DEPARTMENT OF THE AIR FORCE

HEADQUARTERS UNITED STATES AIR FORCE

WASHINGTON, DC

SEP 15 2003

MEMORANDUM FOR SEE DISTRIBUTION

FROM: AFMOA/CC
110 Luke Avenue, Room 405
Bolling AFB, DC 20032-7050

SUBJECT: Air Force Influenza Immunization Program Guidance

This memo and attached guidance provide implementation instructions for current and future influenza immunization programs, supplementing AFJI 48-110, Immunizations and Chemoprophylaxis.

Air Force medical staff will administer influenza vaccines to all military members in accordance with AFJI 48-110 and offer vaccines to eligible beneficiaries as appropriate. Prioritiziation of influenza vaccinations should only be necessary in the event of an influenza epidemic, vaccine shortage or distribution delays. MTF staff must, though, ensure vaccination of all mission critical military personnel and high-risk beneficiaries prior to the end of November.

Immunization personnel and healthcare providers should review the most recent Advisory Committee on Immunization Practices (ACIP) recommendations on prevention and control of influenza for updates and changes. MTF leadership should work to improve vaccination coverage and remove barriers to influenza vaccination.

While maintaining the high level of influenza vaccine coverage previously achieved for military members, medical staff and commanders should develop programs to target beneficiaries who are at increased risk for influenza-related complications. Each MTF should strive to achieve the *Healthy People 2010* objective by attaining 90% annual influenza vaccination rates for their enrolled beneficiaries aged 65 years and older.

My POC for this memorandum is Maj Mylene Huynh, AFMOA/SGZP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032, (202) 767-4260, DSN 297-4260, e-mail: mylene.huynh@pentagon.af.mil.

PAUL B. CHRISTIANSON, Col, USAF, MC, SFS
Commander
Air Force Medical Operations Agency
Office of the Surgeon General

Attachment:
AF Influenza Immunization Program Guidance

Distribution:

HQ ACC/SG
HQ AETC/SG
HQ AFMC/SG
HQ AFRC/SC
HQ AFSPC/SG
HQ PACAF/SG
HQ AFSOC/SG
HQ AIA/SG
HQ ANG/SG
HQ USAFE/SG
HQ AFIA/SG
HQ USAFA/SG
HQ AFIC/SG
11 MDG/CC
HQ USAFSAM/SG
HQ AMC/SG
311 HSW/CC
HQ ARPC/SG

Air Force Influenza Immunization Program Guidance

1. References:

a. AFJI 48-110 Immunizations and Chemoprophylaxis, 01 Nov 1995 or most recent version.

b. Assistant Secretary of Defense, Health Affairs memorandum, 2 October 2002, subject: Policy for the Use of Influenza Vaccine--2002-2003 Influenza Season.
Available at http://www.ha.osd.mil/policies/2002/02-019.pdf.

c. Centers for Disease Control and Prevention (CDC) influenza home page. Contains provider's information, supply concerns and updates, public affairs and media materials, and patient education materials. Available at http://www.cdc.gov/nip/flu.

d. CDC patient education materials. Contains printable materials and flyers for waiting rooms, tips for mass immunization campaigns, vaccine immunization statements (VIS).
Available at http://www.cdc.gov/nip/flu/Provider.htm#Education.

e. Morbidity and Mortality Weekly Report, Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Volume 52, number RR-08, 25 Apr 2003, pp1-36 or most recent version.
Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm.

f. Morbidity and Mortality Weekly Report, Update: Influenza Activity --- United States and Worldwide, 2002--2003 Season, and Composition of the 2003--04 Influenza Vaccine. Volume 52, number 23, p. 516-521, 6 June 2003 or most recent version.
Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5222a2.htm.

g. Morbidity and Mortality Weekly Report, Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices. Volume 46, Number RR-8, 4 April 1997. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm.

h. Morbidity and Mortality Weekly Report, Use of Standing Orders Programs to Increase Adult Vaccination Rates. Volume 49, RR-01, 24 March 00.
Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a2.htm.

i. Healthy People 2010. U.S. Department of Health and Human Services, 2000. Available at www.health.gov/healthypeople/document/tableofcontents.htm.

j. Standards for Adult Immunization Practices. Poland, GA et al. *American Journal of Preventive Medicine* 2003; Vol 25, Number 2.

k. DoD Worldwide Influenza Surveillance Program located on the AFIOH/RSRH web page. Available at https://afioh.brooks.af.mil/pestilence/Influenza/.

