

ARNG EXECUTION ORDER 14-243: 2014-2015 Army National Guard Influenza Vaccine Immunization Program (U)

References:

(a) 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, dated 4 April 2008. Available at: http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf.

(b) Army Regulation 40-562, Immunizations and Chemoprophylaxis, dated 7 October 2013.

(c) Army Regulation 600-8-4, Line of Duty Policy, Procedures and Investigations, 04 September 2008.

(d) Army Regulation 40-501, Standards of Medical Fitness, 04 Aug 11.

(e) MEDCOM OPORD 14-85, 2014-2015 Influenza Vaccine Immunization Program.

(f) ALARACT Message 2014-2015, Subject: 2014-2015 Seasonal Influenza Vaccination Program.

(g) NGB, Memorandum, Subject: Tetanus & Diphtheria Toxoid & Acellular Pertussis Vaccine (TDAP) for Army National Guard Soldiers, 29 January 2013.

(h) NGB, Memorandum, Subject: Assignment of Military Training Duties to Title 32 National Guard Technicians (TN-12-03), 13 March 2012.

(i) TRICARE Express Scripts: TRICARE Networked Pharmacies. Available at: <http://www.express-scripts.com/TRICARE/pharmacy> or call 1-877-363-1303.

(j) CDC, Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at: <http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>.

(k) CDC, Vaccines & Immunizations Information Statements (VIS) 2014. Available at: <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

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Time zone used throughout the order: Quebec (Eastern Daylight Time).

Task Organization: No change.

1. SITUATION

a. Influenza is a contagious respiratory illness that can be debilitating and cause death in any age group. Influenza seasons are unpredictable and have the potential to affect National Guard force readiness and mission. In the United States, influenza results in over 25 million reported cases, over 150,000 hospitalizations due to serious complications, and over 30,000 deaths annually. Vaccination, in conjunction with good hand washing practices, is the primary method to prevent influenza spread and complications.

b. The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommends seasonal influenza vaccine to include all people aged 6 months and older.

c. The 2014-2015 influenza trivalent vaccine strains are:

(1) A/California/07/2009 (H1N1)-like antigens.

(2) A/Texas/50/2012 (H3N2)-like antigens.

(3) B/Massachusetts/2/2012-like antigens.

(4) B/Brisbane/60/2008 – like antigen has been selected for those manufacturers licensed to distribute a quadrivalent influenza vaccine.

d. For the 2014-2015 influenza season, the Army has contracted for a total of 1.8 million doses of influenza vaccine, composed of 1.34 million doses of inactivated injectable vaccine (IIV) and 513K doses of Quadrivalent Live Attenuated Influenza (intranasal) Vaccine (LAIV4). ARNG States and Territories can expect deliveries beginning in mid to late August 2014.

e. Vaccination Access.

(1) Service Members, new accessions, ROTC SMP cadets, and full-time technicians are authorized to receive the influenza vaccination purchased through NG6H funding. DoD Civilians, Active Guard Reserve, Service Members on orders greater than 30 days will be vaccinated in a military treatment facility or TRICARE networked pharmacy.

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(2) TRICARE beneficiaries. TRICARE beneficiaries (AGR, DA CIV, etc) are authorized to get their routine adult and annual influenza vaccination at a Military Treatment Facility or any TRICARE retail networked pharmacy. The TRICARE Management Activity authorized any TRICARE retail networked pharmacy to administer the seasonal influenza vaccination at no cost to TRICARE beneficiaries for the 2014-2015 Influenza Season. Influenza vaccinations given by pharmacy-associated clinics are not funded by TRICARE. *See ref. i to find TRICARE networked pharmacies.* The TRICARE Pharmacy will give vaccination documentation to each vaccinated Service Member and automatically update DEERS in order to update the Medical Protection Operations System (MEDPROS). Soldiers should maintain the vaccine documentation and verify that their medical record is updated.

2. MISSION

a. All Army National Guard (ARNG) activities and the 54 States and Territories administer the 2014-2015 Influenza Vaccine Immunizations immediately upon receipt of the influenza vaccine in order to protect all Service Members and authorized civilian employees from developing or spreading influenza.

b. Objectives:

(1) Protect Service Members from influenza and its complications.

