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Arlington, VA  
10 AUGUST 2012

**ARNG EXECUTION ORDER 12-04: 2012-2013 Army National Guard Influenza Vaccine Immunization Program (U)**

**References:**

(a) CDC, Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at: <http://www.cdc.gov/vaccines/recs/acip/default.htm>.

(b) MEDCOM OPORD 12-55 (2012-2013 Influenza Vaccine Immunization Program). Available at: <https://gkoportal.ngb.army.mil/sites/NGB-ARS/default.aspx>. See CSG-O Operations Folder for 2012-2013 Flu documents.

(c) Army Regulation 40-562, Immunizations and Chemoprophylaxis, dated 29 September 2006.

(d) ALARACT Message 2012, Subject: Tetanus-Diphtheria-Pertussis. Available at: <https://gkoportal.ngb.army.mil/sites/NGB-ARS/default.aspx>. See CSG-O Operations Folder for 2012-2013 Flu documents.

(e) 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](http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf).

(f) CDC, Vaccines & Immunizations Information Statements (VIS) 2012. Available at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>.

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

(h) NGB, Memorandum, Subject: Guidance to allow Dual-Status National Guard Technicians to Receive Influence Vaccine While in Technician Status (TN-11-24), 27 October 2011.

(i) ALARACT Message 2012, Subject: ALARACT 2012-2013 Seasonal Influenza Vaccination Program. See CSG-O Operations Folder for 2012-2013 Flu documents.

(j) ALARACT Message 2012, Subject: MOD 1 to ALARACT 181/2012, 2012-2013 Seasonal Influenza Vaccination Program. See CSG-O Operations Folder for 2012-2013 Flu documents.

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ARNG EXECUTION ORDER 11-02: 2011-2012 Army National Guard Influenza Vaccine Immunization Program (U)

**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. Flu seasons are unpredictable and have the potential to affect DoD 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 35,000 deaths annually. Vaccination, in conjunction with good hand washing practices, is the primary method of preventing influenza spread and complications.

b. The 2012-2013 trivalent inactivated vaccine (TIV) strains are A/California/07/2009 (H1N1)-like, A/Victoria/361/2011 (H3N2)-like, and B/Wisconsin/1/2010-like antigens.

c. For the 2012-2013 influenza season, the Army has contracted for a total of 1.9 million doses of influenza vaccine, which includes 1.3 million doses of inactivated (injectable) vaccine and 644K doses of Live Attenuated Influenza (intranasal) Vaccine (LAIV). States can expect deliveries to fill requirements as early as August.

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

e. Vaccination Access.

(1) Traditional National Guardsmen, new accession, ROTC SMP cadets, and full-time technicians are authorized to receive the flu vaccination derived by NG6H funding. DoD/CIV (AGR) TRICARE beneficiaries should use TRICARE networked pharmacies or medical treatment facilities.

(2) TRICARE beneficiaries. TRICARE beneficiaries are authorized to get their routine adult and annual flu vaccination at any TRICARE retail network pharmacy. The TRICARE Management Activity authorized any TRICARE retail network pharmacy to administer the seasonal influenza vaccination at no cost to TRICARE beneficiaries for the 2012-2013 Influenza Season. See ref. g to find TRICARE networked pharmacies.

(a) Walgreen Pharmacies are no longer a TRICARE network pharmacy. The contract with Walgreens expired on 31 Dec 2011.

(b) Immunizations must be done by the pharmacy. Services done by pharmacy associated clinics are not covered.

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(c). The TRICARE Pharmacy will give every Soldier vaccination documentation and automatically update DEERS in order to update MEDPROS. Soldiers should maintain the vaccine documentation.

2. MISSION

a. All Army National Guard (ARNG) activities and the 54 States and Territories administer the 2012-2013 Influenza Vaccine Immunizations immediately upon receipt of influenza vaccine to protect all ARNG uniformed service members and required civilian employees from developing influenza or its spread or complications; vaccinations to be completed no later than (NLT) 17DEC12.

b. Objectives:

(1) To achieve a green vaccination status of 90% for all ARNG uniformed service members and required civilian employees NLT COB 17 December 2012. The ARNG Flu Vaccination Rate will be tracked and reported to the ARNG Director using a national map categorizing States as Green ( $\geq 90\%$  vaccinated), Amber ( $\geq 70\text{-}89\%$  vaccinated), or Red ( $< 69\%$  vaccinated).

