



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, DC

SEP 15 2016

MEMORANDUM FOR ALMAJCOM/SG
ALMTF/CC

FROM: HQ USAF/SG3/5

SUBJECT: Air Force 2016-2017 Seasonal Influenza Vaccination Program Guidance

Annual seasonal influenza vaccination preserves the Air Force's readiness posture, protects the health of our patients and sustains the productivity of Air Force Medical Service (AFMS) staff. The attached Assistant Secretary of Defense (Health Affairs) memo (Attachment 1), Defense Health Agency Interim Procedures Memorandum (Attachment 2), and Air Force 2016-2017 Seasonal Influenza Vaccination Program Guidance (Attachment 3) collectively provide implementation guidance for the 2016-2017 Air Force Influenza Immunization Program.

Of note this year, the Advisory Committee on Immunization Practices has issued an interim recommendation that live attenuated influenza vaccine (LAIV) should not be used, based on concerns of low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013-14 and 2015-16 seasons. Defense Logistics Agency, Defense Health Agency, and the Military Services have collectively worked to mitigate impact from nonavailability of LAIV, and 3.4 million doses of inactivated influenza vaccine will be available.

The DoD goal is 90% influenza vaccination of Service members and health care personnel by 15 Dec 2016. Historically, the Air Force has accomplished this goal. Consistently providing high levels of influenza vaccination exemplifies the AFMS as a High Reliability Organization, and AFMS leaders at all levels are needed to sustain high rates of influenza vaccination coverage and remove barriers to vaccination. The AF/SG point of contact is Col John Oh, Chief, Preventive Medicine, Air Force Medical Support Agency, 703-681-7629 (DSN 761), or john.y.oh.mil@mail.mil.

A handwritten signature in black ink, appearing to read "Roosevelt Allen, Jr.", written over the printed name.

ROOSEVELT ALLEN, JR.
Major General, USAF, DC
Director, Medical Operations & Research
Office of the Surgeon General

Attachments:

1. Assistant Secretary of Defense (Health Affairs), "Guidance for the 2016-2017 Annual Influenza Immunization Program", 9 Jun 2016
2. Defense Health Agency Interim Procedures Memorandum 16-002, "2016-2017 Seasonal Influenza Vaccination Program", 11 Aug 2016
3. Air Force 2016-2017 Seasonal Influenza Vaccination Program Guidance



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUN 09 2016

HEALTH AFFAIRS

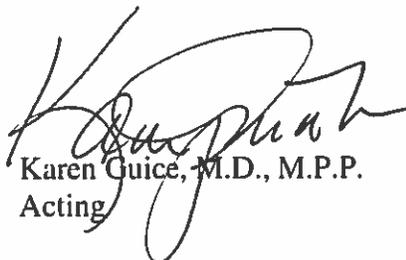
MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER
AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT CHIEFS OF STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH
SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR
MILITARY COMMUNITY AND FAMILY POLICY
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Guidance for the 2016-2017 Annual Influenza Immunization Program

Under Department of Defense (DoD) Directive 6205.02, "Policy and Program for Immunization to Protect the Health of Service Members and Military Beneficiaries," September 18, 2006, this is implementing guidance that all Active Duty and Reserve Component personnel, and DoD civilian health care personnel be immunized annually against influenza with vaccines approved for use by the U. S. Food and Drug Administration and in accordance with the recommendations of the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices. Accordingly, addressees should assure that their members receive their annual influenza vaccinations. The annual program will be administered in accordance with Defense Health Agency instructions augmented by Service-specific guidance.

The Department orders more than 3 million doses of influenza vaccine annually. Military medical treatment facilities (MTFs) should expect multiple deliveries, starting in August and continuing for several months. MTFs should begin immunization immediately upon receipt of vaccine. Commanders are responsible for establishing policies and procedures to maximize usage and minimize loss of vaccine to prevent avoidable waste of government resources.

We applaud the efforts of the Services and the Combatant Commands in preparing for seasonal influenza. Our goal is to exceed 90 percent immunization of military Service members and health care personnel by December 15, 2016.


