

HEADQUARTERS, US ARMY MEDICAL COMMAND  
Falls Church, VA 22042-5140  
091330Q September 2015

**OPERATION ORDER 15-70 (2015 – 2016 INFLUENZA PREVENTION PROGRAM:  
SURVEILLANCE AND VACCINATION)**

**References:**

(a) Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Available at:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm>.

(b) Army Regulation 40-562, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 October 2013.

(c) Army Regulation 40-66, Medical Record Administration and Healthcare Documentation, 4 January 2010.

(d) 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).

(e) Memorandum for Commanders, MEDCOM Major Subordinate Commands. Subject: Disclosure of Civilian Employee Medical Examination Results, 14 October 2011.

(f) Immunization of Health-Care Personnel – Recommendations of the Advisory Committee on Immunization Practices (ACIP), 25 November 2011. Available at:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>.

(g) Influenza Vaccination Information for Health Care Workers. Available at:  
<http://www.cdc.gov/flu/healthcareworkers.htm>.

(h) Army Regulation 40-3, Medical, Dental, and Veterinary Care, 23 April 2013.

(i) Armed Forces Reportable Medical Events Guidelines and Case Definitions, March 2012. Available at:  
[http://www.afhsc.mil/documents/pubs/documents/TriService\\_CaseDefDocs/ArmedForceSGuidlinesFinal14Mar12.pdf](http://www.afhsc.mil/documents/pubs/documents/TriService_CaseDefDocs/ArmedForceSGuidlinesFinal14Mar12.pdf).

(j) ASD(HA) Memorandum, Subject: 2015-2016 Department of Defense Influenza Surveillance Program Sentinel Sites, 28 July 2015.

**Time zone used throughout the order:** Eastern Standard Time.

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**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 2015-2016 influenza trivalent vaccine strains are A/California/07/2009 (H1N1)-like, A/Switzerland/9715293/2013 (H3N2)-like, and B/Phuket/3073/2013-like antigens. The additional strain, B/Brisbane/60/2008-like antigen has been selected for those manufacturers licensed to distribute a quadrivalent influenza vaccine.

c. For the 2015-2016 influenza season, the Army has contracted for a total of 1.7 million doses of influenza vaccine, which includes 1.22 million doses of Inactivated Injectable Vaccine (IIV) and 490K doses of Quadrivalent Live Attenuated Influenza (intranasal) Vaccine (LAIV4). This amount ensures that vaccination against influenza is available for all soldiers and beneficiaries. Military treatment facilities (MTF) should expect several deliveries to fill requirements as early as August (see Annex R).

d. The Centers for Disease Control and Prevention (CDC) and the ACIP recommend seasonal influenza vaccine for all people aged 6 months and older. Special efforts should be made to vaccinate those at high risk from influenza complications to include pregnant women, children under 5 years of age, adults 65 years and older and those with certain medical conditions outlined in the ACIP guidelines.

e. Influenza surveillance is critical to ensuring current knowledge of circulating viruses and affected populations. Laboratory reporting of respiratory test results to public health entities enables awareness of circulating viruses, variations in activity and key prevention efforts. Sentinel site surveillance is another key method for tracking influenza disease in specific populations. The Army supports sentinel site surveillance through participation in the DoD Global, Laboratory-Based Influenza Surveillance Program at the U.S. Air Force School of Aerospace Medicine (USAFSAM). Army sites for program inclusion are identified based on criteria such as mission, population, deployment/operations tempo, and location. Sentinel sites are expected to utilize program-provided kits to submit 6 to 10 respiratory specimens per week obtained from patients meeting the influenza-like-illness (ILI) case definition. The program consists of both surveillance and vaccination components.

**2. Mission.** The U.S. Army Medical Command (USAMEDCOM) implements the 2015-2016 Influenza Prevention Program vaccination component immediately upon receipt of

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influenza vaccine to protect individuals at risk from developing influenza or its complications.

