



DEFENSE HEALTH AGENCY
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DHA-IPM 20-004
December 13, 2020

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH
READINESS POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH
SERVICES POLICY AND OVERSIGHT)
DEPUTY ASSISTANT SECRETARY OF DEFENSE (HEALTH
RESOURCES MANAGEMENT AND POLICY)
DIRECTOR OF HEALTH, SAFETY, AND WORK-LIFE, U.S.
COAST GUARD
JACKSONVILLE MARKET, DEFENSE HEALTH AGENCY
COASTAL MISSISSIPPI MARKET, DEFENSE HEALTH AGENCY
MARKET
CENTRAL NORTH CAROLINA MARKET, DEFENSE HEALTH
AGENCY MARKET
NATIONAL CAPITAL REGION MARKET, DEFENSE HEALTH
AGENCY MARKET
DIRECT SUPPORT ORGANIZATION (ARMY)
DIRECT SUPPORT ORGANIZATION (NAVY)
DIRECT SUPPORT ORGANIZATION (AIR FORCE)
DIRECTORS, DEFENSE HEALTH AGENCY MILITARY
MEDICAL TREATMENT FACILITIES
DIRECTORS, DEFENSE HEALTH AGENCY DENTAL
TREATMENT FACILITIES

SUBJECT: Department of Defense (DoD) Coronavirus Disease 2019 (COVID-19)
Vaccination Program Implementation

References: See Attachment 1.

Purpose. This Defense Health Agency-Interim Procedures Memorandum (DHA-IPM), based on the authority of References (a) through (d), and in accordance with the guidance cited in References (e) through (w), establishes the Defense Health Agency's (DHA) procedures to implement instructions, assign responsibilities, and prescribe procedures for the COVID-19 Vaccination Program.

Applicability. This DHA-IPM applies to DHA, DHA Components (activities under the authority direction, and control of the DHA), Military Departments, and the United States Coast Guard (CG).

Procedures. See Attachment 2.

Releasability. **This DHA-IPM is cleared for public release** and is available on the Internet from the Health.mil site at <https://health.mil/Reference-Center/Policies> and is also available to authorized users through the DHA SharePoint site at <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

The proponent of this publication is the Deputy Assistant Director (DAD), Combat Support (CS). When Activities are unable to comply with this publication the Activity may request a waiver by providing justification that includes a full analysis of the expected benefits and risks, and must include a written legal review by the Activities' senior legal officer. The Activity director or senior leader will endorse the waiver request and forward it through their chain of command, via the DAD-CS to the Director, DHA for approval.

Forms. The following forms are available as indicated:

U.S. Food and Drug Administration (FDA) Vaccine Adverse Events Reporting System (VAERS) Form 2.0, is available at: <https://vaers.hhs.gov/index.html>.

DD Form 2875, System Authorization Access Request (SAAR) is available at: <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2875.pdf>.

DD Form 2992, Medical Recommendation for Flying or Special Operations Duty is available at: <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2992.pdf>.

DHA Form 177, Potentially Compromised Temperature Sensitive Medical Product Worksheet is available at: https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20177.pdf.

DHA Form 207, COVID-19 Screening and Immunization Documentation is available at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx.

Effective Date. This DHA-IPM is effective upon signature. It will expire 1 year from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

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RONALD J. PLACE
LTG, MC, USA
Director

Attachments:
As stated

cc:
Principal Deputy Assistant Secretary of Defense for Health Affairs
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Medical Officer of the Marine Corps
Director of the Joint Staff
Surgeon General of the National Guard Bureau
Director, National Capital Region

