

HEADQUARTERS, US ARMY MEDICAL COMMAND
Fort Sam Houston, TX 78234-6007
171330Q July 2011

OPERATION ORDER 11-50 (2011-2012 INFLUENZA VACCINE IMMUNIZATION PROGRAM)

References:

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

(c) 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.

(d) US Army Medical Command Operation Order 09-54, Mandatory Influenza Immunization for Civilian Personnel Providing Direct Patient Care, dated 10 June 2009.

Available at http://www.vaccines.mil/documents/1242OPERATIONS_ORDER_09-54.pdf.

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

Task Organization: No change.

1. Situation.

a. Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. Flu seasons are unpredictable and have the potential to impact 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 30,000 deaths annually. Vaccination is the primary method for preventing influenza and its complications.

b. The 2011-2012 trivalent influenza vaccine (TIV) strains are A/California/07/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens.

c. For the 2011-2012 influenza season, the Army has contracted for a total of 2 million doses of influenza vaccine, which includes 1,348,090 doses of inactivated (injectable) vaccine and 690,870 doses of live attenuated (intranasal) vaccine. This amount will ensure that soldiers and their beneficiaries are protected against influenza.

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Medical treatment facilities (MTF) should expect several 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) expanded vaccination recommendations in the 2010-2011 influenza season to include all people aged 6 months and older.

2. Mission. US Army Medical Command (MEDCOM) implements the 2011-2012 Influenza Vaccine Immunization Program immediately upon receipt of influenza vaccine to protect individuals at risk from developing influenza or its complications.

3. Execution.

a. Commander's Intent. The goal of the DoD Influenza Vaccine Immunization Program is to protect all Active Duty, National Guard and Reserve personnel, mission-essential Department of the Army Civilians, healthcare personnel, and TRICARE beneficiaries from influenza and its complications. At the endsate, we will have achieved immunization for 100% of Active Duty, National Guard, Reserve personnel, and required civilian employees (excluding those medically or administratively exempt) with a milestone of $\geq 90\%$ not later than (NLT) 1 December 2011.

b. Concept of Operations. All MEDCOM Regional Medical Commands (RMC) begin immunizing upon receipt of influenza vaccine in accordance with established priority groups. Immunization clinics will enter immunizations into the Medical Protection System (MEDPROS) for all uniformed and mandatory civilian healthcare personnel (HCP) at the time of vaccination or not later than close of business (COB) of the next duty day following vaccination. TRICARE beneficiary immunizations will be entered into Armed Forces Health Longitudinal Technology Application (AHLTA) at the point of service.

c. Tasks to All Subordinate Units.

(1) All Regional Medical Commands/Major Subordinate Commands

(a) Vaccinate 100% assigned Soldiers and required civilian employees with a requirement of $\geq 90\%$ completion NLT 1 December 2011.

(b) Administer first available vaccine doses to deployed or deploying personnel, critical support staff, and medically high risk groups as listed in the 2011-2012 recommendations of the ACIP (see Reference a).

(c) Use the seasonal influenza immunization program as an opportunity to test installation-based pandemic response processes.

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(d) Advise healthcare providers that the administration of Live Attenuated Influenza Vaccine (LAIV) is recommended to new accessions and eligible children without a medical contraindication.

(e) Ensure sufficient supply of injectable TIV to vaccinate continuity of operations (COOP) and continuity of government personnel as determined by the combatant commands and Services. COOP personnel will be given priority.

(f) RMCs direct all subordinate MTFs to review ASD(HA) Policy 08-005 (reference c) and USAMEDCOM Operation Order 09-54 (reference d).

(g) Soldiers and TRICARE beneficiaries should be screened for overdue routine adult vaccinations and provided instruction on how to obtain them if not administered at the time of screening.

(h) Ensure immunization data is entered into MEDPROS at the time of immunization or not later than COB of the next duty day following vaccination. Data entry may be accomplished using the MEDPROS web-based application (www.mods.army.mil), the MODS mainframe, or other systems or processes in coordination with the MODS support team. Data entry support may be obtained from the MODS help desk at DSN 761-4976, commercial 703-681-4976 or 888-849-4341.