Karen Guice, M.D., M.P.P.
Acting

cc:

Assistant Secretary of Defense (Manpower and Reserve Affairs)

Director, Defense Health Agency

Surgeon General of the Army

Surgeon General of the Navy

Surgeon General of the Air Force

Director, Defense Logistics Agency Troop Support

Director of Health, Safety and Work-Life, U.S. Coast Guard

Director, Marine Corps Staff



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

DHA-IPM 16-002
August 11, 2016

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)
DIRECTOR OF THE JOINT STAFF
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH RESOURCES MANAGEMENT AND POLICY)
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES
ASSISTANT COMMANDANT FOR HUMAN RESOURCES,
U.S. COAST GUARD

SUBJECT: Interim Procedures Memorandum 16-002, 2016–2017 Seasonal Influenza Vaccination Program

References: See Attachment 1

Purpose. This Defense Health Agency Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) and (b), and in accordance with (IAW) the guidance of References (c) through (i):

- Provides guidance for the Seasonal IVP. Please disseminate this message to all military activities (medical treatment facility (MTF) Commanders, immunization clinics, patient-centered medical homes, public health offices, pharmacy services, ships, aid stations, and medical logistics/supply sections) that administer or order/receive/store influenza vaccine.
- This DHA-IPM will expire effective 12 months from the date of issue.

Applicability. This DHA-IPM applies to Office of the Secretary of Defense, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense (DoD), the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-IPM as the “DoD Components”).

Policy Implementation. IAW DoD policy, all Active Duty and Reserve Component personnel will be vaccinated against influenza.

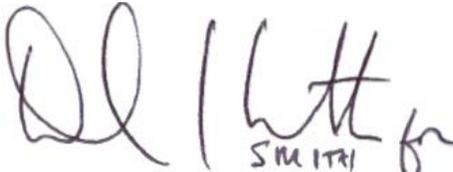
Responsibilities.

- The Director, DHA, shall track, collect, and analyze immunization data in coordination with the DoD Components.
- The Surgeons General of the Military Departments shall monitor influenza immunization compliance data.

Procedures. See Attachment 2

Releasability.

- **Cleared for public release.** This DHA-IPM is available on the Internet on the DHA Web site at www.health.mil/dhapublications.



Karen S. Guice, M.D., M.P.P.
Acting

Attachments:

As stated

cc:

Under Secretary of Defense for Personnel and Readiness
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Joint Staff Surgeon
Director of Health, Safety and Work-Life, U.S. Coast Guard
Surgeon General of the National Guard Bureau
Director, National Capital Region Medical Directorate

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) ASD(HA) Memorandum, “Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance,” January 25, 2006
- (e) National Childhood Vaccine Injury Act of 1986 (Title 42, U.S.C., §§ 300aa-1 to 300aa-34)
- (f) Centers for Disease Control and Prevention, Vaccine Information Statements (VIS), Influenza (Flu) Vaccine: Inactivated or Recombinant; Live, Intranasal, August 7, 2015
- (g) Army Regulation 40-562, BUMEDINST 6230.15B, AFI 48-100_IP, CG COMDTINST M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013
- (h) 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,” April 4, 2008
- (i) ASD(HA) Memorandum, “Guidance for the 2016-2017 Annual Influenza Immunization Vaccine Program,” June 9, 2016

ATTACHMENT 2

PROCEDURES

1. 2016–2017 SEASONAL INFLUENZA VACCINE INFORMATION. IAW Reference (g), the DoD will generally follow the Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices (ACIP) vaccine recommendations and requirements and guidance of the U.S. Food and Drug Administration, while giving consideration to the unique needs of military populations. Information on the seasonal influenza vaccine strains can be found on the Defense Health Agency Immunization Healthcare Branch (DHA-IHB) seasonal influenza Web page at www.health.mil/vaccines/influenza.