(2) To mitigate the spread of seasonal influenza and any negative impact on personnel readiness.

(3) For each State/Territory to develop an effective communication and tracking strategy for the 2012-2013 influenza vaccine mission. See [www.vaccines.mil/flu](http://www.vaccines.mil/flu) for flu plan assistance.

(4) For all States and Territories to document and track all flu vaccination progress in MEDPROS.

(5) For all States and Territories to provide their Soldiers an opportunity to read the most recent vaccine information statements (VIS) provided by the DHHS and an opportunity to ask questions about the vaccine ref. f. Annotate each patient's health record in MEDPROS that the VIS was provided at the time of immunization.

(6) For all ARNG Leaders to review the "Flu Education Tool Kit" and the "questions and answers" posted on the MILVAX website, [www.vaccines.mil/flu](http://www.vaccines.mil/flu). Unclassified references and educational tools are available at the same location.

3. EXECUTION

a. Director's Intent. The goal of the DoD Influenza Vaccination Program is to protect all Active Duty, National Guard and Reserve personnel, mission-essential Department

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of the Army Civilians, healthcare personnel, and TRICARE beneficiaries from influenza and its complications. The end state is to achieve 100% immunization of National Guard Soldiers and required civilian employees (excluding those medically or administratively exempt) with a milestone of  $\geq 90\%$  Green NLT 17 December 2012.

b. Concept of the Operation. All State and Territory Joint Forces Headquarters Commands and major subordinate commands (MSC) will begin administering the flu vaccination immediately upon receipt of influenza vaccine. States will publish cold-chain management guidelines. State immunization clinics, SRP sites and remote immunization teams will enter all immunizations into the Medical Protection System (MEDPROS) for all uniformed personnel, at the time of vaccination or not later than 72 hours following vaccination. The ARNG Chief Surgeon's Office will monitor and report ARNG influenza vaccination progress to Senior ARNG Leaders, via MEDPROS.

c. Tasks to ARNG Staff

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

(2) ARNG G-3. Publish ARNG Flu 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 12 SEP 12, via USAMMA and MEDPROS.

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

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

d. Tasks to ARNG TAGs / Commanders.

(1) Force Health Protection. The influenza vaccine vaccination program is a commander's force health protection responsibility. Commanders follow guidance provided to properly identify and educate Service Members and TRICARE beneficiaries to be vaccinated. The commander will also track immunizations and ensure appropriate medical evaluation if Soldiers experience adverse reactions following any vaccinations.

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(2) 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](http://www.vaccines.mil/flu).

(3) Ensure leaders review the "Flu Education Tool Kit" and the "questions and answers" posted on the MILVAX website, [www.vaccines.mil/flu](http://www.vaccines.mil/flu). Unclassified references and educational tools are available at the same location.

(4) Ensure Soldiers read the VIS and have an opportunity to ask questions about the vaccine. Annotate in each patient's health record that the VIS was provided at the time of immunization. The CDC has published a VIS for the live attenuated and inactivated vaccines (The 2012-2013 Influenza VIS available Jul/Aug 2012), see ref. f.

e. Tasks to States and Territories.

(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 17 December 2012.

(2) Administer first available vaccine doses to target high priority groups, including 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](http://www.vaccines.mil/flu).

(4) Ensure immunization data is entered into MEDPROS at the time of immunization or not later than COB of the next duty day following vaccination.

(a) 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, name, rank, and SSN of prescriber, vaccinator name, and the Vaccine Information Statement (VIS) version date.

(b) MEDPROS (CVX) codes for seasonal influenza.

(1) CVX Code 140: For documenting single-dose injectable units; these are made without thimerosal as a preservative because they are intended to be opened and used only once (Fluzone, Fluvirin, Agriflu, Fluarix, Flulaval-PF).

(2) CVX Code 141: For documenting multidose injectable products; these are made with a preservative. (Fluzone, Fluvirin, Agriflu, Fluarix, Flulaval-P)

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(3) CVX Code 111: For documenting a single-dose Intranasal, live-attenuated, vaccine (the nasal spray vaccine) does not contain thimerosal (FLUMIST)

(4) CVX Code 135: For documenting a single dose of the Influenza High Dose, for ages 65 and older (Fluzone High Dose). DoD did not contract for this vaccine but it is available by direct purchase. This vaccine is preservative free.