ATTACHMENT 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) DoD Instruction 6205.02, “DoD Immunization Program,” July 23, 2019
- (e) DoD Instruction 6200.02 “Application of Food and Drug Administration (FDA) Rules to Department of Defense Force Health Protection Programs,” February 27, 2008
- (f) 10 U.S.C. 1107a § Emergency Use Products, 2010
- (g) Deputy Secretary of Defense Memorandum, “Coronavirus Disease 2019 Vaccine Guidance,” December 7, 2020¹
- (h) DHA-Procedural Instruction 6205.01, “Medical Logistics Guidance for the DoD Coronavirus Disease 2019 (COVID-19) Vaccination Program,” November 25, 2020
- (i) Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic, Centers for Disease Control and Prevention²
- (j) Army Regulation 40-562, Bureau of Medicine and Surgery Instruction 6230.15B, Air Force Instruction 48-110_IP, Coast Guard Commandants Instruction M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” October 7, 2013
- (k) COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, Centers for Disease Control and Prevention, Version 2.0, October 29, 2020
- (l) DHA-Procedures Manual 6025.13, “Clinical Quality Management in the Military Health System, Volume 2: Patient Safety,” August 29, 2019
- (m) DHA-Procedural Instruction 6010.01, “Health Benefit Eligibility Verification and Patient Registration Procedures,” January 14, 2020
- (n) Army Regulation 40-66, “Medical Record Administration and Health Care Documentation,” June 17, 2008
- (o) Commander Naval Air Forces Manual 3710.7, “NATOPS General Flight and Operating Instructions Manual,” May 5, 2016
- (p) Air Force Instruction 10-2519, “Public Health Emergencies and Incidents of Public Health Concern,” December 10, 2019
- (q) Air Force Instruction 44-102, “Medical Care Management,” March 17, 2015
- (r) Air Force Instruction 44-176, Access to Care Continuum,” September 8, 2017
- (s) DHA Interim Procedures Memorandum 18-001, “Standard Appointing Processes, Procedures, Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)” February 4, 2020
- (t) Commandant Instruction M6410.3A, “Coast Guard Aviation Medicine Manual,” April 4, 2012

¹ This reference can be found at: <https://health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/IHD-COVID-19-Vaccine-Resource-Center-for-Health-Care-Personnel>.

² This reference can be found at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>.

- (u) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
- (v) DoD Instruction 8580.02, "Security of Individually Identifiable Health Information in DoD Health Care Programs," August 12, 2015
- (w) DoD Instruction 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019

ATTACHMENT 2

PROCEDURES

1. COVID-19 VACCINE INFORMATION

a. A safe and effective COVID-19 vaccine is a critical component of the United States' strategy and international efforts to reduce COVID-19 related illnesses, hospitalizations, and deaths.

b. It is anticipated there will initially be a limited supply of COVID-19 vaccine. Vaccination will focus on those personnel who are critical to the response, providing direct care, and those at highest risk for developing severe illness from COVID-19 in accordance with Appendix 1.

c. All DoD beneficiaries and other individuals who are eligible to receive vaccines from DoD will be offered COVID-19 immunization in accordance with recommendations from the Centers for Disease Control and Prevention (CDC) and its Advisory Committee on Immunization Practices (ACIP) and under the FDA guidelines. The FDA may license vaccine(s) or release them under Emergency Use Authorizations (EUAs) or as an Expanded Access (EA) protocols. Use of investigational medical products for force health protection, including under EUA or EA protocol, will be done in accordance with Reference (e) and (f). Although the details for administering each COVID-19 vaccine depend on the terms, conditions, and requirements of the specific EUA, it is expected that the vaccine will be voluntary until any vaccine receives full FDA approval and licensure.

d. Military medical treatment facilities (MTFs) will track all adverse events; however, non-beneficiaries are not authorized any follow-on medical care (other than the administration of a second vaccine dose) at the MTFs.

e. All personnel must comply with the terms of the EUA or other regulatory mechanisms, to include healthcare personnel (HCP) complying with the EUA HCP fact sheets and providing EUA vaccine recipient fact sheets to all individuals seeking vaccination. For EUA vaccines, per FDA guidance, vaccine recipients must be made aware of the following:

(1) FDA has authorized emergency use of the product.

(2) The significant known and potential benefits and risks associated with the emergency use of the product, and of the extent to which such benefits and risks are unknown.

(3) They have the option to accept or refuse the EUA product and of any consequences of refusing administration of the product; and;

(4) Any available alternatives to the product and of the risks and benefits of available alternatives; and of any other information or condition required by the EUA.