1. There are four assigned MEDPROS (CVX) codes for seasonal vaccine(s); INI (111) - live intranasal; INP (140) - influenza, seasonal injectable, preservative free; INJ (141) - influenza, seasonal, injectable; and IHD (135) - influenza, high dose.

2. On 30 September 2010, CDC announced the retirement of MEDPROS (CVX) codes INS (015) - injectable seasonal influenza vaccine and INO (088) - unspecified formulation. These will no longer be used for current vaccine input but will remain available for historical posting only.

3. Proper documentation includes patient identification, 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, the date patient is provided the Vaccine Information Statement (VIS), and the VIS version date.

d. Tasks to One Staff.

(1) Military Vaccine (MILVAX) Agency.

(a) Monitor and report influenza immunization compliance as required through MEDPROS for Army Commands, Army Service Component Commands, Direct

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Reporting Units, MEDCOM RMCs/MSCs, and HCP compliance beginning 1 October 2011.

(b) BPT Report influenza immunization compliance as required at the OTSG Operations Update.

(c) In accordance with US Army Medical Command Operation Order 09-54, provide ASD(HA) with a report detailing HCP influenza immunization compliance no later than 1 May 2012.

(2) Health Care Operations, Readiness and Training Division. Ensure MEDPROS Program Office provides training to RMCs and MSCs, utilizing face to face, person to person, or user manual training, on updating MEDPROS taskforce rosters and immunization posting.

(3) Staff Judge Advocate. BPT assist RMCs and MSCs as required with a legal review of civilian and contract positions to receive mandatory influenza immunizations.

(4) Director, Strategic Communications. Collaborate with Public Health Command (PHC) and MILVAX to provide accurate, relevant information to educate military healthcare beneficiaries, general public, and the media on steps to take to mitigate the spread of the influenza virus.

e. Coordinating Instructions.

(1) Precluding shortages, no eligible beneficiary will be denied immunization.

(2) Pregnancy. Pregnant women and those intending to become pregnant should be vaccinated against influenza utilizing the inactivated 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 personnel 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.

(3) ACIP guidelines recommend that all people age 6 months and older receive the annual influenza vaccination.

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(a) Children aged 6 months to 8 years receive 2 doses of vaccine if they have not been vaccinated previously at any time with either live, attenuated influenza vaccine (doses separated by at least 4 weeks) or trivalent inactivated influenza vaccine (doses separated by at least 4 weeks).

(b) Children aged 6 months to 8 years who received only 1 dose in their first year of vaccination are recommended to receive 2 doses the following year (See reference a).

(c) A higher dose formulation of an inactivated seasonal influenza vaccine (Fluzone High-Dose, manufactured by Sanofi Pasteur) is available for use in people age 65 years and older. Fluzone High-Dose contains four times the amount of influenza antigen compared to other inactivated seasonal influenza vaccines. The ACIP has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people age 65 and older.

(4) Influenza vaccinations will continue until the supply is exhausted or the vaccine expires.

(5) Should a vaccine shortage occur, vaccinate using existing priority tiers. Further directions will be provided by ASD(HA) and will be consistent with military needs and recommendations published in subsequent issues of the Morbidity and Mortality Weekly Report.

(6) MTF commanders will coordinate with supported organizations to distribute and administer vaccine.

(7) The Vaccine Healthcare Centers (VHC) Network. The VHC is available to assist patients and healthcare personnel with adverse reactions potentially related to vaccinations, and assist with medical exemptions. Contact information can be found at <http://www.vaccines.mil/>.

(8) DoD Call Centers. There are two available resources to answer vaccine related questions.

(a) The DOD vaccine information call center (877-438-8222) is available from 0800 to 1800 (Quebec), Monday through Friday.