(5) CVX Code 144: For documenting a single dose of the Influenza Intradermal, for ages 18 - 65 (Fluzone Intradermal). DoD did not contract for this vaccine but it is available by direct purchase.

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

(a) The immunization plan must be published incorporating all immunization protocols IAW ref c.

(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. As of 31Jul12, approximately 105,000 ARNG Soldiers needed the updated Tetanus-Diphtheria-Pertussis immunization, ref d.

(7) Establish and publish a State/Territory Flu 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. Technicians and 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 initiate a line of duty investigation on Soldiers with adverse reactions. RC 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. An adverse reaction from a DoD-directed immunization is a line of duty condition. Therefore, when a member of the RC presents for treatment at an MTF, expressing a belief that the condition for which treatment is sought is related to receiving an immunization during a period of duty, the member must be examined and provided necessary medical care. When treatment has been rendered or the individual's emergent condition is stabilized, a line of duty and/or notice of eligibility will be

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determined as soon as possible. For injuries, illness, or disease unrelated to duty, RC members should seek medical attention from their personal healthcare providers.

(10) Publish the ARNG Flu Vaccination Campaign Message: Be Ready to Respond When Called Upon—Get your Flu Shot Today!

- Take everyday steps to protect your health”:
  - Wash your hands with soap and water or sanitizer often.
  - Cover your nose and mouth when you cough or sneeze.
  - Avoid touching your eyes, nose or mouth. Germs spread this way.
  - 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 a layer of protection in addition to antivirals and other measures needed for the armed forces.
  - The DoD IVIP 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.

f. Coordinating Instructions

(1) All ARNG units and personnel that are mobilized, deployed or de-mobilizing 1 Sep 12 through 1 Jun 13, if not already vaccinated by their State/Territory, will be vaccinated during mobilization or de-mobilization process.

(2) Use the annual flu vaccination as an opportunity to screen and update all routine adult immunizations in MEDPROS. See ref. d.

(3) Contractors will provide influenza immunizations to their 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 are eligible for influenza immunizations.

(4) States and Territories should develop a State/Territory Flu 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. (State/Territory execution matrix should include: Unit, Location, # of PAX, Date, and Roster Due Date).

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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 flu vaccinations.

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

(5) Reserve component entities utilizing contracted support to administer and document vaccines are responsible for ensuring that contracted support has complete vaccine identifier information so that proper entry into the Service Member's medical record and MEDPROS can be made.

g. Vaccination Instructions and documentation

(1) Immediately upon receipt of vaccine, begin vaccinating personnel in accordance with ACIP guidelines.

(2) The new MILVAX Influenza Codes for MEDPROS will be 141/INJ, 140/INP and 144/INC. Influenza Vaccination code INS/015 will no longer be used for current vaccine input but will remain available for historical posting only.

(3) All Soldiers who receive the influenza vaccination from their personal physician, health department, civilian pharmacy, or other non-military facilities will obtain and submit documentation of the 2012-2013 flu vaccine to their unit medical readiness NCO as soon as possible. Proper documentation includes patient identification, the date of the vaccination, the vaccine name or code, manufacturer, lot number, volume of the dose given, vaccine administration route and anatomic site, name, rank, and SSN of prescriber, vaccinator name, the date patient is provided the Vaccine Information Statement (VIS), and the VIS version date.

(4) Evaluate patients for vaccination using a screening form. Sample adult and pediatric influenza vaccine screening forms are available on the MILVAX website at <http://www.vaccines.mil/default.aspx?cnt=disease/minidv&dID=30>.

(5) All DLA contracted rubber tip caps, plungers, and rubber stoppers used for preservative-free syringes are latex free.

(6) 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

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influenza vaccine should not be confused with mild systemic reactions characterized by fever, malaise, myalgia, and headache.

(7) 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.

h. Medical Exemptions/Exceptions

(1) States and Territories must account for every assigned Soldier. All ARNG Soldiers with an exemption or an exception must be documented in MEDPROS.