(2) Achieve a green vaccination status of 90% for all ARNG uniformed Service Members and required civilian employees NLT COB 15 December 2014.

(3) For all States and Territories to develop an effective communication and tracking strategy for the 2014-2015 influenza vaccine mission. See www.vaccines.mil/flu for influenza plan assistance.

(4) For all States and Territories to document and track all influenza vaccination progress in Service Members health record and MEDPROS.

(5) For all States and Territories to provide their Service Members an opportunity to read the most recent influenza vaccine information statement (VIS) and provide the opportunity to ask questions.

(6) For all ARNG Leaders to review the "Influenza Education Tool Kit" and the "Questions and Answers" posted on the MILVAX website, www.vaccines.mil/flu. Unclassified references and educational tools are available at the same location.

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3. EXECUTION

a. Director's Intent. To protect all National Guard Service Members from influenza and its complications. The end state is to achieve 90-100% immunization of all National Guard Service Members (excluding those medically or administratively exempt) with a milestone of $\geq 90\%$ no later than (NLT) 15 December 2014.

b. Concept of the Operation. All State and Territory Joint Forces Headquarters Commands and major subordinate commands (MSC) will begin administering the influenza vaccinations immediately upon receipt of influenza vaccine. States will independently publish cold-chain management guidelines. State immunization clinics, SRP sites and immunization teams will enter all immunizations into the MEDPROS for all uniformed personnel at the time of vaccination or not later than 72 hours following vaccination.

c. Tasks to ARNG Staff

(1) ARNG G-1. Disseminate the ARNG Influenza EXORD within G-1 OPRs.

(2) ARNG G-3. Publish ARNG Influenza EXORD and distribute through ARNG Watch Team and appropriate operation channels.

(3) ARNG CSG, Office of the Chief Surgeon.

(a) Report vaccine distribution and vaccination progress to Senior ARNG leaders starting in September 2014. Report ARNG influenza vaccination progress to Senior ARNG Leaders using a national map categorizing States as Green ($\geq 90\%$ vaccinated), Amber ($\geq 70\text{-}89\%$ vaccinated), or Red ($< 69\%$ vaccinated) until objective 2 is achieved.

(b) Upon request, assist States and Territories with medical information systems technology, documentation, execution plans, and logistics.

(c) Inform ARNG Medical Team and ARNG Medical Council of Colonels informed about ARNG Influenza vaccination objectives, progress, tracking tools and MILVAX updates.

d. Tasks to ARNG TAGs / Commanders.

(1) Priority. States will vaccinate all CBRN Response Enterprise (CRE), Service Members first.

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(2) Force Health Protection. The influenza vaccination program is a commander's force health protection responsibility. Commanders must follow guidance provided to properly identify and educate Service members about the benefits of the influenza program. Commanders will track immunizations and ensure appropriate medical evaluation if Soldiers experience adverse reactions following any vaccinations.

(3) Ensure vaccine administrators and handlers are trained, especially in cold chain management and vaccine temperature monitoring. Training for vaccine administration, storage and handling is at www.vaccines.mil/flu.

(4) Ensure leaders review the "Influenza Education Tool Kit" and the "Questions and Answers" posted on the MILVAX website, www.vaccines.mil/flu. Unclassified references and educational tools are available at the same location.

(5) Ensure Soldiers read the Vaccine Information Statement (VIS) and have an opportunity to ask questions about the vaccine. Annotate in each patient's health record that the VIS is provided at the time of immunization. The CDC will publish a VIS for the live attenuated and inactivated vaccines (The 2014-2015 Influenza VIS available Sep 2014, through the CDC website at www.vaccines.mil/Influenza_-_Seasonal .

e. Tasks to States Medical Teams.

(1) Vaccinate or account for all assigned uniformed Service Members and required civilian employees in accordance with this guidance to accomplish the objective of 90% completion no later than 15 December 2014.