(b) The DoD Clinical Call Center's 24-hour toll-free number is 866-210-6469.

(9) 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>.

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(10) The Epidemiology Branch of the Air Force School of Aerospace Medicine (USAFSAM) will update the influenza surveillance website each week during the influenza season: <http://afhsc.army.mil/fluReports>.

(11) USAFSAM manages the DoD Global Laboratory-based Surveillance System. Designated sentinel surveillance sites (see ANNEX C), coordinate with USAFSAM/PHR (Epidemiology Consult Service) influenza@wpafb.af.mil to receive instruction on participation requirements.

(12) MTFs must report cases of influenza to preventive medicine assets for entry into the Disease Reporting System (internet) (DRSi). Outbreaks of influenza should be reported using the outbreak report module. Note virus type and subtype if available, whether the person was hospitalized, and whether they received the current season influenza vaccine. Deaths due to influenza should also be reported by CCIR IAW established policies.

(13) Issues Unique to Reserve Components (RC).

(a) Personnel must be in duty status when receiving DoD-directed immunization. Mobilized reserve component personnel are authorized vaccinations.

(b) RC members receiving influenza vaccinations from their personal physician or other non-military facilities will provide immunization date, vaccine manufacturer, and vaccine lot number to their unit's MEDPROS point of contact no later than their next drill following vaccination.

(c) RC members who incur or aggravate any injury, illness, or disease while performing active duty for less than 30 days, or 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.

(d) When treatment has been rendered or the individual's emergent condition is stabilized, a line of duty and/or notice of eligibility will be determined as soon as possible. For injuries, illness or disease unrelated to duty, RC members should seek medical attention from their personal healthcare providers.

(14) Information Themes and Messages. An effective communication strategy for the Influenza Program is critical to success. Assistance in developing a local communication plan can be found at www.vaccines.mil/flu. The approved themes are:

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(a) Your health and safety are our number one concern.

(b) The vaccine is safe and effective.

(c) Vaccination is the most effective defense against infection from the influenza virus and its complications.

4. Sustainment. The influenza vaccine immunization 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, track immunizations, and ensure appropriate medical evaluation if they experience adverse reactions following any vaccination.

a. Education. Leaders will review the "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.

b. Health System Support. Prior to immunization with the influenza vaccine, provide the vaccinee an opportunity to read the VIS and 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 VIS for the live attenuated and inactivated vaccines. The VIS are available for download and local reproduction at: <http://www.vaccines.mil/flu>.

5. Command and Control.

a. Command. Normal command relationships remain in effect.

b. Signal.

(1) The POC for this order is LTC Patrick Garman, Military Vaccine (MILVAX) Agency, at (703) 325-6548 (DSN 221) or email at Patrick.garman@us.army.mil.

ACKNOWLEDGE: OPS21 at eoc.opns@amedd.army.mil.

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ANNEXES:

- A – Service Support
- B – Screening and Reporting
- C – 2011-2012 Sentinel Surveillance Sites

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ANNEX A (SERVICE SUPPORT) TO OPERATION ORDER 11-50 (2011 - 2012 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

1. **General.** This annex provides details on the influenza vaccine contracted for the 2011-2012 influenza season and on the distribution of the vaccine.

2. **Logistics.**

a. The influenza vaccines are temperature sensitive products and activities must comply with cold chain management guidelines when transporting and storing these vaccines.

b. Submit destruction documents for unused, expired vaccine to the US Army Medical Materiel Agency (USAMMA) 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.

c. DoD activities are required to prepare an EXSUM when a potential loss of vaccine potency (i.e., vaccine is outside required temperature parameters of 2° to 8°C) is suspected. Do not assume influenza vaccine is unserviceable if stored out of temperature range. Vaccine needs to be immediately placed into a refrigerator, marked suspended and notify Defense Logistics Agency (DLA) and Service representative.

d. The 2011-2012 influenza vaccines contracted for DoD have the following characteristics.