(2) Refer the patient 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. Exemptions from further immunization are entered in DoD or USCG—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 in MEDPROS are 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).

(5) Medical Permanent (MP) exemptions in MEDPROS are generally warranted if the medical condition or adverse reaction is so severe or unremitting that the risk of subsequent immunization is not justified.

(6) Exemption/Exception Code Table for routine adults Immunizations as of 31JUL12:

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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.

i. Vaccine Safety. The administration of Live Attenuated Influenza Vaccine (LAIV) is recommended to new accessions and eligible children 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

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hours after immunization, and can persist for 1-2 days. Immediate allergic reactions including hives, angioedema, allergic asthma, and systemic anaphylaxis are rare.

(2) Initiate a line of duty investigation on all allergic or severe adverse reactions.

(3) Vaccine Adverse Event Reporting System (VAERS). Reports shall be filed using service reporting procedures for those events resulting in hospital admission, lost duty time or work of 24 hours or more, adverse event suspected to result from contamination of a vaccine vial, or death. Further, 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.

(4) The Vaccine Healthcare Centers (VHC) Network is available to assist patients and healthcare providers with treatment of health problems before and after vaccinations, and assist with medical exemptions. Contact information is located at: <http://www.vhcinfo.org/>.

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

(a) All females of childbearing age will be asked about the possibility of pregnancy prior to receiving the vaccine. If women have any questions or concerns, they should consult with their healthcare provider before receiving the vaccine. Live attenuated influenza vaccine is contraindicated in pregnant females and those with certain medical conditions as stated in the package insert.

(b) 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.

(6) ACIP guidelines recommend that all persons aged 6 months and older receive the annual influenza vaccination.

(a) Guidelines for vaccinating children aged 6 months to 8 years are reviewed annually. The latest ACIP recommendations can be found at the MILVAX website: <http://www.vaccines.mil>.

(b) The ACIP has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in persons aged 65 and older.

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

(a) The MILVAX GETVACC line (1-877-438-8222), which is manned from 0800 to 1800 EST Monday through Friday.

(b) The DoD clinical call center's 24-hour toll-free number is 1-866-210-6469.

(8) 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>.

(9) 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. Distribution.

(1) Funding. All States and Territories must procure 2012-2013 Flu Vaccine in order to avoid unnecessary delays in distribution. Although States and Territories may use Prime Vendors or local IMSA's, it is strongly encouraged to use the proponent (USAMMA) to procure flu vaccines. Some new Flu dosage forms, such as the Intradermal and High Dose, are available commercially. There is no clinical benefit from these dosage forms. DLA Troop Support procures the flu vaccine dosage form based on requirements provided by the Services. We use these total requirements to negotiate the best prices and make purchases accordingly. If States order their supplies through their Prime Vendor or direct from manufacturer, it will erode DLA/USAMMA cost reduction efforts not only in product price, but also by generating excess products that require disposal.

(2) Proponent. The US Army Medical Materiel Agency (USAMMA) is the Army's inventory control point (ICP) for the influenza vaccine, which 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 flu requisitions until filled.

(3) Alerts. For official messages regarding the distribution:

(a) See USAMMA at: [www.usamma.army.mil](http://www.usamma.army.mil), or 301-619-3242, or email [usammafluvaccine@amedd.army.mil](mailto:usammafluvaccine@amedd.army.mil).

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(b) 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](http://www.usamma.army.mil/assets/apps/nala_qaweb/nala_index.cfm).

(4) Cold Chain Management. 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. The vaccine must be stored within the appropriate temperature range (2° to 8° C or 36° to 46° F). The USAMMA website provides additional guidance on handling, storage, transportation, and administration of influenza vaccine at [http://www.usamma.army.mil/cold\\_chain\\_management.cfm](http://www.usamma.army.mil/cold_chain_management.cfm).

(5) 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](http://www.usamma.army.mil/flu_seasonal.cfm).

(6) Loss of vaccine. Any loss of vaccine is an ARNG Surgeon critical incident report. Please submit a CIR report to ARNG MEDLOG POC: MAJ Mark Hoffpauir, 703-607-9531 or [mark.hoffpauir@us.army.mil](mailto:mark.hoffpauir@us.army.mil), within 4 hours, so ARNG CSG can inform DoD and initiate vaccine reconstitution. Use the following format to report the CCIR to MAJ Hoffpauir:

- (1) SUBJECT LINE: Flu 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 Anne L. Naclerio, Chief Surgeon, Army National Guard, at DSN 327-7142, 703-607-7142, or [anne.naclerio@us.army.mil](mailto:anne.naclerio@us.army.mil).