2. Purpose: This message provides Air Force guidance for influenza vaccination programs. Request dissemination of this message to all military treatment facilities (MTFs), MTF/CC's, immunization point of service/clinics, public health offices, pharmacy services, medical logistic/supply sections, and primary care managers.

3. Influenza Virus Vaccines and Their Availability:

a. The annual supply of influenza vaccine and the timing of its distribution may vary yearly. Vaccine availability and shipment schedule can be found on the Air Force Medical Logistics (AFMLO) website at https://afml.ft-detrick.af.mil/AFMLO/fom-p/FLUMenu.cfm.

b. AFMLO is responsible for ordering and distributing influenza vaccine for all AF activities. AFMLO will notify each activity of the quantities ordered and the document numbers being used. AFMLO will incorporate initial estimates of high-risk individuals in the spreadsheet used to prioritize vaccine distributions. Improvements in these estimates are anticipated with input from Population Health Support Division (PHSD), AFMOA/SGZZ. Any additional quantities required must be coordinated with AFMLO/FOP, DSN: 343-4162, commercial (301) 619-4162.

c. The recently FDA approved live, intranasal influenza vaccine (FluMist®), for use in healthy children and adults aged 5-49 years, is currently not available for use within DoD. Specific information on influenza vaccine contained in this guidance applies to the inactivated (killed), injectable vaccine. Updates on the availability of influenza vaccines for use within DoD will be posted on the AFMLO website.

d. Vaccine condition on arrival: Should **not** have been **frozen**. If the enclosed temperature monitor's indicator light is red, do not issue to users until serviceability is confirmed by the "Temp Tales" monitor at the Defense Supply Center Philadelphia (DSCP). Follow instructions enclosed with each shipment. Refrigerate immediately on arrival and store at 2-8° Centigrade (35° and 46° Fahrenheit). **Do not freeze:** Do not put vaccine directly on ice during local transport. Place cold pack in cooler and let temperature stabilize for 5-10 minutes, check temperature with thermometer (between 2° to 8° C is best per manufacturer's recommendation when transporting vaccine), place vaccine in the container after temperature is stable. Shake vial vigorously before withdrawing each dose. **Shelf life: good until expiration date listed on vaccine vial or package insert, if not contaminated.**

e. Vaccination instructions. **Draw and administer vaccine IAW the Advisory Committee on Immunization Practices (ACIP) guidelines.**

1) Not all inactivated influenza vaccines are FDA approved for all age groups. Follow package insert and use influenza vaccines that have been approved by the FDA for the appropriate age groups.

2) Pre-drawing vaccine may increase the chance of wastage or decrease potency. In certain circumstances where a single vaccine type is being used (e.g., in advance of a community influenza vaccination campaign), filling multiple syringes before their immediate use can be considered. Care should be taken to ensure that the cold chain is maintained until the vaccine is administered.

3) When the syringes are pre-filled, the type of vaccine, lot number, and date of filling must be carefully labeled on each syringe, and the doses should be administered as soon as possible after filling. Refer to manufacturer's recommendations in the package insert for detailed instructions.

4) In the future, other FDA approved influenza vaccines may become available for use within DoD, follow package insert for instructions on administration.

f. Do not use left over vaccines from previous year's influenza immunization program for current year's program.

4. Timing of Annual Influenza Immunization.

a. While the optimal time for vaccination is usually during October and November, the influenza immunization program typically runs from October to March.

b. When vaccine production and projected distribution schedules allow for sufficient supply of influenza vaccine during October and November, no prioritization is necessary. However, vaccination of mission critical military personnel and high-risk beneficiaries should begin in October, earlier if vaccines are available. **Vaccination of military members should be completed by the end of December.** Follow ACIP recommendation for timing of vaccination for high-risk groups and other beneficiaries.

