



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE
(RESERVE AFFAIRS)
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SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE
DIRECTOR, JOINT STAFF
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SUBJECT: Department of Defense Pandemic Vaccine Guidance for 2009 H1N1
Pandemic

The 2009 H1N1 was first recognized in April 2009. Since that time, it has spread internationally and on June 11, 2009, The World Health Organization declared a pandemic. Although, the severity of infections caused by this virus remains mild, immunization is the most effective method of preventing or limiting illness.

This guidance describes how the Department of Defense (DoD) will receive 2009 H1N1 vaccine for operational requirements, as well as for the family member and retiree populations. Vaccine targeting, supply, and distribution strategies are described. The immunization program will begin without delay upon receipt of vaccine. This vaccine is mandatory for uniformed personnel and highly encouraged for all others. The goal is for all members of the DoD community, who wish to be immunized, to receive the vaccine. This policy supersedes previous guidance related to pandemic and pre-pandemic vaccine allocation and use.

This policy applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of DoD, the Defense Agencies, the Field Activities, all other organizational entities in DoD and military beneficiaries. The term "Military Services," as used herein, refers to the Army, Navy, Air Force, Marine Corps, and the Coast Guard (but only when it is operating as a Service within the Navy).

DoD receives 2009 H1N1 vaccine from three different vaccine programs each with specific target groups. First, for operational requirements, DoD acquired 2.7 million doses of 2009 H1N1 vaccine. This supply of vaccine may be allocated to Active Duty members, Reservists, National Guard, DoD civilians, and deployed essential contractors.

DoD medical logistics assets will receive and ship this vaccine. The Joint Staff will provide guidance for target groups to receive the available vaccine as described below to the Combatant Commands and Services based on operational requirements and this guidance. Operational vaccine allocation should target groups at high risk for transmission. The following groups should receive the vaccine first: deployed forces, training sites (large scale training sites including Service Academies and new accessions), ships afloat, and health care providers who are at very high or high exposure risk (defined by “Guidance on Preparing Workplaces for an Influenza Pandemic,” Occupational Safety and Health Administration (OSHA) Publication 3327-02N 2007). After these groups have been immunized, the remaining vaccine will be allocated to ensure mission assurance. The Deputy Secretary of Defense will determine prioritization categories for DoD personnel. The COCOMs, Services, and Agencies will determine who is critical and what priority they are given for the vaccine to ensure mission assurance.

Second, vaccine is also available for DoD civilians through the federal civilian employee vaccine program. This federal civilian employee program is managed by the Centers for Disease Control and Prevention (CDC) and targets U.S. government civilian employees and DoD dependents residing outside of the continental U.S. that not included in other vaccine allocation programs. Like the DoD purchased operational vaccine this vaccine is also received and shipped by DoD medial logistics assets. DoD civilians and contractors may also seek vaccination through non-DoD sources, when available, because this may result in quicker access to vaccine. Agencies that receive seasonal influenza vaccine through the Federal Occupational Health System (FOHS) will receive 2009 H1N1 vaccine through that system. Depending on the specifications of each seasonal influenza vaccine memorandum of understanding with FOHS, there may or may not be an additional charge for administration.

The third vaccine program targets dependents and retirees residing in the U.S. to include Alaska, Hawaii, US possessions and territories and is allocated as part of the State allocation program targeting the general population. This vaccine can be used for dependents, retirees and health care workers. Exceptions for active duty members receiving this vaccine can be found in the document “2009 H1N1 Vaccine Provision for Beneficiaries with High risk Medial Conditions” dated 30 October 2009. Participation in the program can be found in the document “2009 H1N1 Vaccine Policy for Family Members and Retirees Residing in the Continental United States Including Alaska and Hawaii” dated 30 September 2009. Both documents can be found on the DoD Pandemic Influenza Watchboard (www.dod.mil/pandemicflu). Prioritization of this vaccine should be consistent with the Advisory Committee on Immunization Practices recommendations. (Use of Influenza A (H1N1) 2009 Monovalent Vaccine: Morbidity and Mortality Weekly Report (MMWR), August 21, 2009/58 (Early Release); 1-8). These target groups include pregnant women, household contacts of infants under 6 months of age, young people between the ages of 6 months and 24 years, first responders and health care workers, and non-elderly adults (under age 65) with underlying risk conditions such as diabetes and