(2) Administer first available vaccine doses to target high priority groups, including CBRN Response Enterprise (CRE) Service Members, deployed or deploying personnel, critical support staff including State COOP and CAT teams, and high-risk groups (medical and behavior health).

(3) Implement immunization cold chain policies and procedures to prevent the unnecessary and avoidable loss of influenza vaccine. For training, see www.vaccines.mil/flu.

(4) Ensure immunization data documented in MEDPROS no later than 72 hours after the vaccination.

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(a) Accurate documentation of the seasonal influenza vaccine is critical for vaccine safety. Multiple vaccine administered (CVX) codes are available. Product codes will be verified before documentation. CVX codes 015, 016, and 111 WILL NOT be used to document vaccines administered in the 2014-15 season. Current CVX codes include:

(1) CVX Code 140: To document single-dose syringes or vials, these are made without a preservative to include thimerosal. (Fluzone, Afluria, Fluvirin, Agriflu, Fluarix).

(2) CVX Code 141: To document multidose vials, these are made with a preservative. (Fluzone, Afluria, Fluvirin, Flulaval)

(3) CVX Code 149: To document a single-dose intranasal sprayer. This year the product will be a quadrivalent, intranasal, live-attenuated, vaccine. (FluMist).

(4) CVX Code 150: For documenting single-dose quadrivalent syringes. (Fluzone, Flulaval)

(5) CVX Code 153: For documenting single-dose syringes of the cell culture-based trivalent influenza vaccine; these are made without a preservative to include Thimerosal. (Flucelvax)

(6) CVX Code 155: For documenting injectable trivalent preservative-free doses. (Fluzone, Flulaval)

(7) CVX Code 158: For documenting injectable quadrivalent doses which contain preservatives. (Fluzone, Flulaval)

(8) Additional CVX codes for the high-dose, intradermal, injectable quadrivalent, recombinant, and cell-cultured vaccines are available. DoD did not contract for these products but the codes may be used when transcribing records that include those products.

(b) Proper documentation includes patient identification; CVX; the date the vaccine was given; the vaccine name or code; manufacturer; lot number; volume of the dose given; vaccine administration route and anatomic site; the name, rank, and SSN of prescriber; vaccinator name; and the VIS version date.

(c) Personnel who receive influenza vaccinations from non-military facilities will provide immunization documentation to their unit's Immunization Tracking System (ITS) point of contact no later than 72 hours following the vaccination.

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(5) In order for Federal Employees, in a non-military status, to participate in scheduled influenza vaccine events, the following must be in place IAW ref h:

- (a) Publish the immunization protocols.
- (b) Only on a volunteer basis.
- (c) During normal work hours.

(6) Screen all Soldiers for overdue routine adult vaccinations and provide instructions on how to obtain them if not administered at the time of screening.

(7) Establish and publish a State/Territory Influenza EXORD that includes an execution matrix with Unit, Location, number of PAX and vaccination date.

(8) Be prepared to put personnel on orders as needed. Traditional ARNG personnel receiving the vaccination from military medical providers must be in a military duty status when receiving any DoD-directed immunization.

(9) Be prepared to respond to individuals who experience adverse reactions from the vaccine.

(a) An adverse reaction from a DoD-directed immunization is a line of duty (LOD) condition. Initiate a LOD investigation for Service Members with adverse reactions or the aggravation of a condition already documented by LOD. The LOD must be initiated in the MEDCHART Electronic Medical Management Processing System (EMMPS).

(b) Service Members who incur or aggravate any injury, illness, or disease while performing active duty for less than 30 days, or while on inactive duty training status, are entitled to medical care appropriate for the treatment of the injury, illness, or disease.

(c) Although rare for the influenza vaccination, if a Service Member presents for treatment at a medical facility, expressing a belief that the condition for which treatment sought is related to receiving an immunization during a period of duty, the member must be examined and provided necessary medical care.

(d) When treatment is rendered or the individual's emergent condition is stabilized, the Soldier will contact their unit, so the unit can initiate the Vaccine Adverse Event Reporting System (VAERS) and a Line of Duty as soon as possible. See page 12 of this EXORD for VAERS webpage.