2. ORDERING, DISTRIBUTION, AND COLD CHAIN MANAGEMENT

a. Influenza vaccines not purchased through the annual DoD contract may be available through the Defense Logistics Agency-Troop Support Medical (DLA-TSM) Direct Vendor Delivery program, via Military Standard Requisitioning and Issue Procedures.

b. DoD Components will ensure logistics and immunization personnel are registered to receive influenza vaccine updates by way of DoD Medical Materiel Quality Control messages. Register at www.usamma.amedd.army.mil/assets/apps/nala_qaweb/nala_index.cfm

c. DoD Components will ensure that logistics and immunization personnel are properly trained and present to receive and store vaccines upon arrival. Received vaccine quantity shall promptly be posted in facilities' requisition processing system.

d. To ensure proper receipt of vaccine, DLA-TSM will ship to OCONUS locations on Mondays and Fridays, and to CONUS locations on Mondays, Tuesdays, and Wednesdays. DLA-TSM does not ship on holidays or weekends and will only ship on Thursdays on a case-by-case basis.

e. All vaccine shipments will include temperature monitoring devices. All temperature monitors and accompanying documents will be returned to DLA-TSM as soon as possible after receipt, per instructions included in each vaccine shipment. Activity will use the pre-paid/pre-addressed FedEx materials provided with shipping containers to physically return the temperature monitors to DLA-TSM.

(1) No-Alarm temperature monitors: The material is released for immediate use. Disposition is not needed from DLA-TSM, but the temperature monitor must be returned for audit purposes.

(2) Alarmed temperature monitors: Activity will immediately suspend use of the vaccine and place in refrigeration, return temperature monitor to DLA-TSM, and await disposition instructions.

(3) Un-started or malfunctioning temperature monitors: Activity will treat the shipment as alarmed.

f. Influenza vaccines will be stored correctly within the temperature parameters of 2° to 8°C (36° to 46°F) at all times. If the vaccine is not stored correctly within the temperature parameters, it may lose potency. If temperature compromise is suspected after receipt:

(1) Vaccine should be placed immediately in a working refrigerator and marked “DO NOT USE.”

(2) Notify your DHA-IHB Immunization Healthcare Specialist, and complete the Potentially Compromised Vaccine/Temperature Sensitive Medical Products response worksheet located on the United States Army Medical Materiel Agency-Distribution Operations Center (USAMMA-DOC) Web site at www.usamma.amedd.army.mil/net/Pages/doc/potentiallyCompromisedVaccine.aspx. The worksheet must be submitted online to DLA-TSM and USAMMA-DOC, and to your local medical logistics directorate.

(3) Do not assume the vaccine is unusable, and DO NOT discard potentially compromised vaccine until directed to do so by DLA-TSM and/or USAMMA-DOC.

(4) If required by Service policy, an Executive Summary for all confirmed compromises will be submitted through Service medical headquarters.

g. Army, Air Force, and Coast Guard activities should turn in all expired influenza vaccines to the DLA Pharmaceutical Reverse Distributor Program, Pharma Logistics, when possible, at the end of the season. The Navy and the Marine Corps do not participate in the Pharma Logistics program. For additional information on the program, call (877) 729-7427.

3. FUNCTIONAL CONSIDERATIONS

a. All military personnel will receive an annual influenza vaccination, with a goal of greater than 90% of personnel immunized by December 15, 2016.

b. In the event of a severe influenza epidemic, extreme vaccine shortage, or unforeseen distribution delays, target populations will be prioritized as follows, per Reference (d):

(1) Air crews, ships’ crews, and personnel involved in combat or assigned to alert status.

(2) Continuity of Operations and Continuity of Government personnel, as determined by the Combatant Commands, the Services, and the DHA.

(3) High-risk beneficiaries, including children age 6 months to 59 months, pregnant women, persons age 50 years and older; and adults and children at risk for medical complications attributable to severe influenza as outlined in the ACIP influenza prevention and control recommendations.

4. VACCINE ADMINISTRATION

a. Only appropriately trained and qualified medical personnel working within their scope of practice, upon the order of an appropriately privileged healthcare provider, will administer the influenza vaccine.

b. The DHA-IHB will provide online education modules via Joint Knowledge Online for the management of the Seasonal IVP, to include proper patient screening, documentation, administration, and cold chain management procedures. This online training may be incorporated into local or regional training programs.

c. IAW Reference (e), individuals receiving a vaccine will be provided the current influenza Vaccine Information Statement (VIS), Reference (f), for the inactivated, injectable, or intranasal influenza vaccines. When minors are vaccinated, the VIS will be provided to the child's legal representative (i.e., parents or guardians).

