DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF
DASG-HCA

26 AUG 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy for Influenza Vaccination, 2004-2005 Season

1. Last year, the United States experienced an early influenza season, resulting in illness and multiple deaths in adults, as well as children. The Army also had a significant number of influenza cases. Influenza vaccination is the primary method for preventing severe illness and medical complications from influenza.

2. The annual influenza immunization program will begin 4 Oct 04 (Enclosure). The primary goal of the program is to vaccinate all active-duty personnel (including activated Reserve Component personnel) and selected TRICARE beneficiaries in accordance with (IAW) guidance provided in Appendix A. It is important to ensure that Soldiers coming out of training (basic combat training, BCT, or advanced individual training, AIT) receive influenza vaccine prior to release on leave, because they will likely be exposed to influenza in their home settings. It is important that they develop immunity prior to returning to their assigned duty stations. The 2003 outbreaks at Fort Eustis and Fort Lee involved newly assigned Soldiers who departed their AIT site before being vaccinated.

3. Defense Supply Center, Philadelphia contracted with the vaccine suppliers to deliver at least 25% of the vaccine not later than (NLT) 30 Sep 04, another 25% NLT 31 Oct 04, and the remaining 50% NLT 30 Nov 04. Release of vaccine to installations and deployed units will occur as soon as possible after the depot receives the vaccine. Military treatment facilities (MTF) will prioritize vaccine administration IAW guidance provided in Appendix A. I anticipate that sufficient vaccine will be available by Dec 04 to accomplish vaccination for all beneficiary populations.

4. The influenza policy does not include FluMist®, an intranasal, live, attenuated vaccine indicated for use in healthy people, 5-49 years of age. Individual MTFs are not prohibited from ordering FluMist® with their own funds, for their beneficiaries, but should be aware that FluMist® is more expensive than inactivated influenza vaccine. Additional professional information is available at http://www.flumist.com.

5. All vaccinations and exemptions given to active and reserve component personnel will be documented in the Medical Protection System (MEDPROS), the Army standard for electronic tracking of individual medical readiness. To ensure personnel receive vaccinations before moving to another installation or upon arrival, screen all Soldiers at installation in- and out-processing stations for influenza and other needed vaccinations. Immunization personnel vaccinating beneficiaries must document vaccinations in the medical record, in addition to entering the transaction into Composite Healthcare System (CHCS) or similar electronic documentation, where available. It is important to document the use of influenza vaccine so that future vaccine requirements can be managed. Army Major Command, MEDCOM Regional Medical Command, and installation compliance with the influenza vaccination program will be monitored through MEDPROS beginning the week of 19 Oct 04.

6. Please note that there are significant changes in recommendations for the 2004-2005 influenza season with regard to specific population groups. For example, all women who will be pregnant at any time during the influenza season should be vaccinated (Appendix B).

7. While the Army remains concerned with every member's health, influenza infection is particularly lethal in those 50 years and older. Encourage retired Soldiers and family members 50 years and older to receive influenza vaccination each fall.

8. My points of contact are Mr. Dennis Moreland, Military Vaccine Agency, 703-681-0623 or email: dennis.moreland@otsg.amedd.army.mil; or COL John Grabenstein, Deputy Director, Military Vaccine Agency, 703-681-5059 or email: john.grabenstein@otsg.amedd.army.mil.

FOR THE COMMANDER:

JOSEPH G. WEBB, JR.
Major General
Chief of Staff

Encls

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2004-2005 ARMY INFLUENZA IMMUNIZATION & CONTROL PROGRAM

1. References:

a. Army Regulation 40-562, 1 November 1995, Immunizations and Chemoprophylaxis.

b. Army Regulation 40-3, 12 November 2002, Medical, Dental, and Veterinary Care.

c. CDC Influenza Home Page (new and updated information, provider's information, supply concerns and updates, public affairs and media materials, patient education materials). http://www.cdc.gov/flu

d.Morbidity and Mortality Weekly Report, Volume 53, May 28, 2004, RR-06, subject: Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP).
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm

2. Distribution: Disseminate this guidance to all preventive medicine, immunization, family practice, primary care, pharmacy, and medical logistics divisions, services, clinics, and sections, and unit/command surgeons.