**3. Execution.**

a. Commander's Intent. The goal of the Influenza Prevention Program is to protect all military personnel, mission-essential Department of the Army Civilians, healthcare personnel, and TRICARE beneficiaries from influenza and its complications. At end state of 1 June 2016, we will have achieved immunization for 100% of Active Duty personnel, and required civilian employees (excluding those medically, religiously, or administratively exempt) with a milestone of  $\geq 90\%$  no later than (NLT) 15 December 2015. Surveillance testing will be conducted, lab results will be reported through appropriate channels, and influenza cases will be reported through Preventive Medicine channels.

b. Concept of Operations. All USAMEDCOM Regional Health Commands (RHCs) initiate annual immunization operations upon receipt of influenza vaccine in accordance with national guidelines as outlined in reference (a). Immunization sites will enter immunization data into the Medical Protection System (MEDPROS) for all uniformed personnel and civilian healthcare personnel (HCP) required to receive the vaccine, at the time of vaccination or no later than close of business (COB) of the next duty day following vaccination. Exemptions for civilian employees will also be documented in the Civilian Employee Medical Record (CEMR). TRICARE beneficiary immunizations will be entered into Armed Forces Health Longitudinal Technology Application (AHLTA) immunization module at the point of service. Surveillance activities, including lab result reporting, will be initiated 1 October 2015. Reportable influenza cases will be entered into the Disease Reporting System-internet (DRSi).

c. Tasks to RHCs/Major Subordinate Commands (MSCs).

(1) Ensure immunization of 100% of assigned Soldiers and required civilian employees (see Appendix 3) with a milestone requirement of  $\geq 90\%$  completion NLT 15 December 2015. Review reference (b) for vaccination of contract, non-appropriated funds employees, and overseas beneficiaries.

(2) Administer first available vaccine doses in accordance with reference (b) and timing as recommended in reference (a).

(3) Implement process for all beneficiaries to be screened for influenza vaccine at all appointments during the influenza season September through June.

(4) Consider use of the seasonal influenza prevention program as an opportunity to exercise installation-based public health emergency response plans.

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(5) Advise healthcare providers that ACIP does not express a preference for use of any one influenza vaccine product over another.

(6) Ensure sufficient supply of injectable inactivated influenza vaccine (IIV) to vaccinate continuity of operations (COOP) and continuity of government personnel as determined by the combatant commands and Services. The COOP personnel will be given priority.

(8) Monitor influenza immunization compliance as required through MEDPROS for Army Commands, Army Service Component Commands, Direct Reporting Units, MEDCOM RHCs/MSCs, and HCP compliance beginning 1 October 2015.

(9) Direct all subordinate MTFs to review ASD(HA) Policy 08-005 (reference d).

(10) Ensure Preventive Medicine assets at the Installation level report cases of hospitalized Influenza as well as novel Influenza regardless of hospitalization through the Disease Reporting System-Internet (DRSI). Accounts for DRSI can be established by emailing the U.S. Army Public Health Center (USAPHC) AT [usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil).

(11) Ensure identified sentinel surveillance sites participate in the Influenza Prevention Surveillance Program and respond appropriately to the point of contact (POC). Coordination is required for all identified; facilities unable to fully participate must inform POC of potential shortfalls. DOD Program Lead POCs are Mr. Josh Cockerham at (937) 938-3196 or Ms. Linda Canes at (937) 938-2635.

(12) Track vaccination of required civilian employees and validate 100% of medical exemptions for all military and civilian personnel. Invalidated and undocumented (AHLTA/MEDPROS) exemptions for influenza pose a force health protection threat.

(a) RHC's will use MEDPROS taskforces to track HCP compliance.

(b) Civilians must have a signed DD Form 2870 in their civilian medical records to authorize the entry of the vaccine data into MEDPROS (reference e) and the CEMR. Verify that the form has not reached its authorization expiration date per block 10; if warranted re-execute DD Form 2870. The DD Form 2870 pertains to documentation of vaccinations received through MHS facilities or elsewhere.

1. DD Form 2870 is a voluntary form and local labor obligations must be met before implementation of the requirement. If an employee does not sign the form there is no authorization to enter their vaccination information into MEDPROS and the CEMR, and other means must be taken to track the data (e.g. excel spreadsheet).

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2. Vaccination is required regardless of signature status of DD Form 2870.