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(10) Be prepared to advise federal technicians who have an adverse reaction to an influenza shot while in a technician status are not eligible for an LOD.

(a) Federal technicians who have an adverse reaction to an influenza shot while in a technician status are not eligible for an LOD.

(b) The preferred method for compensation is through the Vaccine Injury Compensation Program (VICP) authorized by Public Law 99-660. The VICP is a no-fault alternative to the traditional tort system for resolving vaccine injury claims that provides compensation to people found to be injured by certain vaccines. It provides medical, wage replacement, pain, suffering, and death benefits through the program.

(c) Employees can also choose to file a claim under workers' compensation but they cannot receive awards under both programs. For serious injuries, the VICP generally offers better benefits. For information about initiating a claim under VICP refer to <http://www.hrsa.gov/vaccinecompensation/filing.html>.

(11) Publish the ARNG Influenza Vaccination Campaign Message: *Sustaining the Force—Get your Influenza Shot Today!*

- Take the following steps to protect your health:
 - Wash your hands with soap and water or hand sanitizer often.
 - Cover your nose and mouth with the inside of your elbow, when you cough or sneeze.
 - Avoid touching your eyes, nose or mouth with your hands.
 - Try to avoid close contact with sick people.
 - Stay home if you are sick and call your provider if sick for 3 days.

- Key Messages
 - Your health and safety are our number one concern.
 - The vaccine is safe and effective.
 - Vaccination offers another layer of protection in addition to antiviral medications and other force health protection measures needed for the armed forces.
 - The DoD Influenza Vaccination Program is part of our national defense strategy to safeguard DoD personnel against the seasonal influenza virus.
 - Vaccination acts as an internal body armor and offers a 24/7 layer of protection against pathogens.

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f. Coordinating Instructions

(1) All ARNG units and personnel that are mobilized, deployed or de-mobilizing after 1 Sep 14 through 1 Jun 15, if not already vaccinated by their State/Territory, will be vaccinated during mobilization or de-mobilization process.

(2) States will vaccinate their CRE Service Members first.

(3) States will use the annual influenza vaccination as an opportunity to screen, update and document all routine adult immunizations in MEDPROS. For instance, the Army Medical Command is requiring all Soldiers who have not had one dose of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (TDAP) vaccine previously to receive one regardless of interval since last tetanus-diphtheria (Td) vaccination NLT 31 Dec 2014. Mass events such as, Influenza vaccination events, Periodic Health Assessment (PHA), Soldier Readiness Processing (SRP), or other readiness events are the best venue for this.

(4) Contractors will provide influenza immunizations to their contracted employees. The contractor is responsible for work-related illnesses, injuries, or disabilities under worker-compensation programs, supplemented by existing Secretarial designee authority as appropriate. If stated specifically in the contract agreement, civilian contractors can be eligible for DoD influenza immunizations.

(5) States and Territories should develop a State/Territory Influenza EXORD. Ensure that the State/Territory EXORD includes the following best practices:

(a) Develop an execution matrix outlining which units will be immunized by location, PAX count, date, etc.

(b) Publish full-time medical readiness personnel with MEDPROS data entry access, to include their name, position, phone number, email, and fax number in order to capture and document influenza vaccinations.

(c) Publish State/Territory directive informing all State TRICARE beneficiaries that they can get their routine adult immunizations and annual influenza vaccination at a TRICARE networked pharmacy or medical treatment facility.

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(6) To ensure proper entry into the Service Member's medical record, units who utilize contracted support to administer and document vaccines must ensure that contracted support has complete vaccine identifier information.

(7) Vaccination Instructions and documentation

(a) Upon receipt of the vaccine, begin vaccinating personnel in accordance with ACIP guidelines.

(b) The new MILVAX Influenza Codes for MEDPROS(Ref F) will be 141/INJ, 140/INP, 149/IIQ, 150/IQP, 153/INK, 158/IQW, 135/IHD, 151/INU, 155/IRP, 088/INO, and 144/INC. Influenza Vaccination code INS/015 will no longer be used for current vaccine input will remain available for historical posting only.