3. 2004-05 Influenza Vaccine:

a. The 2004-2005 trivalent vaccine virus strains are A/Fujian/411/2002 (H3H2)-like, A/New Caledonia/20/99 (H1N1)-like, B/Shanghail/361/2002-like antigens.

b. National Stock Numbers (NSNs) for the 2004-2005 flu vaccine program are as follows: NSN 6505-01-517-0336 Influenza Virus Vaccine, USP Trivalent for 2004-2005 Influenza Season (split virus for immunizing persons 6 months of age or older) and NSN 6505-01-517-0341 Influenza Virus Vaccine, USP Trivalent for 2004-2005 Influenza Season (split virus or purified surface antigen for immunizing persons 4 years of age or older). See Appendix C, US Army Medical Materiel Agency (USAMMA) Information Paper on the 2004-2005 Influenza Virus Vaccines.

c. The thimerosal preservative-free inactivated influenza vaccine will not be offered centrally because of prohibitive cost and little demand. Individual MTFs may order thimerosal preservative-free inactivated influenza vaccine with their own funds, for their beneficiaries, from their prime vendor.

d. This year DoD has contracted for vaccine from two manufacturers (Aventis Pasteur--40% and Chiron--60%).

e. The CDC has published a Vaccine Information Statement (VIS): "Influenza Vaccine - What You Need to Know – 2004-2005" (Appendix B). This statement must be conspicuously displayed at vaccination sites and readily available to provide to each

individual vaccinee upon request. The VIS can be downloaded from www.cdc.gov/nip/publications/VIS/default.htm and reproduced locally. Federal law does not require written informed consent before vaccination.

4. Vaccine Logistics: Influenza vaccine is distributed to Medical Treatment Facilities (MTFs) and deployed units through pharmacy and/or logistics activities. Information and official messages regarding the distribution of influenza vaccine may be obtained from the USAMMA website http://www.usamma.army.mil. Questions may also be referred to MAJ Paula Doulaveris, DSN 343-4307, Comm (301) 619-4307 or CPT Mark Maneval, DSN 343-4427, Comm (301)619-4427 or Ms. Mary Jane Carty, DSN 343-3242, Comm (301) 619-3242.

5. Priority for Influenza Vaccination: Appendix A is a matrix for vaccine prioritization. This matrix is consistent with guidance from the CDC (reference d). Upon receipt of influenza vaccine, MTFs will administer vaccine IAW this list. The first shipment expected by 30 September 2004 will be targeted for priorities 1-2; the second shipment at the end of October for priorities 3-6, and the final shipment at the end of November for priority 7, IAW Appendix A. At the end of November, MTFs should be in a position that enough vaccine is available for everyone who requests it; therefore, mass immunization campaigns should not occur until the end of November or after the final shipment for that installation has been delivered.

6. Opportunity for Vaccine Review: As Soldiers process through the annual influenza vaccination program, evaluate these Soldiers' need for additional doses of anthrax vaccine and input any paper-based immunizations not already recorded in MEDPROS. Units will organize the administrative and patient flow for this requirement according to local resources and physical setting. The core tasks will involve:

a. Evaluating the immunization records to determine need for any additional doses of anthrax vaccine.

b. Administering those needed doses of anthrax vaccines, along with influenza vaccination.

c. Inputting all immunizations given that day into MEDPROS.

d. Units will begin planning now for resources (e.g., labor, computer access, MEDPROS passwords) needed to perform this thorough review to increase the immune protection of our Soldiers. Step 6(a) can be performed before Soldiers report for vaccinations.

7. Special Considerations:

a. Trainees will be vaccinated until the vaccine's labeled expiration date on 30 June 2005.

b. Individuals who deploy during off-season periods to endemic regions of the

tropics and the Southern Hemisphere (where winter occurs from June through August), should be immunized year-round, or until the vaccine's labeled expiration date.

c. MTF Commanders should coordinate with supported component surgeons to distribute vaccine intended for operational use.