5. DOCUMENTATION

a. Documentation of immunization for military members is required in the appropriate Service Immunization Tracking System (ITS) IAW Reference (g). When documenting immunizations in Armed Forces Health Longitudinal Technology Application (AHLTA), the immunization module will be used. If it is not documented in the immunization module, the information will not appear on the AHLTA 2766C form and will not transfer to the Service medical readiness systems or the Defense Healthcare Management Systems Modernization (DHMSM). Influenza immunizations will be documented in the DHMSM per local policy.

b. IAW Reference (e), proper documentation of an immunization includes: patient identification; the date the vaccine was administered; the vaccine name or CVX (vaccine administered) code; the manufacturer and lot number; the dose administered; route, and anatomic site of vaccination; the date the VIS was provided; and the VIS version date. Because multiple vaccine products are available each year, staff should verify all product names and CVX codes before documentation. CVX codes 15 (influenza, split), 16 (influenza, whole), and 111 (influenza, live, intranasal) are inactive and should NOT be used to document vaccines administered this season.

c. Service members who receive influenza vaccinations from non-military facilities will provide immunization data to their unit's ITS point of contact for transcription no later than close of business the next duty day following immunization. All available information should be transcribed into the ITS. Contract providers will document immunization information, as noted in Section 5.b., into the ITS at the time of immunization delivery.

d. Do not use exemption codes "Medical, immune (MI)," "Medical, assumed (MA)," "Medical, declined (MD)," or "Not required (NR)," to defer annual influenza vaccination for military personnel. Due to the wide variety of influenza vaccines available each year, "Medical, permanent (MP)" exemptions should expire annually and be renewed each year.

6. VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS). All suspected vaccine-related adverse events must be reported through VAERS. The VAERS form is available at <http://vaers.hhs.gov/esub/index>. The DHA-IHB Immunization Healthcare Support Center is available at 1-877-GETVACC (1-877-438-8222), to answer questions about vaccine screening and potential vaccine-related adverse events.

7. INFLUENZA VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. Influenza vaccination is mandatory for all Active/Reserve members IAW Reference (g).

b. As a condition of employment, influenza vaccination is required for all civilian healthcare personnel (HCP), IAW Service-specific guidance, who provide direct patient care in DoD MTFs, unless there is a documented medical or religious reason not to be immunized IAW Reference (h).

c. Service points of contact will provide Service-level HCP compliance reports to DHA-IHB no later than February 13, 2017.

d. The DHA-IHB will provide the ASD(HA) with the consolidated annual report detailing DoD HCP influenza immunization compliance, IAW Reference (h), no later than March 1, 2017.

8. The DHA-IHB Web site contains templates and additional documents for the management of the Seasonal IVP to include standing orders, suggested screening questions, staff competency forms, dosing algorithms, vaccine cold chain management tools, and vaccine product guides. Product package inserts, ACIP guidelines, Service policies, and other references to support the Seasonal IVP will be available at www.health.mil/vaccines.

9. For Seasonal IVP questions, please contact the DHA-IHB at 1-877-GETVACC (1-877-438-8222), or DoDVaccines@mail.mil.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
ASD(HA)	Assistant Secretary of Defense for Health Affairs
DHA	Defense Health Agency
DHA-IHB	Defense Health Agency-Immunization Healthcare Branch
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DLA-TSM	Defense Logistics Agency-Troop Support Medical
HCP	healthcare personnel
IAW	in accordance with
ITS	Immunization Tracking System
IVP	Influenza Vaccination Program
MTF	medical treatment facility
USAMMA- DOC	United States Army Medical Materiel Agency Distribution Operations Center
VAERS	Vaccine Adverse Event Reporting System
VIS	Vaccine Information Statement

Air Force 2016-2017 Seasonal Influenza Vaccination Program Guidance

REFERENCES:

- a. Assistant Secretary of Defense (Health Affairs), “Guidance for the 2016-2017 Annual Influenza Immunization Program”, 9 Jun 2016
- b. Defense Health Agency Interim Procedures Memorandum 16-002, “2016-2017 Seasonal Influenza Vaccination Program”, 11 Aug 2016
- c. Centers for Disease Control and Prevention. “Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2016-2017 Influenza Season”, MMWR Recomm Rep 2016; 65(5):1-54.
- d. Official Air Force Aerospace Medicine Approved Medications, 15 Mar 2016.
- e. Centers for Disease Control and Prevention, “Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)”, MMWR Recomm Rep 2011; 60(7):1-45.
- f. Air Force Instruction 48-110_IP, “Immunization and Chemoprophylaxis for the Prevention of Infectious Diseases”, 7 Oct 2013.