chronic lung disease. Subsets of the initial target groups are further defined in the MMWR. These groups are target groups and not prioritization groups. As a target group, every effort should be made to ensure that the vaccine is offered to these individuals. If vaccine allocated for nonoperational use is available, no DoD beneficiaries wishing to be immunized should be turned away.

The Military Vaccine Agency (MILVAX), which coordinates and integrates immunization efforts for DoD, has issued implementation instructions to the Services for the 2009 H1N1 immunization program. Instructions cover DoD priority operational forces identified by the Joint Staff, as well as immunization education and training. These implementation instructions will form a basis for Service-specific 2009 H1N1 immunization policies to follow.

Prioritization of immunization, Service policy synchronization, and distribution of DoD-purchased 2009 H1N1 vaccine will be based upon the established seasonal influenza program model. Service preventive medicine and medical logistic leadership organizations will coordinate with MILVAX to plan the immunization program and distribute 2009 H1N1 vaccine, which will be provided by the Defense Supply Center Philadelphia. To decrease competition for logistic assets, direct shipments from the manufacturer to sites outside the continental U.S. may occur if advantageous to DoD.

MILVAX will coordinate with the Services to centralize electronic tracking and reporting of vaccine coverage. Vaccine safety efforts are of national importance and should emphasize collaboration with state and federal agencies. MILVAX will work with the Food and Drug Administration (FDA) and the CDC to facilitate prompt reporting of potential vaccine related adverse events. The DoD Vaccine Healthcare Centers Network will be used for referral and case management of serious adverse events. The Armed Forces Health Surveillance Center (AFHSC), in conjunction with FDA and CDC, will be responsible for determining estimates of vaccine effectiveness. The Air Force, as the Executive Agent for influenza laboratory surveillance, will continue to coordinate and conduct the DoD-wide influenza laboratory surveillance program.

Vaccine storage, when applicable, will be maintained at the manufacturer and at Defense Logistics Agency (DLA) facilities in compliance with the manufacturer's guidelines. Appropriate cold chain management procedures will be used in the shipment and distribution of vaccines. Overseas Geographic Combatant Commands (COCOMs) will ensure expedited transportation of vaccines across borders in their areas of responsibility. Coordination with the Department of State or a primary agency should be conducted to ensure vaccine delivery access in the event that borders are closed. In accordance with authorities, geographic COCOMs and Services must plan for the availability of ancillary material to administer the vaccines at the points of administration and ensure confirmation of receipt is reported by the ultimate consignees to the Joint Staff and the DLA.

The dose requirement for this vaccine is one dose that may be administered concurrently with seasonal influenza vaccine provided both vaccines are not the live attenuated vaccines (LAIV). If both vaccine types are LAIV then a 28 day interval is recommended between administration of the seasonal and 2009 H1N1 vaccines. People who had an illness confirmed by real-time polymerase chain reaction, (rRT-PCR) to the 2009 H1N1 virus earlier in 2009 can be considered to be immune and do not need to be vaccinated this year. However, rRT-PCR should not be routinely used as a determinant of vaccine requirement.

The U.S. Coast Guard, unless operating under the U.S. Navy, is not part of the overall DoD allocation but will receive vaccine from the DoD purchased stockpile to protect essential personnel. The Coast Guard will also receive a separate allotment as part of the Office of Homeland Security. The Coast Guard will use DoD logistical and medical assets for shipment and administration of its vaccine allotment, where appropriate.

This guidance reflects both the Department's policy and current national immunization plans. Should the national plan or guidance change, this policy will be modified accordingly and posted on the DoD Pandemic Influenza Watchboard (<http://www.dod.mil/pandemicflu>).



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cc:
USD (P&R)