1) In general, ACIP recommends that vaccination efforts in October focus on persons aged ≥50 years and those aged 6-23 months, persons aged 2-49 years with certain medical conditions that place them at increased risk for influenza-related complications, children aged < 9 years receiving influenza vaccine for the first time, health-care workers, and household contacts of persons at high risk.

2) Vaccination of individuals in other groups should begin in November.

c. Prioritization. In event of influenza epidemic, vaccine shortage or distribution delays, prioritize targeted groups in accordance with published Assistant Secretary of Defense, Health Affairs (ASD(HA)) policy on this topic (see reference b. above or most recent version). Detailed information for groups to be immunized is contained in that document. For quick reference, refer to the single-sheet version of the prioritization in Appendix 1, which can be posted at point-of-service and other immunization locations. Prioritization scheme may be altered in the event of an epidemic requiring focused management of a specific population. If necessary, alteration of priorities will be given at the direction of AFMOA/SGZP.

d. **Deployers or travelers who were not vaccinated during the preceding fall or winter and are deploying/traveling to the Southern Hemisphere during April-September or to the tropics in organized groups at any time should receive influenza vaccine prior to travel.** Influenza vaccines may not be available year-round; follow expiration date on the package insert.

5. Target Groups and Specific Instructions for Influenza Immunization: Follow AFJI 48-110 and the most recent ACIP guidance for instructions on vaccine administration for specific age groups and recommendations on targeting certain high-risk groups. When there is no anticipated vaccine shortages or delays, influenza vaccination should proceed for military members, medically high-risk individuals and other eligible beneficiaries through mass campaigns, as soon as adequate supply of vaccines is available.

a. **Goals and targets. Improve annual influenza vaccination coverage for the following groups:**

1) All AD and ARC members in accordance with AFJI 48-110.

2) Beneficiaries aged ≥65 years. **Achieve Healthy People 2010 Target of 90%.**

3) Medically high-risk individuals (i.e., persons at increased risk for complications as defined by ACIP or individuals in priority 1B in appendix 1). **Achieve Healthy People 2010 Target of 60% for high-risk adults (aged 18-64 years).**

4) Pregnant women beyond the first trimester of pregnancy (> 14 weeks of gestation) during influenza season. Pregnant women who have medical conditions that increase their risk for complications from influenza should receive influenza vaccine regardless of pregnancy stage.

5) Other target groups for vaccination as recommended by ACIP.

b. **Implement strategies to improve vaccination rates.** MTFs should implement one or more of the following strategies to improve vaccination rates:

1) Reminder/recall systems to target beneficiaries at increased risk for complications from influenza.

2) Standing orders or standard operating procedures. Examples include pre-written vaccine orders for adults aged ≥65 years or other high-risk beneficiaries; provide hospitalized patients flu vaccine prior to discharge; remind pregnant women > 14 weeks Estimated Gestational Age (EGA) to receive vaccine during routine prenatal care.

3) Assess vaccination coverage rates. MTFs should regularly assess their vaccine coverage rates throughout the influenza season and attempt to improve coverage for military members, enrolled beneficiaries aged ≥65 years and other medically high-risk individuals. Information on vaccine completion rates for certain groups is updated regularly and available at the Air Force Corporate Health Information Processing Service (AFCHIPS) website, see item 6 below.

4) Self-identification questionnaires and clinic posters, available at http://www.cdc.gov/nip/flu/Provider.htm#Education. MTFs should post these materials in patient care areas, waiting rooms, prenatal and immunization clinics, and other areas likely to target high-risk groups.