2. AUTHORIZATION FOR THE USE OF COVID-19 VACCINE. In accordance with Reference (g) vaccination sites are authorized to use COVID-19 vaccines provided to the DoD for immunization of the following:

a. Service members on active duty (AD) and in the Selected Reserve (SELRES) (including National Guard personnel), are eligible and encouraged to receive COVID-19 vaccines at MTFs or other DoD vaccination sites as identified by the Military Departments (MILDEP).

b. Dependents of AD Service members, retirees, and other eligible DoD beneficiaries are eligible to receive COVID-19 vaccinations and encouraged to access COVID-19 vaccines through MTFs or through the private sector care component of TRICARE.

c. DoD civilian employees, who are not otherwise eligible DoD beneficiaries, are eligible to receive the COVID-19 vaccine, and select contractor personnel who usually receive influenza vaccines as part of a DoD occupational safety and health program (e.g., healthcare workers, maintenance depot workers), and who are not otherwise eligible DoD beneficiaries, may be offered COVID-19 vaccines at DoD vaccination sites. Follow-on care (other than the administration of a second COVID-19 vaccine dose) will be provided through such individuals' existing health care plans or personal healthcare providers. The MILDEPs or DoD or Office of the Secretary of Defense Components may request, through the Assistant Secretary of Defense for Health Affairs, COVID-19 immunizations be offered to additional DoD contractor employees providing mission-essential critical capabilities.

3. COVID-19 VACCINATION REQUIREMENTS AND RECOMMENDATIONS

a. All DoD beneficiaries will be offered the COVID-19 vaccines in accordance with the DoD vaccination phases in Appendix 1. All beneficiaries will receive patient education information and will be thoroughly educated on the risks of contracting COVID-19 and the benefits of vaccination along with its side effects and any health risk identified by current clinical research.

b. Service members on AD and in the SELRES (including National Guard) personnel will be offered a vaccine on a voluntary basis in accordance with the vaccination phases in the DoD vaccination phases in Appendix 1. If an individual declines the vaccine, or has a medical contraindication to the vaccine, the appropriate declination reason will be annotated in the individual's electronic immunization record.

c. HCP

(1) All military and DoD U.S. national HCP working in DoD MTFs or dental treatment facilities will be educated on the benefits and risks of vaccination, and will be offered an FDA-authorized COVID-19 vaccine. If an individual declines the vaccine or has a medical contraindication it will be annotated accordingly in the individual's immunization record.

(2) HCP, as defined in Reference (d), include all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including bodily substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons (i.e., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but may be potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

d. Upon receipt of vaccine, facilities should immediately begin vaccination in accordance with the DoD operational plans and the vaccination phases in Appendix 1. Every effort should be made to maximize education and vaccination opportunities for all personnel authorized to receive vaccine from DoD in the appropriate phase. Mass immunization efforts may be required to support the demand for the vaccination.

4. VACCINE DISTRIBUTION AND COLD CHAIN MANAGEMENT

a. All vaccination sites will comply with vaccine ordering, distribution, redistribution, and cold chain management procedures in accordance with Reference (h). All redistribution will be coordinated with the United States Army Medical Materiel Agency-Distribution Operations Center (USAMMA-DOC) prior to the movement of any vaccine.

b. Ancillary supplies will be shipped separately from the vaccine, in amounts to match the vaccine order. Supplies include diluent (when required), needles, and syringes for both administration and reconstitution; alcohol preparation pads; vaccination record cards; and limited surgical masks and face shields. Locations should plan to purchase additional supplies to include sharps containers, gloves, bandages and other personal protective equipment as needed. If an MTF is redistributing the vaccine to outlying locations, the applicable amount of supplies will also be provided to the receiving location. Discrepancies in the ancillary kits may be addressed directly through McKesson Customer Service at SNSSupport@McKesson.com or 833-272-6634.

c. Vaccine coordinators and logistic and immunization personnel will register to receive vaccine updates from the DoD Medical Materiel Quality Control messages at www.usamma.amedd.army.mil/SitePages/MMQCMsgSubscriber.aspx.

d. All vaccine sites administering COVID-19 vaccines will establish procedures requiring the proper storage and handling of the vaccines. Personnel will be present to receive and store vaccines upon arrival.

(1) Personnel who will be handling the thermal shipping containers and dry ice must be trained on the proper handling and disposal of dry ice. Due to hazards in handling of this product, appropriate competency for personnel should be annotated. An ultralow temperature

vaccine handling competency document is available on the Defense Health Agency-Immunization Healthcare Division (DHA-IHD) website www.health.mil/vaccines.

