DoD Seasonal and 2009 H1N1 Pandemic Influenza Vaccination Programs

2010 Influenza Summit

COL Wayne Hachey DO, MPH
Director Preventive Medicine
Office of Deputy Assistant Secretary of Defense for
Force Health Protection & Readiness Programs

17 May 2010

Agenda

- Seasonal Influenza
  - Policies
  - Vaccination rates
- Pandemic Influenza
  - Vaccine sources
  - Vaccine distribution & rates
  - Vaccine safety monitoring

Flu and DoD

- In 1944 DoD recognized that influenza could impact our ability to meet mission requirements
  - DoD developed the first U.S. approved inactivated vaccine for influenza
  - Used to protect troops in WWII and ever since

DoD Seasonal Influenza Policies

- Mandatory for all active duty members
- Mandatory for all those providing direct patient care
- Highly encouraged for all DoD beneficiaries
- LAIV recommended for eligible pediatric and new accession populations
- Attempt to provide thimerosol free vaccines to DoD facilities that reside in States that limit vaccines preserved with thimerosal but if unavailable will NOT deny vaccine to beneficiaries

Seasonal Influenza
The Numbers

- 4.3M people enrolled for care at military medical treatment facilities
- 3,844,985 vaccine doses shipped to DoD facilities from DoD supply depot
- 8,950 doses remaining
- Active Duty immunized (as of 6 April)
  - Army 96%
  - Air Force 97%
  - Navy 91%
  - Marines 90%
  - Overall DoD 96%

- Vaccine effectiveness for seasonal flu not determined this year due to low rates of seasonal influenza
  - 22% vaccine effectiveness against pH1N1
  - DoD population very different from general population

pH1N1 Vaccine Policy

- **Mandatory for all uniformed personnel (Active Duty, Guard and Reserve)**
- **Highly encouraged for all others**
- **3 separate vaccine supplies with specific target groups**
  - **High risk individuals may receive vaccine from any source**

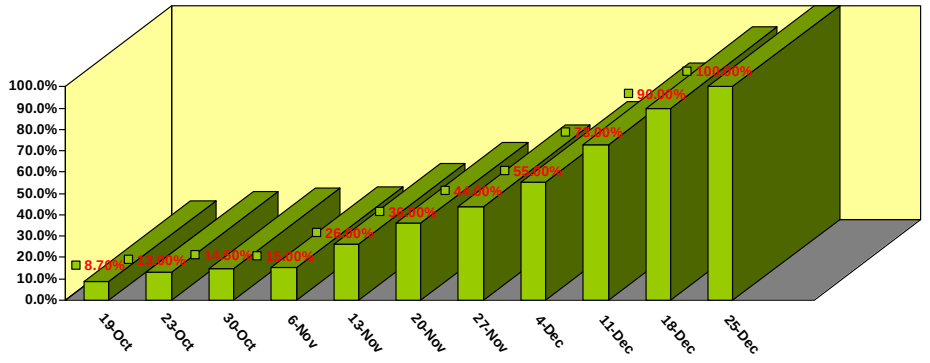
pH1N1 Vaccine – Where did DoD fit in?

- All vaccine allocated by HHS
  - 2.7 M doses to meet operational mission requirements in pandemic environment
  - State allocation program – for DoD dependents residing in the U.S.
  - 1M doses targeted DoD civilian employees and dependents residing outside the U.S.

pH1N1 vaccine – DoD Operational Use

- DoD purchased it's own stockpile of H1N1 vaccine adequate to fully immunize 2.7
  - Allocation of vaccine was still controlled by HHS
  - Targeted Active Duty, Reservists, National Guard, Mission Critical DoD civilians
  - First priority was for deployed, deploying, large training venues, ships a float, health care workers
  - After high priority groups are filled each Service received a pro-rated amount as vaccine became available

Percent of Operational Vaccine Received by DoD



pH1N1 Vaccination Rates (6 April 2010)

Service	% Immunized
Army	95
Air Force	95
Marines	83
Navy	84
Total	91

pH1N1 vaccine – Dependents

- DoD also received vaccine via the National Pandemic Vaccine State Allocation Program
  - DoD received vaccines via local allocations to States for dependents, retirees
  - Each installation enrolled with the State as a immunization provider
  - Targeted dependents and health care workers
    - Vaccine was available for dependents before AD
    - Also included HR AD members
  - Like the civilian community vaccine demand occurred early while vaccine availability was delayed

pH1N1 Vaccine – DoD Civilians/OCONUS Dependents

- Part of HHS sponsored, CDC managed program targeting US government civilian employees
  - 3 Million total doses
  - Program started after the State Allocation Program was well established
  - 1 Million total doses to DoD
  - Targeted DoD civilian employees and dependents residing overseas
  - Like the State allocations: vaccine demand preceded availability

pH1N1 Vaccine Safety

- Collaborative effort between the Military Vaccine Agency and the Armed Forces Health Surveillance Center
- Determined baseline rates for potential vaccine related adverse events
- Identified all pH1N1 vaccinations
  - Search for recognized vaccine related adverse events
- Rapid cycle analysis of aggregate data comparing pH1N1 with past 3 flu seasons
- Identified in near real time potential increased occurrences of adverse outcomes
- RESULT: NO INCREASE IN VACCINE RELATED ADVERSE EVENTS

Questions

The fact is, compared to pigs, we humans are unforgivably slow to learn from pragmatic experience.

Karl Schwen
U.S. author. *In A Pig's Eye* (1985).