(c) All Soldiers who receive the influenza vaccination from their personal physician, health department or non-TRICARE networked civilian pharmacy will obtain and submit documentation to their unit medical readiness NCO within no later than their next drill following the vaccination. Influenza Vaccination documentation provided manually will included: Official letterhead or receipt of issuing provider (pharmacy, clinic, private physician) patient identification, the date the vaccine was given, the vaccine name or code, manufacturer, lot number, volume of the dose given, and vaccine administration route.

(d) The seasonal influenza vaccine should not be administered to people who have hypersensitivity (e.g., allergic reactions including anaphylaxis) to eggs or other vaccine components without first consulting a physician. Allergy to the seasonal influenza vaccine should not be confused with mild systemic reactions characterized by fever, malaise, myalgia, and headache.

(e) The live attenuated influenza vaccine (LAIV) viruses in seasonal influenza vaccine can cause a positive result on a rapid influenza diagnostic test. The tests are designed to detect influenza viruses and cannot differentiate between live attenuated and wild type influenza viruses. A positive test in a person who recently (in the previous 7 days) received LAIV and who also has an influenza-like illness could be caused by either LAIV or wild-type influenza virus.

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g. Medical Exemptions/Exceptions

(1) States and Territories must account for every assigned Service Member (All Service Members will be documented as vaccinated or authorized exception/exception code in MEDPROS).

(2) Refer the Service Member to an appropriate medical specialist for evaluation unless the health record documents prior consultation or a specialist's recommendations.

(3) IAW DoD Joint Regulation, Immunizations and Chemoprophylaxis, individuals with reported hypersensitivity are deferred from immunization or chemoprophylaxis. Hypersensitivity to any vaccine, vaccine component, or medication will be documented on the SF 600 (Health Record–Chronological Record of Medical Care) and on the problem list and allergy section. Exemptions from further immunization are entered in DoD or ARNG–approved electronic ITS, the PHS Form 731 (International Certificate of Vaccination), deployable health record, DD Form 2766, (Adult Preventive and Chronic Care Flow sheet), and/or in relevant immunization records.

(4) Medical Temporary (MT) exemptions warranted when a provider has a concern about the safety of immunizations in people with certain clinical conditions. The vaccine's package insert contains examples of situations that warrant a temporary medical exemption (e.g., immune-suppressed people) (Annotated in MEDPROS).

(5) Medical Permanent (MP) exemptions in MEDPROS are generally warranted if a medical condition or adverse reaction is so severe or unremitting that the risk of subsequent immunizations not justified. (Annotated in the Service Members medical record – AHLTA or Health Readiness Record in MEDCHART).

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(6) MEDPROS Exception Codes Table for routine adults Immunizations, as of 21 JUL 14:

AD ADMIN DECEASED	Individual is deceased
AL ADMIN EMERGENCY LEAVE	Emergency Leave
AM ADMIN MISSING	Missing in Action/Prisoner of War
AP ADMIN PCS	Permanent Change of Station
AR ADMIN REFUSAL	Personnel involved in actions under the Uniformed Code of Military Justice, religious waiver
AS ADMIN SEPARATION	Pending discharge or separation (typically within 60 days). Retirement (typically within 180 days)
AT ADMIN TEMPORARY	Absent without leave, legal action pending (other than Code AR)
MA MEDICAL ASSUMED	Prior Immunization Reasonably inferred from individual's past experience (for example, basic military training), but documentation is missing. Code used to avoid superfluous immunization. Code can be reversed upon further review.
MD MEDICAL DECLINED	Declination of optional vaccines (not applicable to many military vaccinations), religious waivers
MI MEDICAL IMMUNE	Evidence of immunity (for example, by serologic antibody test, "take" after smallpox vaccination); documented previous infection (for example, chickenpox infection); natural infection presumed (for example, measles, if born before 1957 or varicella if born before 1980)
MP MEDICAL PERMANENT	HIV positive, prolonged or permanent immune suppression. Pre-existing allergy, medical contraindication determined by physician. For Tuberculosis: Positive Tuberculosis Skin Test
MR MEDICAL REACTIVE	Permanent restriction from receiving additional doses of a specific vaccine. Use only after severe reaction after vaccination (for example, anaphylaxis). Report such reactions to VAERS. Code can be reversed if an alternate form of prophylaxis is available. Do not code mild, transient reactions as MR. Code events referred for medical consultation as MT.
MT MEDICAL TEMPORARY	Pregnancy, hospitalization, events referred for medical consultation, temporary immune suppression, convalescent leave, pending medical evaluation board, any temporary contraindication to immunization
NR NOT REQUIRED	Individuals who received immunization while eligible, subsequently changed occupational category and now serve as civilian employees or contract workers not otherwise required to vaccinate.