(1) NSN: 6505-01-596-1110: Flumist® Nom: Influenza virus vaccine, live; intranasal, trivalent, 0.2 ml dose, pre-filled single use sprayer; 10 sprayers per package; thimerosal/preservative free; for immunizing healthy persons 2 to 49 years of age; for influenza season 2011-2012; MFR: Sanofi-Pasteur; unit of issue: package (PG); unit price \$148.34 (FY11), \$156.94 (FY12); acquisition advice code: A; shelf life 18 weeks; storage: shipped frozen from the manufacturer and stored in refrigerator at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit upon receipt and until use before the expiration date. Do not refreeze. Cold chain must be maintained when transporting and storing Flumist® prior to use.

(2) NSN: 6505-01-593-9356: Fluzone® pediatric vaccine Nom: Influenza virus vaccine, USP, trivalent, syringe, 0.25ml syringe unit, thimerosal/preservative free; 10 per package; for immunizing persons 6 months to 35 months of age; for influenza season 2011-2012; MFR: Sanofi-Pasteur; unit of issue; package (PG); unit price \$121.43 (FY11), \$128.38 (FY12); acquisition advice code: A; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use.

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(3) NSN: 6505-01-597-1283: Fluzone® Nom: Influenza virus vaccine, USP, 5.0ml multi-dose vial; trivalent; contains preservative; for immunizing persons 6 to 35 months of age (0.25ml per dose) and 36 months and older (0.5ml per dose); for influenza season 2011-2012; MFR: Sanofi-Pasteur; unit of issue; vial (VI); unit price \$ 64.37 (FY11), \$67.84 (FY12); acquisition advice code: A; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use.

(4) NSN: 6505-01-597-3559: Fluzone® Nom: Influenza virus vaccine, USP, trivalent, syringe, 0.50 ml syringe unit, thimerosal/preservative free; 10 per package; for immunizing persons 36 months and older; for influenza season 2011-2012; MFR: Sanofi-Pasteur; unit of issue; package (PG); unit price \$81.82 (FY11), \$86.35 (FY12); acquisition advice code: A; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use.

(5) NSN: 6505-01-593-6465: Afluria® Nom: Influenza virus vaccine, USP, 5.0ml multi-dose vial (10 dose); trivalent; contains preservative; for immunizing persons 18 years and older (0.5ml per dose); for influenza season 2011-2012; MFR: CSL Limited; Dist by: MSD; unit of issue; vial (VI); unit price \$55.07 (FY11), \$57.97 (FY12); acquisition advice code: A: Once the stopper has been pierced, the vial must be discarded within 28 days; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Afluria® prior to use.

(6) NSN: 6505-01-583-4459: Afluria® Nom: Influenza virus vaccine, USP, trivalent, syringe, 0.50 ml syringe unit, thimerosal/preservative free; 10 per package; for immunizing persons 18 years and older; for influenza season 2011-2012; MFR: CSL Limited; Dist by: MSD; unit of issue; package (PG); unit price \$68.44 (FY11), \$72.16 (FY12); acquisition advice code: A; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Afluria® prior to use.

(7) NSN: 6505-01-597-3603: Fluzone® High Dose: Influenza virus vaccine, USP trivalent, syringe, 0.50 ml syringe unit; thimerosal/preservative free; 10 per package; for immunizing persons 65 years of age and older; for influenza season 2011-2012; MFR: Sanofi-Pasteur; unit of issue; package (PG); acquisition advice code: I; storage requires refrigeration. Do not freeze. Store product at 2 to 8 degrees Celsius or 36 to 46 degrees Fahrenheit. Cold chain must be maintained when transporting and storing Fluzone® prior to use. Facilities that are in need of this vaccine can purchase it through the Direct Vendor Distribution (DVD) program.

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e. Distribution.

(1) 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 follows all requisitions until they are fulfilled.

(2) Shipping schedule is Monday/Friday to OCONUS locations and Monday/Tuesday/Wednesday to CONUS locations to ensure receipt on the receiving end. DLA does not ship on holidays and will ship Thursdays on a case by case basis.