(13) RHCs will provide Deputy Chief of Staff, Public Health - Public Health Directorate a compliance report for healthcare providers (HCPs) NLT 1 April 2016 via email to [keith.c.palm.mil@mail.mil](mailto:keith.c.palm.mil@mail.mil) and cc [james.j.stein.mil@mail.mil](mailto:james.j.stein.mil@mail.mil) and [usarmy.ncr.hqda-otsg.mbx.otsg--opscenter21-opns@mail.mil](mailto:usarmy.ncr.hqda-otsg.mbx.otsg--opscenter21-opns@mail.mil).

(a) Email subject is: RHC HCP compliance report.

(b) Report format and information for MEDPROS instruction is provided in Appendix 1 of this order.

(14) A list of the minimum required civilian healthcare occupations is listed in Appendix 3 of this order. RHC Commanders retain the flexibility and authority to add to the minimum list. However, local bargaining obligations must be met prior to implementation of additional occupations.

(15) In 2012 The Joint Commission strengthened the Infection Control standard (IC.02.04.01) addressing influenza vaccination of HCP. MTFs should incorporate these standards into their influenza prevention immunization programs.

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

(17) Service Members and their beneficiaries who receive care through TRICARE-Overseas Remote programs (e.g. Defense Agency Operations (DAO), embassy support/security staff, etc.) will provide their record of vaccination to their Military servicing medical support staff for entry into MEDPROS for Soldiers and AHLTA for beneficiaries NLT the next duty day following vaccination.

(18) Standing order forms are available for download at <http://www.vaccines.mil/Forms/Influenza - Seasonal>.

(19) Per AR 40-66, AHLTA will be used for documenting and tracking all immunizations.

(20) Ensure immunization data is entered into MEDPROS at the time of immunization or not later than close of business of the next duty day following vaccination. Exemptions to the influenza vaccination must also be documented in the CEMR. Data entry may be accomplished using the MEDPROS Web Data Entry (MWDE) application ([www.mods.army.mil](http://www.mods.army.mil)) or the MODS mainframe. Data entry support

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may be obtained from the MODS help desk at DSN 761-4976, commercial 703-681-4976 or 888-849-4341.

(a) Accurate documentation of the seasonal influenza vaccine is critical for vaccine safety. There are multiple CVX codes available and staff will verify all product codes before documentation. Do not use CVX codes 15, 16, or 111 to document vaccines.

(b) Current CVX codes include:

1. CVX Code 140: For documenting single-dose, preservative free (no thimerosal) syringes or vials. (Afluria).

2. CVX Code 141: For documenting multidose vials which include a preservative. (Afluria).

3. CVX Code 149: For documenting a single-dose, preservative-free, intranasal sprayer. (FluMist).

4. CVX Code 150: For documenting single-dose quadrivalent syringes. (Fluarix).

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

6. CVX Code 161: For documenting injectable quadrivalent, preservative free pediatric doses (Fluzone).

(c) Additional CVX codes for the high-dose, intradermal, and injectable quadrivalent are also available. DoD did not contract for any of these products but codes are available for use when transcribing records that include those products.

(20) Fulfill applicable labor obligations under the Federal Service Labor-Management Relations Statute before implementing any changes to conditions of employment of bargaining unit employees represented by a union. Until local bargaining obligations are met, influenza immunization will continue to be highly recommended on a voluntary basis for HCP not covered under the mandatory immunization program (reference b). Personnel without authorized exemptions who do not receive the influenza vaccine may be subject to disciplinary actions.

(21) Verify MTF's ship to Department of Defense Activity Address Code (DoDAAC) information with the MTF and the logistics point of contact Army Influenza Manager at USAMMA prior to dissemination. For verification contact USAMMA

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Distribution Operations Center (DOC) at DSN 343-3242/4128 or commercial 301-619-3242/4128.

d. Tasks to One Staff.

(1) DCS-PH, Public Health Directorate.

(a) Monitor and report influenza immunization compliance as required through MEDPROS for Army Commands, Army Service Component Commands, Direct Reporting Units, MEDCOM RHCs/MSCs, and HCP compliance beginning 1 October 2015, as required at the OTSG Operations Update.

(b) In accordance with ASD(HA) Policy 08-005, provide DHA-IHB with the Army report detailing HCP influenza immunization compliance no later than 1 May 2016.

(2) G-3/5/7. Ensure MEDPROS Program Office oversees training provided by RHC and Installation MEDPROS Readiness Coordinators (MRCs) to their supported installations, utilizing face to face, person to person, or user manual training, on updating MEDPROS taskforce rosters and immunization posting.