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h. Vaccine Safety. The administration of Live Attenuated Influenza Vaccine (LAIV) is recommended for any service member without a medical contraindication.

(1) Adverse reactions. Local swelling, soreness at the injection site, and headache are common side effects that are self-limiting, resolve quickly, and do not constitute an allergic reaction. Soreness at the immunization site lasting up to 2 days, fever, malaise, myalgia, and other systemic symptoms may occur. These begin 6-12 hours after immunization, and can persist for 1-2 days. Immediate allergic reactions including hives, angioedema, allergic asthma, and systemic anaphylaxis are rare.

(2) Vaccine Adverse Event Reporting System (VAERS). Adverse reactions reports shall be filed using service reporting procedures for those events resulting in hospital admission, lost duty time from work of more than 24 hours or more, adverse event suspected to result from contamination of a vaccine vial, or death. Healthcare providers are encouraged to report other adverse events that, in the provider's professional judgment, appear to be unexpected in nature or severity. VAERS report forms may be obtained by accessing <http://www.vaers.hhs.gov> or by calling 1-800-822-7967.

(3) Female Service Members.

(a) Live attenuated influenza vaccine is contraindicated in pregnant females and those with certain medical conditions as stated in the package insert.

(b) Pregnant women and those intending to become pregnant are a high priority and will be vaccinated utilizing the inactivated vaccine (no live vaccine).

(c) All females of childbearing age will be asked about the possibility of pregnancy prior to receiving the vaccine. If they are not sure, they should be tested using a standard pregnancy test (blood or urine). If women have any questions or concerns, they should consult with their healthcare provider before receiving the vaccine. Immunization clinics and providers will display a prominent written sign directing women to alert the technician or provider if they think they might be pregnant.

(d) Facilities providing immunization services will be aware of and make every attempt to comply with state law related to the vaccination of pregnant women and children.

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(4) There are two DoD call centers to answer vaccine related questions:

(a) MILVAX: Questions regarding the Seasonal Influenza Vaccination Program can be referred to MILVAX at (877) 438-8222 Monday through Friday, 0800 to 1800 (Quebec) or via email at dodvaccine@mail.mil.

(b) The Vaccine Healthcare Centers (VHC) Network. The VHC is available to assist patients and healthcare personnel with management of potential adverse reactions related to vaccinations, to assist with medical exemptions, and address vaccine screening questions. The VHC is available through the DoD Clinical Call Center 24-hour a day at (866)210-6469.

(5) US Army Public Health Command publishes the Army Influenza Surveillance Activity Report weekly during influenza season, available at: <http://phc.amedd.army.mil/whatsnew/Pages/PublicationDetails.aspx?type=USAPHC%20Influenza%20Surveillance%20Activity>.

(6) The Armed Forces Health Surveillance Center will update the influenza surveillance website each week during the influenza season: <http://afhsc.army.mil/fluReports>.

4. SERVICE SUPPORT

a. For details about logistics, distribution or cold chain management, (Ref. E) and the MILVAX website: <http://www.vaccines.mil/flu>.

b. All States and Territories must procure Influenza Vaccine using FY 2014 funding in order to avoid unnecessary delays in distribution.

c. Although States and Territories can use Prime Vendors or local IMSA's, States should use the proponent (USAMMA) to procure influenza vaccines.

d. The US Army Medical Materiel Agency (USAMMA) is the Army's inventory control point (ICP) for the influenza vaccine. The influenza vaccine is an Acquisition Advice Code (AAC) Service regulated item. DLA contracts with manufacturers, acquires the vaccine, and distributes it to activities based on the priorities submitted to them by USAMMA. USAMMA tracks all influenza requisitions until filled.