(2) For reporting outbreaks or deaths due to influenza contact: Report SIR to ARNG Watch Team at [ARNGOPS@ng.army.mil](mailto:ARNGOPS@ng.army.mil) and COL John Husak, Preventive

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Medicine Officer for the ARNG Chief Surgeon's Office at (703) 607-1056 or [john.husak@us.army.mil](mailto:john.husak@us.army.mil).

(3) For NCR ARNG T10 Soldier Medical Readiness issues contact: MRNCO, SFC Francis Hinton at [Frances.Hinton@us.army.mil](mailto:Frances.Hinton@us.army.mil) or (703) 607-9066.

b. Signal. NA

ACKNOWLEDGE: [ARNGOPS@ng.army.mil](mailto:ARNGOPS@ng.army.mil).

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OFFICIAL:

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

ANNEX:

A – ARNG Readiness Center Seasonal Flu Immunization Plan

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

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**ANNEX A (Arlington Hall Station Director Seasonal Flu Immunization Plan)**

1. General. This annex provides details on the Arlington Hall Station Seasonal Flu Immunization Plan for the 2012-2013 Influenza Season.

2. Facts

a. The primary means of flu vaccination for all TRICARE Beneficiaries is their local medical treatment facility or any TRICARE networked pharmacy. The TRICARE Management Activity (TMA) authorized TRICARE retail network pharmacies to administer seasonal influenza at no cost to all enrolled TRICARE beneficiaries. See ref. g.

b. As a secondary means of flu vaccination, the Joint Task Force National Capital Region Medical (JTFCAPMED), in conjunction with ARNG CSG, will provide influenza vaccine clinics for ARNG Soldiers on Title 10 Active Guard Reserve (AGR) or Active Duty Operational Support (ADOS) orders and DoD Beneficiaries NLT 30 OCT 2012.

(1) Location: Arlington Hall Station Multi-Purpose Rooms A and B.

(2) MEDPROS Data Entry will be provided at point of service.

(3) Contractors will not be given 2012-2013 influenza vaccination unless they can show specific contract documentation that DoD is required to provide their influenza vaccination.

(4) NLT September 2012, a series of ARNG media announcements will be issued to inform personnel of the upcoming flu vaccine clinic.

3. Coordinating Instructions

a. All DoD/CIV TRICARE beneficiaries can get their annual flu vaccination at any TRICARE retail network pharmacy before the ARNG flu clinic, starting in mid-August 2012. To find participating network pharmacies, search: <http://www.express-scripts.com/TRICARE/pharmacy/> or call 1-877-363-1303.

b. ARNG personnel who receive the influenza vaccination outside the above flu clinics will obtain and physically submit documentation to the ARNG Medical Readiness NCO, SFC Francis Hinton at [Frances.Hinton@us.army.mil](mailto:Frances.Hinton@us.army.mil) or (703) 607-9066. Influenza Vaccination documentation will include: 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.

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ARNG EXECUTION ORDER 11-02: 2011-2012 Army National Guard Influenza Vaccine Immunization Program (U)

c. Soldiers who are exempt from the influenza vaccine must provide medical documentation of the exemption to MEDPROS Data Entry Personnel during the flu clinic NLT 31 Oct 2012.

d. ARNG PAO will coordinate, document and be prepared to publish pictures and reports of ARNG Senior Leadership receiving the 2012-2013 influenza vaccination.

4. Points of contact:

a. For NCR ARNG T10 Soldier Medical Readiness issues, contact the AHRC MRNCO, SFC Francis Hinton at [Frances.Hinton@us.army.mil](mailto:Frances.Hinton@us.army.mil) or (703) 607-9066.

b. For AHRC flu clinic coordination contact: Mr. John McGowen at [john.w.mcgowen@us.army.mil](mailto:john.w.mcgowen@us.army.mil) or 703-607-7136.

OFFICIAL:

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ARNG, G-3