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

(4) Directorate of Communications. Collaborate with Army Public Health Center (APHC) and Defense Health Agency –Immunizations Branch 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.

(5) G1.

(a) Provide RHCs and MSCs with an information paper directly to the Chief Human Resources Officers (CHRO) covering Impact and Implementation bargaining obligations. Include an article in the civilian newsletter covering the Federal Employee Health Benefit Program for no out-of-pocket costs for influenza vaccine from local pharmacies and other community locations.

(b) Will, through the MSC/RHC CHROs and CHRA, ensure all MEDCOM job descriptions for the listed occupations in Appendix 3 are annotated that incumbents are subject to mandatory vaccination HCP requirements.

e. Coordinating Instructions.

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(1) While no eligible beneficiary will be denied immunization, due to the need to preserve operational effectiveness and to protect the most vulnerable populations administration of the immunization may be deferred to a later time than originally coordinated.

(2) Pregnancy. Pregnant women and those intending to become pregnant are a high priority and will be vaccinated utilizing the inactivated vaccine (intramuscular vaccination). For pregnant individuals, intramuscular vaccination is the only recommended route.

(a) All females of childbearing age will be asked about the possibility of pregnancy prior to receiving the vaccine.

(b) 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.

(c) Live attenuated influenza vaccine is contraindicated in pregnant females.

(d) The flu shot (intramuscular vaccination) given during pregnancy has been shown to protect both the mother and her baby (up to 6 months old) from flu.

(3) The ACIP guidelines recommend that all persons aged 6 months and older receive the annual influenza vaccination. The latest released recommendations can be found at <http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm>.

(a) 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.

(b) The ACIP has not expressed a preference for quadrivalent or trivalent vaccine in any age group. Vaccinate all individuals with available product in accordance with package insert.

(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 DHA-IHB 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.

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(7) The Defense Health Agency Immunization Branch (DHA-IHB). The DHA-IHB is available to assist patients and healthcare personnel with documentation, management, and reporting of potential adverse reactions related to vaccinations, as well as assist with medical exemptions, and address vaccine screening questions. The DHA-IHB is available through the Worldwide DHA Immunization Healthcare Support Center 24-hours a day at (877) 438-8222. Secure messages can be sent via email from <https://askvhc.amedd.army.mil/>.

(8) Questions regarding the Seasonal Influenza Prevention Program can be referred to DHA-IHB at Comm: (877) 438-8222, DSN 761-4245 Monday through Friday, 0800 to 1800 (Quebec) or via email at [dodvaccines@mail.mil](mailto:dodvaccines@mail.mil).

(9) A U.S. Army Influenza Activity report, published weekly by the U.S. Army Public Health Center, describes influenza cases and influenza-like illness among Army beneficiaries and patients seeking care at Army military treatment facilities. To view or subscribe to the report visit: <http://phc.amedd.army.mil/whatsnew/Pages/PeriodicPublications.aspx>. To subscribe by email, send requests to [usaphc.disease.epidemiology@us.army.mil](mailto:usaphc.disease.epidemiology@us.army.mil).

(10) USAFSAM manages the DoD Global, Laboratory-based, Influenza Surveillance Program. Designated sentinel surveillance sites (see Appendix 2) will receive instruction from USAFSAM describing mandatory participation requirements in detail prior to the start of the season. Sites selected for mandatory participation are required to submit to USAFSAM 6-10 respiratory specimens per week, from individuals who meet the influenza-like illness case definition. Site participation serves as a valuable asset towards new strain identification and the evaluation of vaccine effectiveness. Support of surveillance activity is essential for disease prevention and control. For questions, please contact USAFSAM at [usafsam.phrflu@us.af.mil](mailto:usafsam.phrflu@us.af.mil).

(11) USAFSAM provides a weekly influenza surveillance report during the influenza season and a monthly report during low influenza activity, which details the results generated by the above described surveillance program. To subscribe to this report, email [usafsam.phrflu@us.af.mil](mailto:usafsam.phrflu@us.af.mil).