(2) All personnel handling dry ice will be provided with appropriate thermal protection equipment to safely handle the products.

e. Always transport and store COVID-19 vaccines within the temperature parameters specified for the product. Once frozen vaccines are removed from the freezer and thawed, they cannot be refrozen. If the vaccines are not stored within the correct temperature parameters, they may lose potency. It is anticipated storage and handling procedures for individual products may change over time. Refer to the EUA HCP fact sheet for storage and handling guidance for each product.

f. If at any time a temperature compromise is suspected after the vaccine has been delivered to the facility, locations will follow procedures in accordance with Reference (h). Immediately notify your DHA-IHD Immunization Healthcare Specialist (IHS) and complete the most current version of DHA Form 177, Potentially Compromised Temperature Sensitive Medical Product Worksheet Submit the completed worksheet to your IHS and the e-mail noted in the worksheet. To find your location's IHS go to www.health.mil/ContactYourIHS.

g. Vaccines that have expired or are deemed temperature compromised by Defense Logistics Agency-Troop Support Medical (DLA-TSM) or USAMMA-DOC will be disposed of or returned according to guidance by the manufacturer or the CDC. Vaccination sites will submit destruction reports in accordance with Reference (h).

h. Each location receiving vaccines will have a named vaccine coordinator and a back-up coordinator who is the designated point of contact (POC) for receiving vaccine shipments, monitoring storage unit temperatures and managing and reporting daily vaccine inventory.

5. VACCINE ADMINISTRATION

a. Vaccination sites will take steps to minimize the potential for transmission of COVID-19 to vaccine recipients, staff, and others during immunization events. Sites will comply with recommendations for the safe delivery of vaccines in accordance with Reference (i).

b. Vaccine recipients should expect some degree of side effects from vaccination which may last several days. The product specific EUA Fact Sheet for HCPs will outline anticipated side effects for each vaccine. Additional side effects may be identified as COVID-19 vaccines becomes more broadly available. Therefore, Commanders may wish to stagger vaccination opportunities by 3 to 5 days for critical or essential population whom do not have immediately available replacement.

c. In accordance with Reference (j), only appropriately trained and qualified medical personnel, working within their scope of practice, will administer the COVID-19 vaccine.

(1) COVID-19 vaccination staff will complete, at a minimum, the training requirements as noted in Appendix 2. Additional training materials will be made available as each vaccine product is authorized by the FDA. Personnel who do not administer routine immunizations in their daily practice may require additional training on vaccine administration procedures and cold chain management.

(2) HCP will administer COVID-19 vaccines in accordance with ACIP recommendations and the product-specific EUA Fact Sheet for Healthcare Providers (released in place of a typical package insert for a licensed vaccine). This will include information on specific vaccine products and instructions for its use.

(3) Each staff member participating in the vaccination program will demonstrate the tasks required to perform their appropriate role within the vaccination program and will have their competencies verified and documented on a COVID-19 vaccination competency document. Competency documents are available on the DHA-IHD COVID-19 Resource webpage_ www.health.mil/vaccines.

(4) Vaccination sites will track and keep training and competency certification documents for all employees participating in the management or administration of the vaccine.

d. In accordance with Reference (k), individuals receiving COVID-19 vaccines will be provided a product-specific EUA Fact Sheet for Vaccine Recipients. For EUA vaccines, per FDA guidance, vaccine recipients must be made aware the each item noted in paragraph 1.e.1-4 of this attachment.

(1) The Fact Sheet may be provided to recipients in a variety of ways to include hard copy, poster format, online, video, or other electronic means of dissemination.

(2) The EUA Fact Sheets will be available on the FDA website_ <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>. Locations will ensure vaccination staff have read the fact sheets, understand them, and are clear on the requirement to provide the fact sheet to each vaccine recipient prior to administering the vaccine.

(3) While a vaccine is under EUA status a Vaccine Information Statement (VIS) will not be available. If a VIS becomes available, locations will transition to the current VIS for the appropriate COVID-19 vaccines.

e. Screen all potential vaccine recipients prior to vaccination with the standardized screening questions noted in DHA Form 207, COVID-19 Screening and Immunization Documentation. DHA Form 207 is a medical legal document and it must be scanned into the electronic health record (EHR) via Health Artifact and Image Management Solution (HAIMS) or the HAIMS Stand Alone module for those who do not have EHR access. Screening questions are subject to change at any time and any updates will be provided to COVID-19 vaccine coordinators and through appropriate channels. DHA Form 207 and all other personally identifiable information and protected health information must be stored in the EHR in accordance with References (u) through (w).