5) Employ other patient-oriented and community-based approaches to reach target populations.

c. The Population Health Support Division (PHSD) provides MTFs' patient enrollment data through the AF Population Health Portal (AFPHP). Primary care managers should facilitate identification of high-risk patients (by age (65 years and older or 50 years and older), pregnant, or chronic disease diagnoses such as diabetes, asthma and COPD) for reminder recall. MTFs can contact PHSD at DSN 240-8190, comm. (210) 536-8190 email: phsohelpdesk@brooks.af.mil for information about accessing the AFPHP.

d. Persons with certain underlying medical conditions will also benefit from pneumococcal vaccination early in the influenza season (if previously unvaccinated). **MTFs should identify eligible individuals and use opportunity during influenza campaign to ensure that these individuals are up-to-date on pneumococcal vaccination,** in accordance with ACIP recommendations (reference g.) or http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm. The *Healthy People 2010* target for one time pneumococcal vaccination for adults aged ≥65 years is 90%.

e. Influenza vaccination for federal civilians employees, foreign nationals or other non-DoD individuals. See AFJI 48-110 for guidance.

f. MTFs should ensure communication of plan and local strategies to all involved parties. Public affairs resources are available through CDC at reference c. or http://www.cdc.gov/nip/flu.

6. **Documentation:** Consistent with AF policy, all vaccinations will be documented in Air Force Complete Immunization Tracking Application (AFCITA). Mass immunization and workplace vaccination campaign planning must consider this requirement for AD, Reserve Component and DoD beneficiaries (e.g., automated methods on-site or manual lists at vaccination site compiled and used to update AFCITA). The AFCHIPS website provides base-level influenza vaccination completion data throughout influenza season, available at https://www.afchips.brooks.af.mil/main.htm.

7. **Vaccine Information Statement** (VIS): The VIS on influenza vaccine, published by the CDC, should be made available and provided to any individuals upon request. The VIS is available at www.cdc.gov/nip/publications/VIS/default.htm.

8. **Contraindications:** Influenza vaccine should not be administered to persons with known **anaphylactic** hypersensitivity to eggs or to other components of the influenza vaccine without first consulting a physician (information on vaccine components can be found in package inserts). Persons who have a history of anaphylactic hypersensitivity to vaccine components but who are also at high risk for complications from influenza may benefit from vaccine after appropriate allergy evaluation and desensitization. Persons with a moderate to severe acute illness normally should not be vaccinated until their symptoms have improved. **Minor illnesses with or without fever do not contraindicate the use of influenza vaccine, particularly among children with minor upper respiratory tract infection or allergic rhinitis.** Mild systemic

reaction with fever, malaise, myalgia, and local redness at the injection site should not be considered an allergic reaction to influenza vaccine. These side effects are self-limiting and resolve quickly. Neither pregnancy nor breastfeeding is a contraindication to influenza immunization.

9. **Side effects and adverse reactions:** When educating patients regarding potential side effects, it should be emphasized that inactivated influenza vaccine contains noninfectious killed viruses and cannot cause influenza; and that coincidental respiratory disease unrelated to influenza vaccination can occur after vaccination.

a. Side effects. Local reactions (affecting 10-64% of patients) include soreness at the vaccination site and can last up to 2 days. Systemic reactions include fever, malaise, myalgia, and other systemic symptoms, beginning 6-12 hours after vaccination, can persist for 1-2 days. Immediate reactions, presumably allergic (e.g., hives, angioedema, allergic asthma, and systemic anaphylaxis), occur rarely after influenza vaccination.

b. Reporting. All vaccine-related adverse events must be reported through the Vaccine Adverse Event Reporting System (VAERS). The VAERS form is available at http://www.vaers.org. If not transmitted electronically, the form must be submitted to the Food and Drug Administration (FDA). Since vaccine adverse events are reportable events, this information must also be submitted to the Air Force Institute for Operational Health (AFIOH), Epidemiology Services Branch preferably by fax at DSN 240-6841 or (210) 536-6841. VAERS reporting will be integrated into AFRESS once the web-based version is complete. Incidents that are considered life threatening or that result in death must be reported to AFIOH within 24 hours. Other reports of vaccine adverse reactions or events should be faxed or mailed within seven days of occurrence.