(3) National Stock Number(s) (NSN) change yearly for the influenza vaccine. It is essential that the current year's NSN be used in the requisitioning process. NSNs requisitioned must coincide with requirements NSN previously submitted. If a change is required, notify USAMMA'S Distribution Operations Center, at 301-619-3242/4300, or email usammafluvaccine@amedd.army.mil for assistance.

(4) Influenza vaccine is distributed to MTFs and deployed units through pharmacy and/or medical logistics activities. Information and official messages regarding the distribution of influenza vaccine may be obtained from the US Army Medical Materiel Agency website: www.usamma.army.mil, DSN 343-3242, commercial 301-619-3242, or email usammafluvaccine@amedd.army.mil.

(5) Influenza vaccine is temperature sensitive. 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. From the homepage, www.usamma.army.mil, click on vaccines/temperature sensitive products, then influenza virus vaccine (flu program).

ANNEX B (SCREENING AND REPORTING) TO OPERATION ORDER 11-50 (2011 - 2012 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

1. **General.** This annex provides details on the influenza vaccine screening requirements for the 2011-2012 influenza season and on adverse event and readiness reporting requirements.

2. **Screening.** Immunization clinics and Soldier Readiness Processing sites will screen all personnel receiving influenza vaccinations according to package insert information to identify if contraindications to immunizations exist.

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

b. People with acute febrile illness should not be vaccinated until their symptoms have resolved. However, minor illnesses with or without fever are not contraindications to the vaccine, particularly among children with mild upper respiratory tract infection or allergic rhinitis.

c. FLUMIST® is a live, attenuated influenza vaccine and should not be used in pregnant women or children under 2 years of age. ACIP recommends that women who may become pregnant during influenza season be vaccinated with inactivated influenza vaccine.

d. Individuals with asthma or recurrent wheezing, altered immuno-competence, or prior history of Guillain-Barré Syndrome should be carefully evaluated for the potential risks versus benefits prior to being immunized with any influenza product. See package inserts located at <http://www.vaccines.mil/flu>.

3. **Adverse events.** 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.

a. Report known or suspected adverse events related to the administration of influenza vaccine to the Vaccine Adverse Event Reporting System (VAERS) www.vaers.hhs.gov.

b. AR 40-562, Immunizations and Chemoprophylaxis, 29 SEP 06, establishes minimum requirements for submission of a VAERS form as vaccine reactions resulting in hospitalization or time lost from duty (more than 24 hours), or if contaminated lots are suspected (see reference c). Proper documentation includes patient identification, the

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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, the date patient is provided the VIS, and the VIS version date.

c. Document vaccine adverse events in AHLTA. Consult with the regional Vaccine Healthcare Center as needed. If future influenza vaccine administration is not recommended based on the adverse event, ensure the appropriate exception is correctly documented in MEDPROS.

4. Reporting Requirements for Military Immunizations.

a. Accurate records of vaccine usage must be kept. Detailed records will facilitate projection of vaccine requirements for the 2012-2013 Influenza Vaccine Immunization Program. Destruction documents for unused, expired vaccine must be submitted to USAMMA at vaccine expiration date. Further instructions are located at <http://www.usamma.army.mil/assets/docs/Destruction%20SOP%20updated%2020%20NOV%2008.pdf>.

b. Universal implementation of procedures at installation in/out-processing stations is required to ensure that personnel changing duty stations receive immunization before departure. MEDPROS and Defense Enrollment Eligibility Reporting System registry of new Soldiers (e.g., accessions) must be accomplished to capture immunization data. Immunization clinics and Soldier Readiness Processing (SRP) sites will screen for influenza immunization at mobilization and demobilization sites, during SRP, and at other similar opportunities until vaccine supplies are exhausted or expired.