INTRODUCTION:

The Air Force 2016-2017 Seasonal Influenza Vaccination Program Guidance supplements **References (a) and (b)**, which should be read first. All Active Duty and Reserve Component personnel, and DoD civilian health care personnel will be immunized annually against influenza virus in accordance with recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). CDC published 2016-2017 seasonal influenza vaccination guidance on 26 Aug 16 (**Reference [c]**). Key updates include:

- Live attenuated influenza vaccine (LAIV4; FluMist Quadrivalent) should NOT be used for the 2016-2017 influenza season, based on data showing low effectiveness of LAIV against influenza(H1N1)pdm09 in the U.S. during the 2013-14 and 2015-16 seasons. Inactivated influenza vaccines are the only valid forms of influenza vaccination in ASIMS until further notice.
- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications (recommendation unchanged from previous years).
- 2016-2017 U.S. trivalent influenza vaccines will contain A/California/7/2009 (H1N1)-like virus, A/Hong Kong/4801/2014 (H3N2)-like virus, and B/Brisbane/60/2008-like virus (Victoria lineage). Quadrivalent vaccines will also include B/Phuket/3073/2013-like virus (Yamagata lineage). The 2016-2017 vaccine represents a change in the influenza A(H3N2) virus and switch in lineage for the influenza B viruses.
- Removal of recommendation that egg-allergic recipients should be observed for 30 minutes postvaccination for signs and symptoms of an allergic reaction. Providers should consider observing ALL patients for 15 minutes after vaccination to decrease

the risk for injury should they experience syncope.

- Persons with a history of severe allergic reaction to egg should be vaccinated in an inpatient or outpatient medical setting, under supervision of a health care provider who can recognize and manage severe allergic conditions.

DOD CONTRACTED INFLUENZA VACCINES FOR 2016-2017

a. While there are many FDA-approved influenza vaccines for the 2016-2017 influenza season, DoD’s Defense Logistics Agency-Troop Support Medical (DLA-TSM) has contracted for delivery of 3.6 million doses of four influenza vaccines (**Appendix 1**):

- Fluarix Quadrivalent (GlaxoSmithKline) is a quadrivalent, inactivated influenza vaccine (IIV4) approved for ≥3 years age. It comes in a 0.5 mL single-dose prefilled syringe.
- Flulaval Quadrivalent (ID Biomedical Corp. of Quebec, distributed by GlaxoSmithKline) is also an IIV4 approved for ≥3 years age. DoD has contracted to obtain the 5.0 mL multi-dose vial.
- Fluzone Quadrivalent (Sanofi Pasteur) is also an IIV4. DoD has contracted to obtain the 0.25 mL single-dose prefilled syringe for use in children 6-35 months age. Note that this is the only influenza vaccine that can be used in children under 3 years age.
- Afluria (Seqirus) is a trivalent, inactivated influenza vaccine. DoD has contracted to obtain both the 0.5 mL single-dose prefilled syringe and the 5.0 mL multi-dose vial. This vaccine is indicated for those ≥9 years age. Although the package insert states Afluria may be used in persons ≥5 years age, ACIP recommends Afluria NOT be used in children under 9 years age because of increased risk for febrile reaction noted in this age group with Seqirus’ 2010 Southern Hemisphere IIV3. Please see **Reference (c)** for details on when Afluria may be used in children aged 5-8 years when no other age-appropriate, licensed inactivated seasonal influenza vaccine is available.

b. DLA-TSM has contracted to receive shipments of influenza vaccine:

Product	Age	Required Doses	% Total Doses
Fluzone	6-35 mos	188,260	5%
Afluria	≥ 9 yrs	1,813,130 ¹	51%
		441,880 ²	12%
FluLaval	≥ 3 yrs	409,110	11%
Fluarix	≥ 3 yrs	710,090	20%
TOTAL		3,562,470	