8. Contraindications:

a. Vaccine should not be administered to persons known to have hypersensitivity (allergic reactions including anaphylaxis) to eggs (e.g., hives, or swelling of the lips or tongue or who have experienced acute respiratory distress or collapse) or to other components of the influenza vaccine without first consulting a physician. Allergy to influenza vaccine should not be confused with mild systemic reactions characterized by fever, malaise, myalgia, and headache.

b. Persons with acute febrile illness should not be vaccinated until their symptoms have resolved. However, minor illnesses with or without fever do **NOT** contraindicate the use of vaccine, particularly among children with mild upper respiratory tract infection or allergic rhinitis.

c. Pregnancy and Breast-feeding. Women who will be pregnant during the influenza season should be vaccinated because of the increased risk for influenza-related complications. Influenza vaccine does not affect the safety of mothers who are breast-feeding nor their infants. Breast-feeding does not adversely affect the immune response and is not a contraindication for vaccination.

9. Side Effects and Adverse Reactions: Local swelling and soreness at the injection site are common side affects which are self-limiting, resolve quickly, and do not constitute an allergic reaction. Soreness at the vaccination site lasting up to 2 days, fever, malaise, myalgia, and other systemic symptoms may occur. These begin 6-12 hours after vaccination and can persist for 1-2 days. Immediate allergic reactions including hives, angioedema, allergic asthma, and systemic anaphylaxis are rare. Per AR 40-562 and 40-3, paragraph 11-6d(9), all known or suspected adverse events related to the administration of influenza vaccine will be reported to the MTF Pharmacy and Therapeutics Committee for further review and consideration to forward to the Food and Drug Administration. Reports to the Vaccine Adverse Event Reporting System (VAERS) are required for events involving hospitalization, prolongation of hospitalization, time lost from duty more than 24 hours (more than 1 duty shift), or suspected vial or lot contamination. Other reports of clinically significant events are encouraged.

10. Surveillance and Case Reporting:

a. It is important to confirm whether local increases in respiratory disease are caused by influenza and to identify specific viruses involved. MTFs are requested to send samples to the US Air Force as described in paragraph 11. Results of these

efforts may initiate supplementary disease control activities. MTFs should institute procedures to identify and monitor patients with influenza-like illness (ILI) and ensure that appropriate clinical specimens are collected and submitted for laboratory analysis (culture). For this purpose, ILI may be defined as fever, respiratory symptoms, sore throat, myalgia and headache with or without clinical or radiographic evidence of acute non-bacterial pneumonia. Ideally, nasopharyngeal washes should be taken from patients with ILI and from any individual with acute non-bacterial pneumonia. Nasal or throat swabs will also be accepted by the Air Force lab.

b. Influenza is a reportable disease, and all laboratory-confirmed cases of influenza infection should be reported through preventive medicine activities to the Reportable Medical Events System (RMES) at the Army Medical Surveillance Activity (AMSA). Reported cases should meet the case definition found in the Tri-Service Reportable Events List published at http://amsa.army.mil/. POC at AMSA is CPT Paul Ciminera at DSN 662-0471 or Comm (202) 782-0471.

c. Outbreaks of influenza and deaths due to influenza should be reported telephonically to the Surgeon General's Proponency Office for Preventive Medicine. As a result of the number of pediatric deaths in the population last year, the CDC requests that all influenza-associated pediatric deaths (less than age 18 years) be reported to the CDC through state and local health departments (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5253a4.htm).

11. Influenza Laboratory Surveillance:

a. The US Air Force continues to be the executive agent for laboratory-based influenza surveillance and is operated out of AFIOH at Brooks Air Force Base, San Antonio, TX. Sentinel sites have already been selected, based on location, mission, and training status. However, provision of clinical samples for virus isolation is encouraged but not from every patient seen. Information about the surveillance program, including instructions on procedures to submit samples, can be obtained at their website (https://afioh.brooks.af.mil/pestilence/influenza/). POC at AFIOH is Ms. Linda Canas at DSN 240-1679, Comm (210) 536-1679, or email: linda.canas@brooks.af.mil. AFIOH provides the shipping materials free-of-charge, and covers the shipping costs. In addition, AFIOH publishes the DoD Weekly Influenza Surveillance Report during the influenza season (available on the website).