10. **ANG and AFRES activities:**

a. Air National Guard (ANG) activities: ANG medical squadrons will submit their requirement for influenza virus vaccine either through their host medical stock record account (Medical Supply), which is the preferred method, or directly through AFMLO in the event the host is not located within a reasonable distance. In either case, each shipment will be assigned individual document numbers that will identify the owner of the shipment. Shipments can be tracked through the AFMLO web page.

b. Air Force Reserve Command (AFRC) activities: AFRC activities will need to contact host (FM) account for their requirements. Contact HQ AFRC/SGSL at DSN 497-1905 or com. 478-327-1905. Individual Mobilization Augmentees will be immunized by their supporting AD MTF and should be included in requirements for the MTF.

11. **Contact information.**

a. **Influenza vaccine supply, delivery, shortage and availability issues:** Contact AFMLO/FOM-P, Fort Detrick, MD. DSN 343-4162 or (301) 619-4162, fax: DSN 343-6844 or (301) 619-6844, e-mail: sgml.afmlo.proc@ft-detrick.af.mil.

b. **Policy and prioritization**: Contact AFMOA/SGZP, 110 Luke Ave, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4260 or (202) 767-4260.

c. **VAERS:** Contact AFIOH/RSRH at 2513 Kennedy Circle, Brooks City Base, Texas 78235-5116 at DSN 249-3471 or (202) 536-3471, fax DSN 240-6841.

APPENDIX 1

DoD INFLUENZA VACCINE PRIORITIZATION
(Based on ASD(HA) memorandum, 2 October 2002)

In the event of influenza epidemic, vaccine shortage or distribution delays, influenza vaccine should be administered in the following prioritization order:

September/October

When feasible, vaccinate those in priority groups 1, 2, and 3 in parallel

Priority 1 (Highest priority)

Priority 1A: Mission critical military personnel (applies to AD and ARC members who are mission critical)

a) Operational military personnel (deployed forces in areas of high security risk)
b) Military members who are deployed aboard a ship for two or more weeks
c) Other forward deployed forces or personnel who have orders to deploy
d) Special duty personnel who regularly transit multiple geographic areas (i.e., airlift aircrews, including activated reserve airlift crews)
e) Military members who are on 96-hour alert status or other alert forces
f) Early deployers through C+14 (i.e., members of UTCs scheduled to deploy within first 14 days of contingency)

Priority 1B: DEERS enrollees

a) who are aged ≥65 years or older by Jan 1 of the influenza season
b) adults and children who have chronic high-risk medical conditions: pulmonary (e.g., asthma, COPD), cardiovascular (e.g., CHF), metabolic (e.g., diabetes), renal dysfunction, hemoglobinopathies, immunosuppression, including HIV infection
c) who are residents of long-term care facilities
d) who are pregnant and will be >14 weeks gestation during influenza season
e) who are children (aged 6 months to 18 years) on long-term aspirin therapy

Priority 2: Health care workers (including civilian employees and volunteers) who provide direct patient contact

Priority 3: Trainee populations (basic, advanced and officer trainees; academy students)

November

Continue to vaccinate those in above priority groups and begin to vaccinate those in priorities 4-6

Priority 4: Other groups in close contact with high-risk persons (e.g., employees in long term care facilities, household members (age 6 months and older) of medically high-risk patients, and military training instructors)

Priority 5: All other military members in priority for deployment (those scheduled to deploy, then those on mobility status).

Priority 6: Emergency essential DoD civilians at OCONUS facilities and other military members (including Guard and Reserve on active status). Prioritize those 50-64 years of age before those < 50 years of age.

December through March

Continue to vaccinate those in above priority groups and begin to vaccinate those in priority 7

Priority 7: All other beneficiaries (Routine Priority).

a) Prioritize those 50-64 years of age before those < 50 years of age
b) Infants and children aged 6 months through 23 months
c) Household contacts and out-of-home caretakers of children aged 0 to 24 months
d) All other beneficiaries