

**Appendix 1 (SCREENING AND REPORTING) TO ANNEX R TO OPERATION
ORDER 15-XX (2015-2016 INFLUENZA VACCINATION PROGRAM:
SURVEILLANCE AND VACCINATION**

1. **General.** This annex provides details on the influenza vaccine screening requirements for the 2015-2016 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 the package insert to identify if contraindications to the immunization exist. To view current package inserts: <http://www.vaccines.mil/flu>.

a. Utilization of a standard set of screening questions will help to identify which product may be administered or what medical contraindications might be present based on the vaccines available. To view a set of screening questions please go to the Defense Health Agency Immunization Healthcare Branch Influenza toolkit at <http://www.vaccines.mil/Forms/Influenza - Seasonal>.

b. For those personnel with a validated exemption for receiving an influenza vaccination the appropriate immunization medical, religious, or temporary administrative exemption (Appendix C, AR 40-562) should be documented in MEDPROS, and the Civilian Employee Medical Record for civilian employees.

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, 07 OCT 13, 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 b). 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 VIS, and the VIS version date.

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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 exemption 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 2016-2017 Influenza Prevention Program. Destruction documents (DA Form 3161) for unused, expired vaccine must be submitted to USAMMA at vaccine expiration date. Further instructions are located at http://www.usamma.amedd.army.mil/net/assets/doc/pdf/PotentiallyCompromised/Vaccine_Disposition_SOP_19Feb2010.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 (DEERS) 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. Defense Health Agency (DHA) final rule authorizing TRICARE retail network pharmacies to administer seasonal influenza at no cost to the beneficiary remains in effect for the 2015-2016 season. Service members who are not located near a medical treatment facility such as Recruiters, ROTC Cadre, and other non-traditional assignments are encouraged to utilize this benefit. A list of eligible beneficiary categories can be found at <http://www.tricare.mil/CoveredServices/Pharmacy/Eligibility.aspx>.

d. Soldiers may access their on-line shot record in Army Knowledge Online (AKO).

e. Leaders can track individual Service members and unit compliance using MEDPROS (accessed via www.mods.amy.mil). Obtain access directly from the website or call the MODS help desk at COM: 888-849-4341 or DSN: 761-4976 or e-mail mods-help@asmr.com for assistance.

f. MEDPROS will continue to offer command drill-down reporting capability to allow users to track compliance. The standard is for each ACOM, ASCC, DRU, and installation to achieve a green status (>90%) NLT 15 December 2015.

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5. Report Format for HCP Compliance. RHC's will provide their HCP compliance reports to DSG-PH, Public Health Directorate, NLT 15 April 2016 using the following format.

RHC Name	Total # ALL HCP	Total # of HCP vaccinated	Total # of HCP with exemptions	Total # of mandatory HCP (Annex D)	Total # mandatory HCP vaccinated	Total # of mandatory HCP with exemptions
RHCA(P)	0	0	0	0	0	0