b. Samples from the following situations should especially be considered for submission to AFIOH, regardless of whether it is a sentinel site: (1) outbreaks, (2) influenza suspected in patients previously vaccinated with the current vaccine, (3) samples from OCONUS installations in the Far East, and (4) based on a "sampling" procedure (every "xth" influenza patients or "x" number of samples per week). In addition, samples should be sent from patients admitted to MTFs with the diagnosis of viral pneumonia. Data from the DoD laboratory surveillance program contributes to the national program and is critical in identifying any variations/mutations in the influenza

viruses that may require a change in the next year's vaccine formulation. The Air Force Virology Lab looks for more than influenza (adenovirus, parainfluenza, RSV, herpes simplex, enteroviruses, etc.)

c. Army Medical Centers offer full clinical viral-culture services for MEDDACs in their region. Moreover, Madigan Army Medical Center (MAMC) offers a fluorescent, non-culture method for the most common respiratory pathogens. Rapid diagnostic tests for influenza can aid clinical judgment and help guide treatment decisions, particularly if anti-viral therapy is considered for treatment. Nonetheless, the use of such tests requires oversight to assure appropriate use and interpretation in the clinical setting.

12. Reporting Requirements for Active-Duty Vaccinations:

a. The status of MACOM, Regional Medical Command and installation compliance with the requirement to vaccinate all active-duty (AD) personnel will be tracked through the Medical Protection System (MEDPROS) of the Military Occupational Data System (MODS).

b. Several areas require emphasis. There must be universal implementation of procedures at installation in-and out-processing stations to ensure that personnel in PCS transition receive vaccination. SIDPERS and DEERS registry of new accessions must be accomplished to capture immunization data in the newest Soldiers. Special efforts must be initiated to ensure that both vaccination and documentation efforts are extended to Soldiers who serve in remote locations. Screen for the need for influenza vaccination at mobilization and demobilization sites, during Soldier readiness processing, and at other similar opportunities.

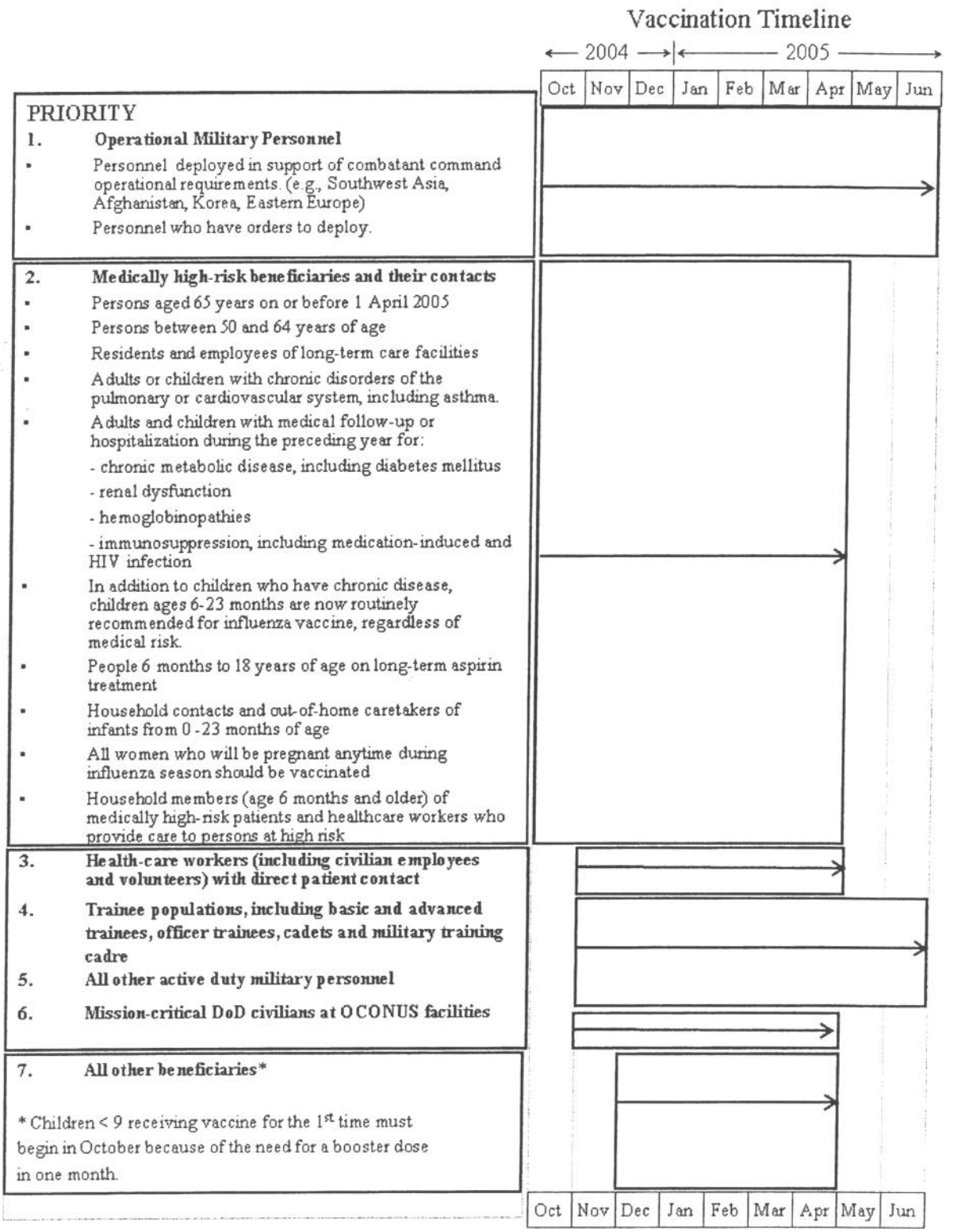
c. Commanders are charged with ensuring immunization data is entered into MEDPROS. Data entry may be accomplished using the MEDPROS web base (www.mods.army.mil), the MODS mainframe, the Remote Immunization Data Entry System (RIDES) compact disk (CD), or other systems/processes in coordination with the MODS Support Team. Data entry support may be obtained from the MODS Help Desk at DSN 761-4976, Commercial (703) 681-4976 or (888) 849-4341.