(12) MTFs must report confirmed cases of influenza resulting in hospitalization of individuals < 65 years of age to Preventive Medicine assets for entry into DRSi. Well-defined outbreaks of influenza should be reported using the outbreak report module in DRSi in addition to normal electronic and telephonic notification of Senior Leadership and Preventive Medicine assets at the RHC. Note virus type and subtype if available, whether the person was hospitalized, and whether they received the current seasonal influenza vaccine. Deaths due to influenza will be reported by Commanders Critical Incident Report (CCIR) IAW established policies.

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(13) MTF laboratories report weekly influenza rapid antigen workload, and respiratory virus isolation types and subtypes as available to Laboratory Program Manager Office. This data will be forwarded to USAPHC for inclusion in weekly Influenza Surveillance Activity Report (see Appendix 4).

(14) Organizations/units will report vaccine loss and destruction (see Annex R). Complete and submit DA Form 3161 for any influenza vaccine that is lost or destroyed in excess of 1% of the total order received (due to expiration, validated compromise due to temperature excursion, or other reasons requiring destruction). Completion of the loss/destruction report is a cost saving tool that aids in assessing program vaccine requirements. Email these forms to [usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil](mailto:usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil). Email subject is: Influenza Loss and Destruction report.

(15) Issues Unique to Reserve Components (RC) (RC encompasses both, Army Reserve and Army National Guard).

(a) Personnel must be in duty status when receiving DoD-directed immunization.

(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.

(e) Reserve component entities utilizing contracted support to administer and document vaccines are responsible for ensuring that contracted support has complete vaccine identifier information, as outlined in 3.c.(1)(n)(1)-(2) of this document, so that proper entry into the Service Member's medical record and ITS can be made.

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(16) Communications. An effective communication strategy for the influenza prevention program is critical to success. Assistance in developing a local communication plan can be found at [www.vaccines.mil/flu](http://www.vaccines.mil/flu).

**4. Sustainment**. The influenza prevention program is a commander's force health protection responsibility. Commanders will 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. Vaccine administrators and handlers must be trained before handling or administering vaccines. Defense Health Agency – Immunization Healthcare Branch (DHA-IHB) provides training for the seasonal influenza prevention program management and administration of the vaccines at <http://www.vaccines.mil/Training>. Additional tools, forms and handouts are available on the DHA-IHB website to assist vaccine administrators in preparing a strong vaccination program.

b. Health System Support. Prior to immunization with the influenza vaccine, provide the vaccinee an opportunity to read the appropriate product Vaccine Information Statement (VIS) published by the CDC. An opportunity will be provided for individuals to ask questions about the vaccine they are about to receive. Annotate in each patient's health record the date the VIS was published and the date the individuals were given the opportunity to read VIS. The CDC has published a VIS for the live attenuated and inactivated vaccines. The VISs are available for download and local reproduction at: <http://www.vaccines.mil/VIS/Influenza - Seasonal>. (Live, Intranasal Influenza Vaccine 2015-16: What You Need to Know - 07 Aug 15, and Inactivated or Recombinant (Injectable) Influenza Vaccine 2015-16: What You Need to Know - 07 Aug 15).

**5. Command and Control**.

a. Command. Normal command relationships remain in effect.

b. Signal. The POC for this order is LTC Keith Palm, DCS-PH, Public Health Directorate at email [keith.c.palm.mil@mail.mil](mailto:keith.c.palm.mil@mail.mil), or COL James Stein, DCS-PH, Public Health Directorate, at 703-681-3447 (DSN 471) or email at [james.j.stein.mil@mail.mil](mailto:james.j.stein.mil@mail.mil) .

**ACKNOWLEDGE:** MEDCOM Operations Center at [usarmy.ncr.hqda-otsg.mbx.medcom-ops-center@mail.mil](mailto:usarmy.ncr.hqda-otsg.mbx.medcom-ops-center@mail.mil) or telephonically at (703) 681-8052, DSN 761.

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**OFFICIAL**

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R. SCOTT DINGLE  
G-3/5/7

**ANNEXES:**

R – Service Support  
Appendix 1 – Screening and Reporting  
Appendix 2 – 2015-2016 Sentinel Surveillance Sites  
Appendix 3 – Civilian Occupations Subject to Mandatory Influenza Vaccinations  
Appendix 4 – Army Laboratory Reporting Requirements

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