephalomyelitis following immunization procedures	323.5
Encephalitis and encephalomyelitis following immunization procedures	323.51
Myelitis following immunization procedures	323.52
Postinfectious encephalitis, myelitis, and encephalomyelitis	323.6
Infectious acute disseminated encephalomyelitis (ADEM) (includes acute necrotizing hemorrhagic encephalopathy)	323.61
Other postinfectious encephalitis and encephalomyelitis	323.62
Postinfectious myelitis	323.63
Other causes of encephalitis, myelitis, and encephalomyelitis (includes noninfectious ADEM)	323.8
Other causes of encephalitis and encephalomyelitis (includes noninfectious ADEM)	323.81
Other causes of myelitis (includes transverse myelitis NOS)	323.82
Unspecified cause of encephalitis, myelitis, and encephalomyelitis	323.9
Acute transverse myelitis	341.2
Bell's palsy	
Bell's palsy	351.0
Facial weakness/facial droop	781.94
Anaphylaxis	
Other anaphylactic shock	995.0
Anaphylactic reaction to serum	999.4
Idiopathic thrombocytopenic purpura	
Idiopathic thrombocytopenic purpura	287.31
Secondary thrombocytopenia	287.4
Thrombocytopenia, unspecified	287.5