(1) The initial vaccines, released under EUA, are not expected to be authorized for all age groups or pregnant women. All health contraindications or precautions (i.e., breastfeeding) will be identified in the FDA authorization documents and within the ACIP recommendations. Staff must stay abreast of changes in products already authorized under an EUA and any new COVID-19 vaccines that may be released over time.

(2) Published on 13 December 2020, the CDC's Morbidity and Mortality Weekly Report "The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine-United States, December 2020" includes the following recommendations.

a. Before vaccination, the EUA Fact Sheet should be provided to recipients and caregivers.

b. Providers should counsel Pfizer-BioNTech COVID-19 vaccine recipients about expected systemic and local reactogenicity.

c. Additional clinical consideration, including details of administration and use in special populations (e.g. persons who are pregnant or immunocompromised or who have severe allergies) are available at <https://www.cdc.gov/vaccines/covid-19/info-by-manufacturer/pfizer/clinical-considerations.html>.

(3) Further ACIP clinical recommendations are anticipated to be updated regularly. Medical personnel should frequently check the CDC website at <https://www.cdc.gov/vaccines/covid-19/index.html>

f. Most COVID-19 vaccines under development are a 2-dose series. Dose timing will be in accordance with manufacturing guidance. The vaccines are NOT interchangeable and a vaccine recipient's second-dose must be from the same manufacturer as the first dose. The series does not have to be restarted if there is greater time than recommended between the first and second dose.

(1) Vaccination sites will follow the EUA Fact Sheet for Vaccine Providers for the specified beyond use dates (BUD) of the product after reconstitution and vial puncture. To help vaccination providers track expiration dates and BUDs, CDC will post a COVID-19 Vaccine Expiration Date Tracking Tool on its website once vaccine is available.

(2) Before vaccination with the second dose, verify the person's previous dose history by reviewing all electronic medical records, the Joint Longitudinal Viewer, Readiness Systems (for military members and DoD civilian employees), and the CDC vaccination record card received during the initial COVID-19 vaccination. If a person provides documentation of previous vaccination that is not visible in the immunization record, transcribe all available elements (date of vaccination, product name, manufacturer, dose, lot number) into the immunization module before proceeding with administration of the second dose.

(3) Vaccine recipients deploying should make every attempt to complete both doses of vaccine prior to deployment. Inability to complete both doses prior to deployment will not interfere with eligibility to deploy, but receipt of the second dose may be delayed.

(4) Individuals on temporary duty (TDY) should make every attempt to complete both doses of vaccine prior to TDY. Depending on the length of TDY, individuals may elect to receive vaccine before or after the TDY.

(5) Individuals with an upcoming permanent change of station (PCS) within 30 days should consider availability to receive both doses of vaccine in the same location. If the PCS will occur at least a month from vaccine availability, it is recommended that individuals receive both doses of vaccine from the losing location. If the PCS will occur within the month of vaccine availability, it is recommended that the individual receive vaccine at the gaining location, unless it is verified that the gaining location has the same type of vaccine available at the current vaccination site.

g. All vaccine recipients should be provided the CDC Vaccine Safety Assessment for Essential Workers (V-SAFE) flyer that outlines the optional smartphone tool that offers text message-based health check-ins after receipt of the COVID-19 vaccine. This is a voluntary program for vaccine recipients. All vaccine recipients should be educated to call their healthcare provider if they experience any adverse events after vaccination. The V-SAFE flyer and poster are available at: <https://health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/IHD-COVID-19-Vaccine-Resource-Center-for-Health-Care-Personnel>.

h. Vaccination sites will institute a plan for vaccine recipients to receive a second-dose reminder. Second-dose reminders are critical to ensure the compliance with vaccine dosing intervals and to achieve optimal vaccine effectiveness. Locations may leverage Secure Messaging and AudioCARE (or Televox at Military Health System (MHS) GENESIS capable sites) to maximize beneficiary awareness of COVID-19 vaccination information and reminders for COVID-19 vaccine appointments.

i. MTF Joint Patient Safety Reporting (JPSR) event reporting is required for vaccine administration errors and events associated with COVID-19 vaccines, including near miss, no harm, and all patient harms, to ensure near real-time reporting and response by DoD. All HCP involved in the COVID-19 vaccination program must understand when and how to report patient safety events through JPSR and VAERS. Anyone with a valid common access card and internet access can report an event into JPSR reporter form using this link: <https://patientsafety.csd.disa.mil/>. Vaccine specific information, to include lot and expiration, should be included in JPSR documentation.