c. The TRICARE Management Activity issued final rule authorizing TRICARE retail network pharmacies to administer seasonal influenza at no cost to the beneficiary will remain in effect for the 2011-2012 influenza season. Commanders ensure Soldiers who receive the influenza vaccination from non-military facilities provide immunization data to their unit's MEDPROS point of contact not later than COB of the next duty day following vaccination.

d. Soldiers may access their on-line shot record in Army Knowledge Online (AKO). To view or print individual immunization records from the AKO homepage, go to "my professional data" on the right hand side of the home page, then click on "my medical readiness status" and select "view detailed information" under the immunization profile stoplight.

e. Leaders at all levels can track individual Service members and unit compliance using MEDPROS (accessed via www.mods.army.mil). Leaders may obtain a logon ID directly from the website or by calling the MODS help desk at COM: 703-681-4976 or DSN: 761-4976 or e-mail mods-help@asmr.com for assistance.

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f. MEDPROS will continue to offer command drill-down reporting capability to allow all users to track compliance. The standard is for each ACOM, ASCC, DRU, and installation to achieve a green status NLT 1 December 2011. Compliance will be categorized as green ($\geq 90\%$ vaccinated), amber (80-89% vaccinated), and red ($< 80\%$ vaccinated).

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ANNEX C (2011-2012 SENTINEL SURVEILLANCE SITES) TO OPERATION ORDER 11-50 (2011 - 2012 INFLUENZA VACCINE IMMUNIZATION PROGRAM) – USAMEDCOM

1. **General.** This annex provides details on the DoD - Global Laboratory-based Influenza Surveillance System 2011 - 2012 Sentinel Surveillance Sites.

CONUS LOCATIONS	State	Region	Sentinel Site 10-11	Service
HANSCOM AFB, MA	MA	CDC 1		USAF
DOVER AFB - 436th MDG	DE	CDC 2		USAF
FT. DRUM - AHC GUTHRIE	NY	CDC 2	X	USA
MCGUIRE AFB - 87th MDG	NJ	CDC 2	X	USAF
ANDREWS AFB - 89th MDG/BOLLING AFB	MD	CDC 3	X	USAF
LANGLEY AFB - 1st MDG	VA	CDC 3		USAF
PORTSMOUTH – NMC	VA	CDC 3		USA
BEAUFORT - NH	SC	CDC 4	X	USN
CAMP LEJEUNE - NH	NC	CDC 4	X	USN
EGLIN AFB - 96th MDG	FL	CDC 4		USAF
FT. BENNING	GA	CDC 4		USA
FT. BRAGG - AMC WOMACK / Pope AFB	NC	CDC 4	X	USA/Joint
FT. CAMPBELL	KY	CDC 4		USA
HURLBURT FIELD - 16th MDG	FL	CDC 4	X	USAF
JACKSONVILLE - NH	FL	CDC 4		USN
KEESLER AFB - 81st MDG	MS	CDC 4	X	USAF
SEYMOUR JOHNSON AFB - 4th MDG	NC	CDC 4		USAF
SHAW AFB - 20th MDG	SC	CDC 4		USAF
SCOTT AFB - 375th MDG	IL	CDC 5	X	USAF
WRIGHT-PATTERSON AFB - 88th MDG	OH	CDC 5	X	USAF
CANNON AFB - 27th MDG	NM	CDC 6		USAF
FT. BLISS - AMC WILLIAM BEAUMONT	TX	CDC 6	X	USA
FT. HOOD	TX	CDC 6		USA
LAUGHLIN AFB - 47th MDG	TX	CDC 6	X	USAF
SHEPPARD AFB - 82nd MDG	TX	CDC 6	X	USAF
TINKER AFB - 72nd MDG	OK	CDC 6		USAF