1. 0.5 ml single dose prefilled syringe

2. Multidose vial; 5 ml; contains ten 0.5 ml doses

c. Vaccines will be delivered to the MTF or operational units based on logistics allocation strategy.

d. Note that Afluria, Fluarix, and FluLaval may all be given to adults. However children age 3-8 years must receive Fluarix or FluLaval. In order to conserve FluLaval and Fluarix for children age 3-8 years, adults should receive Afluria, if available.

e. Received vaccine quantity shall promptly be posted in facilities’ requisition processing system.

f. Air Force Medical Logistics Officer (AFMLO) is responsible for ordering and distributing influenza vaccine for AFMS activities. AFMLO will notify units of the quantities ordered and

the document numbers being used. Additional quantities required must be coordinated with AFMOA/SGALC, DSN 343-4170, Commercial 301-619-4170.

- g. Questions or concerns, including ordering FDA approved influenza vaccines which are not contracted by DoD should be directed to Ms. Jan Mitchell: Email: jan.mitchell@us.af.mil or Comm: 301-619-4170; DSN: 343-4170; Fax: 301-619- 2557.
- h. Note that CDC makes no recommendation on whether persons should receive quadrivalent vs. trivalent inactivated influenza vaccine; inactivated, adjuvanted inactivated, or recombinant influenza vaccine; intramuscular vs. intradermal route vaccines; or standard vs. high-dose vaccine. The general principle is that persons should receive influenza vaccination, and with the exception of LAIV, any of the FDA-approved influenza vaccines is acceptable. The DoD contracted influenza vaccines should meet the health care needs of Military Health System beneficiaries.

FUNCTIONAL CONSIDERATIONS

- a. Aeromedical impact: Aircrew are in Duties Not to Include Flying (DNIF) status for four hours following influenza vaccination IAW **Reference (d)**: “Access to medical care on the ground is recommended for a period of 4 hours for all personnel after immunization unless operational needs dictate otherwise.”
- b. Individual Mobilization Augmentees should be immunized at their first opportunity or by their supporting MTF and should be included in requirements for the MTF.

VACCINE ADMINISTRATION AND TRAINING

- a. DHA Immunization Healthcare Branch (www.health.mil/vaccines) provides resources and training.
- b. All Vaccine Information Statements (VIS) are available at: www.cdc.gov/vaccines/hcp/vis/current-vis.html and in multiple languages at the Immunization Action Coalition site: www.immunize.org/vis
- c. **Reference (c)** and **Appendix 2** provide updated recommendations for influenza vaccination of persons who report history of egg allergy.
- d. Healthcare Personnel (HCP): Air Force HCP will receive the influenza vaccine. The Air Force endorses the CDC definition of HCP found in **Reference (e)**, in which HCP are defined as “all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.”

DOCUMENTATION

- a. ASIMS is the Air Force Immunization Tracking System. All vaccinations will be documented in ASIMS, at the point of service if possible. Inactivated influenza vaccines are the only valid forms of influenza vaccination in ASIMS until further notice.
- b. Previous severe allergic reaction to influenza vaccine, regardless of the components suspected of being responsible for the reaction, is a contraindication to future receipt of the influenza vaccine. Service members with previous severe allergic reaction to influenza vaccine should be evaluated by an allergist and, if appropriate, the exemption code Medical, Reactive (indefinite) should be entered into ASIMS IAW **Reference (f)**.

APPENDIX 1: 2016-2017 INFLUENZA VACCINES PROCURED BY DOD

Influenza Vaccine Product List and Age Groups --- United States, 2016-2017 Season¹
(DOD contracted vaccines are highlighted)