(1) The JPSR event description section should start with the key term “COVID-19 Vaccine-Vaccine Manufacturer Name (i.e., Pfizer, Moderna).”

(2) A VAERS report is also required for vaccine administration errors per the CDC and the corresponding VAERS report number must be included in the associated JPSR report.

(3) Patient safety professionals managing JPSRs at the MTF, should select from the JPSR medication dropdown menu the correct vaccine. The pick list will be updated with new vaccines as First Databank releases the updates.

(4) Patient Safety Managers will monitor JPSR daily for COVID-19 vaccine associated events. The DHA patient safety team will be monitoring the JPSR system to export data on real time events and trends that may drive additional reporting via DoD Reportable Events (RE) process and Commanders Critical Incident Reporting activity.

(5) If a COVID-19 vaccine associated event meets the DoD RE criteria in accordance with Reference (l) and timeline in Appendix 8, MTFs shall follow existing processes for reporting DoD REs to Intermediate Headquarters Market, and applicable DHA entities. These type of events are associated with severe temporary harm, permanent harm or death. MTFs will submit a DoD RE notification form. DHA Patient Safety Analysis Center will monitor all DoD RE activity to provide DHA leadership data visibility.

(6) The timeline for reporting vaccination administration errors or events is 24 hours from the time of discovery of the event. This timeline is an exception to policy under Reference (l), which allows MTF Directors/Commanders 5 calendar days in which to determine if an event must be reported as a DOD RE.

(7) If a vaccination site is not accessing the DoD JPSR system for routine patient safety event reporting, they will report the vaccine safety events via VAERS and inform their normal Patient Safety reporting channels.

6. ADVERSE EVENTS

a. Local reactions (pain, redness, swelling at injection site) and systemic reactions (such as fatigue, headache, muscle aches, or fever) have been reported after vaccination. Local reactions generally occur 1-3 days after vaccination and resolve within 3 days. Systemic reactions generally occur 2-3 days after vaccination and resolve within 2 days. Local or systemic reactions may occur after either dose 1 or dose 2 of a COVID-19 vaccine. Self-limited local and systemic reactions are not required to be reported in VAERS; however, providers are encouraged to report reactions that substantially impact a vaccine recipient's activity or require healthcare intervention.

b. In accordance with Reference (j) and (k) all healthcare providers will report clinically important adverse events following COVID-19 vaccination to the VAERS at www.vaers.hhs.gov, as well as via local patient safety reporting system.

(1) All suspected serious or unexpected vaccine-related adverse events must be reported through VAERS. These events include, but are not limited to, those listed in Appendix 3.

(2) Sites will report any additional adverse events and/or any revised safety reporting requirements per the FDA's conditions of authorized administration through the duration of the EUA.

(3) When completing a VAERS report, include all available information on the vaccine and the adverse event. Section 27 and 28 of the form FDA VAERS 2.0 must be completed for any individual who received a COVID-19 vaccine from the DoD or U.S. CG. This information is required for DoD to monitor VAERS reports generated by DoD locations and the potential follow-up with patients as needed.

c. MTFs will be prepared to respond to immediate allergic reactions after vaccination but any delayed AEs for non-beneficiaries will be addressed through their current health plans. For clinical consultation, questions regarding vaccine screening and clinical consultation for any potential vaccine-related adverse events call the 24/7 DHA-IHD Immunization Healthcare Support Center at: 1-877-GET-VACC (1-877-438-8222) or Defense Switch Network (DSN) 761-4245.

d. Persons reporting an allergic reaction to a component of the COVID-19 vaccines should be referred to a primary care provider, with consultation to allergy/immunology, if indicated, for further evaluation prior to vaccination. If immediate consultation is needed consider reaching out to the DHA-IHD clinical team via the 24 hour call center noted in paragraph 6.c of this attachment. The "medical, temporary" exemption code should be entered into the Service-specific Immunization Tracking System when vaccination is deferred pending specialist evaluation.