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CONUS LOCATIONS cont	State	Region	Sentinel Site 10-11	Service
OFFUTT AFB - 55th MDG	NE	CDC 7	X	USAF
ELLSWORTH AFB - 28th MDG	SD	CDC 8	X	USAF
PETERSON AFB, CO	CO	CDC 8		USAF
USAF ACADEMY - 10TH MDG	CO	CDC 8	X	USAF
LEMOORE - NH	CA	CDC 9		USN
LUKE AFB - 56th MDG	AZ	CDC 9		USAF
NELLIS AFB - 7407-206066-0	NV	CDC 9	X	USAF
TRAVIS AFB - 60th MDG	CA	CDC 9	X	USAF
BREMERTON - NH	WA	CDC 10	X	USN
FT. LEWIS - AMC MADIGAN	WA	CDC 10	X	USAF
FAIRCHILD AFB - 92nd MDG	WA	CDC 10		USAF

OCONUS LOCATIONS	State	Region	Sentinel Site 10-11	Service
EIELSON AFB - 354th MDG	AK	CDC 10	X	USAF
ELMENDORF AFB - 3rd MDG	AK	CDC 10	X	USAF
FT. SHAFTER - AMC TRIPLER	HI	CDC 9	X	USA
HICKAM AFB - 15th MDG/PEARL HARBOR - NMCL	HI	CDC 9	X	USA
USAMRU-K, Kenya	KN	AFRICOM	X	USA
BAACH (121st Hosp)	SK	ASIA	X	USA
8th MED GRP-Kunsan AB	SK	ASIA	X	USAF
51st MED GRP-Osan AB	SK	ASIA	X	USAF
18th MED GRP-Kadena AB	JA	ASIA	X	USAF
35th MED GRP-Misawa	JA	ASIA	X	USAF
374th MED GRP-Yokota AB	JA	ASIA	X	USAF
NH Okinawa	JA	ASIA	X	USN
NH Yokosuka	JA	ASIA	X	USN

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**ANNEX C (2011-2012 SENTINEL SURVEILLANCE SITES) TO OPERATION ORDER
11-50 (2011 - 2012 INFLUENZA VACCINE IMMUNIZATION PROGRAM) –
USAMEDCOM**

OCONUS LOCATIONS cont	State	Region	Sentinel Site 10-11	Service
BMC Sasebo, Japan	JA	ASIA	X	USA
Camp Zama, Japan	JA	ASIA	X	USA
36th MED GRP-Andersen/GUAM - NH	GU	ASIA	X	Joint
Saipan, CNMI	CNMI	ASIA	X	USN
JTF Bravo, Honduras	HD	Cent. America	X	ARMY
Landstuhl Regional MEDCEN	GM	EUROPE	X	USA
31st MED GRP-Aviano	IT	EUROPE	X	USAF
39th MED GRP-Incirlik	TU	EUROPE	X	USAF
48th MED GRP-Lakenheath	UK	EUROPE	X	USAF
52nd MED GRP-Spangdahlem	GM	EUROPE	X	USAF
86th MED GRP-Ramstein	GM	EUROPE	X	USAF
NH Naples, Italy	IT	EUROPE	X	USN
NH Rota, Spain	SP	EUROPE	X	USN
NH Sigonella, Italy	IT	EUROPE	X	USN
Camp Buehring, Kuwait	KU	MIDEAST	X	USA
Ali Al Salem AB, Kuwait	KU	MIDEAST	X	USAF
Al Dhafra AB, UAE	UAE	MIDEAST	X	USAF
Al Udeid AB, Qatar	QT	MIDEAST	X	USAF
Camp Arifjan, Kuwait	KU	MIDEAST	X	USA
BMC Bahrain, Bahrain	BH	MIDEAST	X	USN
Manas AB, Kyrgyzstan	KR	MIDEAST	X	USAF
Kandahar AB, Afghanistan	AF	MIDEAST	X	USAF
Bagram AB, Afghanistan	AF	MIDEAST	X	USAF
Balad AB, Iraq	IQ	MIDEAST	X	USAF
Camp Sather AB, Iraq	IQ	MIDEAST	X	USAF
Kirkuk AB, Iraq	IQ	MIDEAST	X	USAF
US Coast Guard Stations		USA	X	USCG