Manufacturer	Trade Name	Presentation	Mercury (thimerosal) µg/0.5 mL	Ovalbumin µg/0.5 mL	Age Group	CVX	CPT
Seqirus, Inc. (formerly bioCSL and Novartis)	Afluria ¹ (IIV3)	0.5 mL single-dose prefilled syringe	0.0	< 1	≥ 9 yrs ²	140	90656
		5 mL multi-dose vial ^{3,4}	24.5	< 1		141	90658
	Fluvirin ¹ (IIV3)	0.5 mL single-dose prefilled syringe (latex in tip caps)	≤ 1	≤ 1	≥ 4 yrs	140	90656
		5 mL multi-dose vial	25.0	≤ 1		141	90658
	Flucelvax ¹ (ccIIV4)	0.5 mL single-dose prefilled syringe	0.0	††		171	90674
Fluad ^{1,5} (IIV3)	0.5 mL single-dose prefilled syringe (latex in tip caps)	0.0	< 0.4	≥ 65 yrs	168	90653	
GlaxoSmithKline	Fluarix ¹ (IIV4)	0.5 mL single-dose prefilled syringe	0.0	≤ 0.05	≥ 3 yrs	150	90686
ID Biomedical Corp of Quebec (subsidiary of GSK)	FluLaval ¹ (IIV4)	0.5 mL single-dose prefilled syringe	0.0	≤ 0.3	≥ 3 yrs	150	90686
		5 mL multi-dose vial ⁴	< 25.0	≤ 0.3		158	90688
Sanofi Pasteur	Fluzone ¹ (IIV4)	0.25 mL single-dose prefilled syringe	0.0	§§	6-35 mos	161	90685
		5 mL multi-dose vial	12.5 (0.25 mL)	§§		158	90687
		0.5 mL single-dose prefilled syringe	0.0	§§	≥ 3 yrs	150	90686
		0.5 mL single-dose vial	0.0	§§		150	90686
		5 mL multi-dose vial	25.0	§§		158	90688
	Fluzone Intradermal ^{1,7} (IIV4)	0.1 mL single-dose prefilled microinjection system ⁸	0.0	§§	18-64 yrs	166	90630
	Fluzone High-Dose ^{1,6} (IIV3)	0.5 mL single-dose prefilled syringe	0.0	§§	≥ 65 yrs	135	90662
Protein Sciences	FluBlok ¹ (RIV3)	0.5 mL single-dose vial	0.0	0.0	≥ 18 yrs	155	90673
MedImmune	FluMist ^{1,9} (LAIV4)	0.2 mL single-dose prefilled intranasal sprayer	0.0	≤ 0.24 (0.2 mL)	2-49 yrs	149	90672

1. Immunization providers should check Food and Drug Administration approved prescribing information for 2016-17 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S. licensed vaccines are available at www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm.

2. In 2010, ACIP recommended not to use Afluria¹ in children younger than age 9 years (age indication per package insert is ≥ 5 years). If no other age-appropriate IIV is available, consider administering Afluria¹ for a child aged 5 through 8 years at high risk for influenza complications, after discussing risks and benefits with the parent or guardian. Do not use Afluria¹ in children younger than age 5 years. This recommendation continues for the 2016-2017 influenza season.

3. The Food and Drug Administration has approved Afluria¹ for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.

4. Once entered, discard multi-dose vial and any residual contents, after 28 days.

5. Fluad¹ includes the adjuvant MF-59.

6. Trivalent inactivated vaccine high-dose: a 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).

7. Quadrivalent inactivated influenza vaccine, Intradermal: a 0.1-mL dose contains 9 µg of each vaccine antigen (36 µg total).

8. Administer Fluzone Intradermal Quadrivalent using the delivery system included with the vaccine. The preferred injection site is over the deltoid muscle.

9. At the 22 June 2016 ACIP meeting, ACIP recommended that FluMist¹ not be used for the 2016-2017 influenza season.

†† Information not included in package insert. The vaccine viruses is produced in cell culture. While the vaccine is not manufactured in eggs, the seed viruses did pass through eggs so ccIIV4 is not considered "egg-free." Estimated to contain <50 femtograms (5x10⁻⁸ µg) of total egg protein (of which ovalbumin is a fraction) per 0.5 mL dose of Flucelvax¹.

§§ Available upon request from Sanofi Pasteur (1-800-822-2463 or MIS_emails@sanofipasteur.com).

APPENDIX 2: INFLUENZA VACCINATION OF PERSONS WITH A HISTORY OF EGG ALLERGY (Reference [c])

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status may be used.
2. Persons who report having had reactions to egg involving symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may similarly receive any licensed and recommended influenza vaccine that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.
3. A previous severe allergic reaction to influenza vaccine, regardless of the component suspect of being responsible for the reaction, is a contraindication to future receipt of the vaccine.