d. MEDPROS will continue to offer a command drill-down reporting capability to allow all users to track compliance. OTSG will monitor compliance rates by Major Command (MACOM), Regional Medical Command (RMC), and installation using MEDPROS drill-down reports. This tracking will commence during the week of 19 Oct 04. Compliance will be categorized as green (>=90% of personnel vaccinated), amber (80-90% vaccinated), and red (<80% vaccinated). The goal is for each MACOM, RMC region, and installation to achieve a green status NLT 23 Jan 05.

Appendices:

Appendix A - Influenza Vaccine Prioritization
Appendix B - CDC Vaccine Information Statement: Influenza Vaccine: What You Need To Know 2004-2005 at http://www.cdc.gov/nip/publications/VIS/vis-flu.pdf
Appendix C - US Army Medical Materiel Agency (USAMMA) Information Paper Subject: 2004-2005 Influenza Virus Vaccines

Appendix A - Influenza Vaccine Prioritization



INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

- fever
- cough
- sore throat
- headache
- chills
- muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Influenza vaccine

Two types of influenza vaccine are now available. Inactivated (killed) influenza vaccine, given as a shot, has been used in the United States for many years. A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils.

Influenza viruses change often. Therefore, influenza vaccine is updated every year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

Flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated flu vaccine contains thimerosal, a form of mercury, as a preservative. Some contains only a trace of thimerosal. There is no scientific evidence that thimerosal in vaccines is harmful, and the known benefits of the vaccine outweigh any potential risk from thimerosal. If you have questions about thimerosal or reduced-thimerosal flu vaccine, ask your doctor.

3 Who should get inactivated influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- **All children** 6-23 months of age.
- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- People **50 years of age or older**.
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
  - heart disease
  - kidney disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- People with a **weakened immune system** due to:
  - HIV/AIDS or another disease that affects the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got the flu).
- Women who will be **pregnant** during influenza season.
- Physicians, nurses, family members, or anyone else coming in **close contact with people at risk** of serious influenza.
- Anyone else who wants to **reduce their chance of catching influenza.**

An annual flu shot should be *considered* for:

- People who provide **essential community services.**
- People at high risk for flu complications who **travel** to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time.
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.

4 When should I get influenza vaccine?

The best time to get a flu shot is in October or November.

Some people should get their flu shot in ***October*** or earlier. This includes:
- people **50 years of age and older,**
- younger people at **high risk** from flu and its complications (including **children 6 through 23 months of age**),
- **household contacts** of persons at high risk,
- **health care workers,** and
- **children under 9 years of age** getting the flu shot for the first time.

