THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

OCT 25 2004

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
USCG, DIRECTOR OF HEALTH AND SAFETY

SUBJECT: Final Policy Guidance for the Use of Flu Vaccine for the 2004-2005 Season

The nationwide shortage of influenza vaccine has significantly impacted the Department of Defense (DoD). DoD anticipates a shortfall of approximately 1.6 million doses from the 3.7 million doses of influenza vaccine we had planned to administer this flu season. There is not enough vaccine available to conduct total force influenza vaccination this year. We will, however, vaccinate those critical operational forces required to conduct the Global War on Terrorism and to maintain our national security. We will also vaccinate those beneficiaries who are at highest medical risk as defined by the Centers for Disease Control and Prevention for this year's influenza season.

This office issued interim guidance on October 13, 2004, directing the distribution and use of the initial lots of vaccine DoD had received. The attached policy guidance outlines how we will use the remaining lots of influenza vaccine available this year. I have received input from all of the Services as well as the Joint Staff in developing this policy. We have adjusted our ordering of influenza vaccine based on the input on the numbers of critical operational personnel and high-risk beneficiaries from each Service. Remaining influenza vaccine will be allocated based on the input we received from each of the Services during this planning process. The Services are directed to begin implementation of this policy immediately.

William Winkenwerder, Jr., MD

Attachment:
As stated

cc:
Assistant Secretary of Defense (Reserve Affairs)
Director, Joint Staff
Defense Supply Center Philadelphia

HA POLICY: 04-025

Policy Guidance for Use of Influenza Vaccine
2004-2005 Influenza Season

1. There is a significant nationwide shortage of influenza vaccine for the 2004-2005 influenza season. Chiron Corporation, a major manufacturer of influenza vaccine for the United States, notified the Centers for Disease Control & Prevention (CDC) that none of its influenza vaccine will be available for distribution this season. The regulatory agency in the United Kingdom where their vaccine is produced suspended the company's license for three months, preventing the release of any of their vaccine this year. As a result, the nation's influenza vaccine will be only 50% of what was originally planned for.

2. The Department of Defense ordered ~ 70% of its supply of influenza vaccine for this influenza season from Chiron. The other manufacturer of injectable, inactivated influenza vaccine, Aventis Pasteur, has worked closely with DoD to ensure that our critical military operational forces as well as all of our high-risk beneficiaries receive vaccine this year. Additionally, MedImmune, maker of the nasal influenza vaccine (FluMist) has contracted with DoD to sell an additional 250,000 doses of vaccine.

3. DoD anticipates a shortfall of 1.6 million doses from the 3.7 million doses of influenza vaccine we had hoped to give this year. Therefore, there will not be total force influenza vaccination this year. This change in policy for this year will enable vaccination of military retirees and other beneficiaries at highest medical risk to help them avoid the complications from influenza infection such as pneumonia and death.

4. The following prioritization balances our primary task of maintaining optimal military readiness with our responsibility to protect our most vulnerable populations. Whenever possible, vaccination of mission-critical military personnel and medically high-risk beneficiaries will proceed in parallel. Military Treatment Facilities (MTFs) and operational force surgeons should use the following guidelines to administer influenza vaccine to our priority groups:

    a. Critical Operational Forces as specified by Service Headquarters and Combatant Commands:
        - Operational Forces, including special forces, who are forward deployed to a designated combat theater in support of the Global War on Terrorism (i.e., OEF, OIF) and in other areas of high security risk (e.g., Korea) and those who are on orders to deploy to these locations before 1 March 2005. Ideally, vaccine should be administered at least 2 weeks before deployment.

- Personnel who regularly transit or reside in high risk or multiple high risk geographic areas, or who otherwise face particular operational and epidemiological risks, such as airlift aircrews and those who are deployed aboard a ship underway for 2 or more weeks—this may include pre-deployment underway work-up periods. Vaccine should be administered at least 2 weeks prior to departure when possible.
- Members of units on orders that must depart their home station within 24 hours of notification (e.g. designated Quick Reaction Forces, CBRNE Response Forces, EEC and MEC in Korea) and personnel that are assigned or attached to deployable headquarters supporting GWOT.
- Deployed DoD civilians in direct support of operational forces for GWOT (e.g. OEF, OIF).
- Personnel serving in Bosnia-Herzegovina, or Kosovo (Stabilization Force, SFOR, and Kosovo Force, KFOR), but not other portions of European Command's Area of Responsibility, unless specified in another category.
- Personnel in units actively conducting full-time Homeland Defense missions (e.g., combat air patrols, border security, port security) and personnel in the Personnel Reliability Program (PRP).

