DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
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REPLY TO
ATTENTION OF

DASG-HCA 16 July 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Implementation Instructions for Influenza Vaccination Program (IVP)

1. References.

a. 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.

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

c. ASD(HA) Policy 08-005, Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities, 4 April 2008. Available at http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf.

d. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at: http://www.cdc.gov/vaccines/recs/acip/default.htm.

2. The purpose of this memorandum is to provide guidance to Service representatives for the implementation of the IVP.

3. Influenza (the flu) is a contagious respiratory illness caused by the influenza virus. Flu seasons are unpredictable and have the potential to impact the DoD mission and force readiness. In the United States, influenza results in over 25 million reported cases, over 150,000 hospitalizations due to serious complications, and over 30,000 deaths annually. Vaccination is the primary method for preventing influenza and its complications.

4. For the 2012-2013 influenza season, Services have requested 3.9 million doses of vaccine, which represents a 4 percent decrease over the previous season.

a. The projected dates for vaccine delivery are:

(1) Trivalent Inactivated Vaccine Prefilled Syringes / Multi dose vials: 70% by 31 Aug, 30% by 30 Sep

(2) Intranasal (FLUMIST): 50% by 31 Aug, 30% by 30 Sept, 20% by 31 Oct

5. The Services are responsible for implementing the IVP per the Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum. The enclosed guidance supplements the ASH(HA) memorandum and provides implementation instructions for the IVP.

6. Upon receipt of vaccine, begin vaccinating personnel in accordance with DoD and Service priorities.

7. Vaccination is mandatory for uniformed personnel and healthcare personnel who provide direct patient care, and is encouraged for all others.

8. Vaccine administrators and handlers must be trained. MILVAX provides training for vaccine administration and Storage and Handling located at www.vaccines.mil/flu that can be incorporated into local or regional training programs.

9. DoD/USCG activities are required to prepare an EXSUM when a potential loss of vaccine potency (i.e., vaccine is outside required temperature parameters of 2° to 8°C or 36° to 46°F) is suspected. If stored out of the recommended temperature range, immediately place vaccine into a working refrigerator, mark as “DO NOT USE”, and notify Service level medical logistics agencies. Do not assume influenza vaccine is unusable until confirmed by Service level medical logistics agencies of DLA Troop Support.

10. TempTales are to be returned to DLA Troop Support IAW instructions provided with shipping containers.

11. TRICARE Management Activity final rule authorizing TRICARE retail network pharmacies to administer seasonal influenza at no cost to the beneficiary remains in effect for the 2012-2013 season. Service members who are not located near a medical treatment facility such as Recruiters, ROTC Cadre, and other non traditional assignments are encouraged to utilize this benefit.

12. Personnel who receive influenza vaccinations from non-military facilities will provide immunization data to their unit’s Immunization Tracking System point of contact no later than COB the next duty day following vaccination.

13. Proper documentation includes patient identification, CVX, the date the vaccine was given, the vaccine name or code, manufacturer, lot number, volume of the dose given, vaccine administration route and anatomic site, name, rank, and SSN of

prescriber, vaccinator name, the date patient is provided the Vaccine Information Statement (VIS), and the VIS version date.

14 There are multiple CVX codes for seasonal influenza.

a. CVX Code 140: For documenting single-dose injectable units; these are made without Thimerosal as a preservative because they are intended to be opened and used only once (Fluzone, Fluvirin, Agriflu, Fluarix, Flulaval-PF).

b. CVX Code 141: For documenting multidose injectable products; these are made with a preservative. (Fluzone, Fluvirin, Agriflu, Fluarix, Flulaval-P)

c. CVX Code 111: For documenting a single-dose Intranasal, live-attenuated, vaccine (the nasal spray vaccine) does not contain Thimerosal (FLUMIST)

d. CVX Code 135: For documenting a single dose of the Influenza High Dose, for ages 65 and older (Fluzone High Dose). DoD did not contract for this vaccine but it is available by direct purchase.

e. CVX Code 144: For Documenting a single dose of the Influenza Intradermal, for ages 18 - 65 (Fluzone Intradermal). DoD did not contract for this vaccine but it is available by direct purchase.

15. Reserve component entities utilizing contracted support to administer and document vaccines are responsible for ensuring that contracted support has complete vaccine identifier information, as outlined in item 13 of this document, so that proper entry into the Service Member's medical record and ITS can be made.

16. Vaccine Adverse Event Reporting System (VAERS). Reports shall be filed using Service reporting procedures for those events resulting in hospital admission, loss of duty time of 24 hours or more, an adverse event resulting from suspected contamination of a vaccine vial, or death. Further, healthcare providers are encouraged to report other adverse events that, in the provider’s professional judgment, are unacceptable following a vaccination. In other situations in which the patient wishes a VAERS report to be submitted, the healthcare provider can help the patient fill the VAERS form out, with the understanding that the report does not prove that the reaction was caused by the vaccine but only reflects a possible association. VAERS report forms may be obtained at http://www.vaers.hhs.gov or by calling (800) 822-7967.

17. The Joint Commission has a revised Standard on the Influenza Vaccination for Licensed Independent Practitioners and Staff. Review the new standard at http://www.jointcommission.org/influenza_vaccination_prepublication/

18. Jet Injectors are not an authorized delivery system for the influenza vaccine.

19. The point of contact for this action is Mr Brian Twele, Military Vaccine (MILVAX) Agency, at (703) 681-5691 (DSN 221) or email at brian.twele@us.army.mil.

Encl

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DISTRIBUTION:
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