The flu season can peak anywhere from December through March, but most often it peaks in February. So getting the vaccine in December, or even later, can be beneficial in most years.

Most people need only one flu shot each year to prevent influenza. **Children under 9 years old getting flu vaccine for the first time** should get 2 doses. With the inactivated vaccine, these doses are given one month apart. Children in this age group who got one dose the previous year, even if it was the first time they got the vaccine, need only one dose this year.

5 Some people should talk with a doctor before getting influenza vaccine

Talk with a doctor before getting a flu shot if you:

1) ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, or
2) have a history of Guillain-Barré Syndrome (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated flu vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:
•soreness, redness, or swelling where the shot was given
•fever
•aches
If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:
- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a moderate or severe reaction?

What should I look for?
- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?
- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
  Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
  VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit CDC websites at **www.cdc.gov/ncidod/diseases/flu/fluvirus.htm** or **www.cdc.gov/nip**

CDC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Appendix C- USAMMA Influenza Vaccine Fact Sheet

SUBJECT: 2004-2005 Influenza Virus Vaccines

1. The U.S. Army Medical Materiel Agency (USAMMA) is the Inventory Control Point (ICP) for the Army for the influenza vaccine which is an Acquisition Advice Code (AAC) A item. The Defense Supply Center, Philadelphia (DSCP), contracts with manufacturers, acquires the vaccine, and distributes it to activities based on the priorities submitted to them by USAMMA. USAMMA follows all requisitions until they are fulfilled.

2. The 2004-2005 Influenza Virus Vaccines have the following characteristics:

- NSN: 6505-01-517-0336
  NOM: Influenza Virus Vaccine, USP Trivalent for 2004-2005 Influenza Season, 0.5ml Dose, 10 dose Vial; Split virus, for immunizing persons 6 months of age and older.
  MFR: Aventis Pasteur
  Unit of Issue: VI (0.5ml dose, 10 doses per vial)
  Unit Price: $80.15
  Shelf Life: 12 months
  Storage: Requires refrigeration. DO NOT FREEZE
  Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit.
  Acquisition Advice Code: A

- NSN: 6505-01-517-0341
  NOM: Influenza Virus Vaccine, USP Trivalent for 2004-2005 Influenza Season, 0.5ml Dose, 10 dose Vial; Split or Purified surface Antigen; for immunizing persons 4 years of age and older.
  MFR: Chiron
  DIST: GIV
  Unit of Issue: VI (0.5ml dose, 10 doses per vial)
  Unit Price: $80.15
  Shelf Life: 12 months
  Storage: Requires refrigeration. DO NOT FREEZE
  Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit.
  Acquisition Advice Code: A

3. National Stock Number(s) (NSNs) change yearly for the influenza vaccine. It is essential that the current year's NSN(s) be used in the requisitioning process. NSNs requisitioned must coincide with Requirements NSNs previously submitted. If a change is required, notify USAMMA's Distribution Operations Center, at 301-619-3242/3017/7235 or email usammafluvaccine@amedd.army.mil for assistance.

4. Requisitions shall be submitted beginning July 2004:

a. Via Internet on USAMMA homepage at this site: http://www.usamma.army.mil/ Note: It is preferable that requisitions be submitted via the Internet as the order will be processed in a more expeditious and efficient manner.

b. Via email to the USAMMA influenza vaccine address shown above. Email should only be used if a customer does not have Internet access. Prior to transmitting e-mail requests customer should tag their message to notify them that it has been read to ensure it is received at USAMMA.

c. Via hard copy via FAX to 301-619-8369. FAX is the least preferred method since customers have no guarantee their order is received or processed.

5. USAMMA will not permit activities to submit request with a priority higher than their normal routine request since all units need the vaccine. A statement will be in our outgoing message advising activities not to schedule flu shot programs until their influenza vaccine arrives since delays can (and do) occur. USAMMA is not involved in contracting or acquisition of the flu vaccine; these tasks are handled by DSCP.

6. POC is Influenza Vaccine Requisition Coordinator, Distribution Operations Center, at 301-619-3242, or email usammafluvaccine@amedd.army.mil.