b. Eligible beneficiaries, whether or not on active duty, who are in one of the following high risk groups as defined by the CDC for this year (http://www.cdc.gov/flu/protect/whoshouldget.htm):
   - All children aged 6-23 months.
   - All adults aged 65 and older.
   - Persons aged 2-64 years with underlying chronic medical conditions.
   - All women who will be pregnant during the influenza season.
   - Residents of nursing homes and long-term care facilities.
   - Children aged 6 months-18 years on chronic aspirin therapy.
   - Out-of-home caregivers and household contacts of infants less than 6 months of age.
   - Healthcare workers with direct patient contact. Do not vaccinate those without regular patient contact unless other factors place them at high risk. Direct patient contact is defined as having direct, hands-on, or face-to-face contact with patients as part of routine daily activities. (http://www.cdc.gov/flu/about/qa/0405season.htm)

c. Trainee populations, such as basic training recruits who live in open-bay style barracks, as well as the full-time cadre that instructs them.
   - These groups are at higher risk for epidemic influenza due to multiple factors associated with the training environment, including living and sleeping arrangements.

- Trainee groups should be under special hand washing precautions at all times to reduce the risk of person-to-person transmission of respiratory viruses, including influenza and adenovirus.
- Since the intranasal vaccine FluMist is only indicated for healthy, non-pregnant persons aged 5-49, we will target our use of this vaccine to our training centers in order to free up the injectable vaccine for other high-risk populations.

5. This priority scheme may be altered in the event of an epidemic outbreak requiring focused management for a specific population. Alteration of priorities will be at the direction of the service-specific epidemiology centers and higher headquarters (Surgeon General) level authority.

6. The Services are encouraged to defer mass immunization campaigns, which typically draw a large number of non-enrolled (in TRICARE Prime or Plus) beneficiaries (e.g. retiree health fairs) until later in November or December in order to provide maximum time for enrolled eligible beneficiaries, for whom we provide primary care, to present for an influenza vaccine. Do not deny influenza vaccine to any eligible beneficiary who meets the CDC criteria for being at high risk.

7. Do not vaccinate other beneficiaries who are not in the high risk groups, including active-duty and reserve-component personnel not in the critical operational forces group above, with influenza vaccine this year.

8. The DoD is working with other federal agencies to ensure that the nation has adequate supply for all high-risk persons. Service preventive medicine sections and logistics agencies are directed to coordinate the supply effort with the Defense Supply Center Philadelphia and with each other. When all of the above groups have been vaccinated, do not open vaccinations to persons not in the priority groups. Report excess vaccine to the service specific Surgeons General office for coordination of redistribution to sites still in need.

9. If the supply situation changes during the influenza season, the Assistant Secretary of Defense (Health Affairs) will issue new guidance for distribution and use of the influenza vaccine.

10. MTF's and operational surgeons should ensure that adequate patient information material is available to all beneficiaries regarding the current shortage and rationing of the influenza vaccine, as well as other non-vaccination preventive strategies (i.e., hand washing) to prevent influenza. Patient education materials can be downloaded from the CDC at : http://www.cdc.gov/flu/professionals/patiented.htm

a. In addition to individual hand washing, droplet spread precautions, and remaining at home if ill, other non-vaccination acute respiratory disease prevention interventions should be implemented, especially in large group living situations. These interventions include, but are not limited to, the use of antimicrobial hand wipes where hand washing devices are not available, cohorting of trainees and other large groups, adequate living/sleeping space per individual, and proper ventilation control (especially fresh air exchange rates).

11. MTF's should be prepared for the possibility of increased clinic visits for influenza like illness and for increased inpatient loads due to complications from influenza illness. Begin planning now for how you will handle the potential for this increased workload this influenza season.

12. Antiviral treatment should be considered in any person who is experiencing a potentially life-threatening influenza-related illness or is at high risk for serious complications of influenza and who is within 2 days of illness onset. Use the neuraminidase inhibitors, Oseltamivir and Zanamivir for treatment only. When prophylaxis is indicated, use Amantadine or Rimantadine. Follow the CDC's published guidance on the use of antiviral medication for treatment and prophylaxis during the current influenza vaccine shortage. (http://www.cdc.gov/flu/professionals/treatment/0405antiviral guide.htm). Rapid diagnostics should be utilized to assist in appropriate antiviral selection. Guidelines for the use of rapid diagnostics can be found at the CDC influenza website (http://www.cdc.gov/flu).