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e. Alerts. For official messages regarding the distribution:

(1) See USAMMA at: www.usamma.army.mil, or 301-619-3242, or email usammafluvaccine@amedd.army.mil.

(2) Sign up for official USAMMA distribution messages at Medical Materiel Quality Control Messages (MMQC):
http://www.usamma.army.mil/assets/apps/nala_qaweb/nala_index.cfm.

(3) Ensure ALL parties review and understand the Medical Material Quality Control Message (MMQC) Number: MMQC-14-1736
Reference this message on the USAMMA MMQC/MMI Website for further information:
http://www.usamma.amedd.army.mil/assets/apps/nala_qaweb/message.cfm?MSG=MMQC-14-1736

f. Cold Chain Management.

(1) The influenza vaccine must be stored within the temperature range of 2° to 8° C or 36° to 46° F.

(2) All States and Territories are required to have backup systems and cold-chain refrigeration failure alarms to alert key personnel that vaccinations are at risk.

(3) Upon suspected temperature compromise immediately place vaccine into a working refrigerator, mark as "DO NOT USE", and notify MILVAX Regional Analyst and complete the Potentially Compromised Vaccine/TSMP Response Worksheet located on the USAMMA website.

(4) For additional guidance on handling, storage, transportation, and administration of influenza vaccine see the USAMMA website at:
http://www.usamma.army.mil/cold_chain_management.cfm.

g. Expired vaccine. Submit destruction documents for unused, expired vaccine to the US Army Medical Materiel Agency (USAMMA) (and cc the ARNG CSG MEDLOG POC listed below) at vaccine expiration date. The USAMMA website provides additional guidance on handling, storage, transportation, and administration of influenza vaccine at: http://www.usamma.army.mil/flu_seasonal.cfm.

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h. Loss of vaccine. Any loss of vaccine is an ARNG Surgeon serious incident report (SIR). Please submit SIR to ARNG MEDLOG POC: MAJ Mark Hoffpauir, 703-607-9531 or mark.hoffpauir@us.army.mil, within 4 hours of the loss to enable ARNG CSG to inform DoD and initiate vaccine reconstitution. Use the following format to report the SIR to MAJ Mark Hoffpauir:

- (1) SUBJECT LINE: Influenza Vaccine Loss Alert
- (2) BLUF: Describe quantity and what happened (who, what, when, where, why).
- (3) RECOMMENDATION or REQUEST: As appropriate.
- (4) BACKGROUND: As appropriate.
- (5) ACTIONS TAKEN: As appropriate.

5. COMMAND AND SIGNAL

a. Command.

(1) The point of contact is COL Eric D. Morgan, Chief Surgeon, Army National Guard, at DSN 327-7142, 703-607-7142, or eric.d.morgan3.mil@mail.mil.

(2) To report outbreaks or deaths due to influenza: Report serious incident report to ARNG Watch Team at ng.ncr.arng.mbx.arngwatch@mail.mil and the ARNG Preventive Medicine Officer, MAJ Dariusz Mydlarz @ dariusz.g.mydlarz.mil@mail.com or 703-607-1056.

(3) For NCR ARNG T10 Soldier Medical Readiness issues contact SGM Kiano Hill at kiano.a.hill.mil@mail.mil or (703) 601-6942.

b. Signal. NA

ACKNOWLEDGE: ng.ncr.arng.mbx.arngwatch@mail.mil.

OFFICIAL:

//original signed//
COL JERRY WOOD
ARNG, G-3

ANNEX:

A – Arlington Hall Station Vaccination Plan

DISTRIBUTION: ALL STATES, TERRITORIES, AND DISTRICT OF COLUMBIA G-3s, JOCs, AND STATE AND DEPUTY STATE SURGEONS