e. Countermeasures Injury Compensation Program (CICP). The Public Readiness and Emergency Preparedness Act, provides immunity from liability for those involved in the manufacture, distribution, and dispensing of a COVID-19 vaccine, except for willful misconduct. In conjunction with this declaration, the HHS CICP provides a compensation mechanism for individuals who are seriously injured by a COVID-19 countermeasure approved under Emergency Use Authorization (EUA) or other emergency authorities under the Federal Food, Drug, and Cosmetic Act. Affected individuals, or their beneficiaries, must submit a Request for Benefits Package to CICP within 1 year of receiving the vaccine. For more information on the program and CICP benefits package application see www.hrsa.gov/cicp.

7. DOCUMENTATION

a. Documentation of the immunization or declination for Service members will be in the Service medical readiness system or an EHR, in accordance with Service guidance. Documentation of immunizations for all other DoD beneficiaries will be in an EHR.

(1) Documentation of immunizations or declination for DoD civilian employees will occur in the EHR or the Service medical readiness system by a MTF or DoD covered entity only after obtaining an authorization from the individual permitting the disclosure.

(2) Documentation of immunizations or declination for non-beneficiaries will occur in the EHR.

(3) DoD civilian employees and non-beneficiaries not currently enrolled in the EHRs will be registered in accordance with Reference (m).

b. All vaccine recipients will be provided a copy of the CDC COVID-19 Vaccination Record Card after receipt of the vaccine. The cards will be provided to locations as part of the ancillary kits shipped with the vaccine. Staff will document all necessary information (i.e., vaccine manufacturer, lot number, date of first dose administered, and date of second-dose due date) on the card.

c. In accordance with Reference (k), proper documentation of the COVID-19 vaccines includes: patient identification, date vaccine was administered, vaccine name or vaccine administered code (CVX), manufacturer and lot number, dose administered, route and anatomic site of vaccination, and name of HCP administering the vaccine.

(1) While under EUA vaccine vials may not contain a printed expiration date. Information on expiration dates of vaccine lots for all authorized COVID-19 vaccines will be communicated by MMQC once available. A manufacturer date will be on vaccine packaging and should not be used as the expiration date when documenting vaccine administration.

(2) Immunizations will be documented at the time of vaccination or not later than the end of the same duty day. Locations should provide enough staff, computers, and have adequate connectivity to support real time documentation at immunization sites. A continuity of operations plan will be developed to document vaccine administration in real-time for locations with degraded or intermittent connectivity, such as in an operational care setting.

(3) When transcribing a vaccine from a paper record all available vaccine information will be transcribed.

d. Staff will verify all product names and CVX codes before documentation. It is critical that all vaccine information is accurately transcribed to allow for matching the second-dose to the original dose. Staff should be educated on the correct product naming in each documentation system they are utilizing. Validate the CVX codes for the contracted COVID-19 vaccines against the CDC Health Level 7 Standard Code Set mapping product names to CVX and manufacturer codes.

e. It is recommended that, at the time of initial vaccination, vaccination sites attempt to schedule a vaccine recipient's second-dose appointment or provide instructions on procedures for second-dose follow-up. If a vaccine recipient has a smartphone, it is recommended they set a calendar reminder for receipt of the second-dose.

f. Service members who receive COVID-19 vaccinations from non-military vaccination sites will provide immunization data for transcription into their immunization record and readiness reporting system. Beneficiaries who receive COVID-19 vaccinations from network or other sites

are encouraged to provide immunization data (a copy of the COVID-19 record) for transcription into their immunization record. All available information must be transcribed to include the date of vaccination, product name, manufacturer, and lot number.

g. The only authorized medical exemption codes to temporarily defer the vaccine is “medical, temporary.” If the individual declines the vaccine, use the code “medical, declined.”

(1) “Medical, declined” will be used when the individual chooses to decline receipt of the COVID-19 vaccines at the time the vaccine is offered. In accordance with Reference (j) “medical, declined” allows for the declination of optional vaccines, including COVID-19 vaccines under EUA, though it is not applicable for military required vaccinations. An individual, even after declination, may request to be vaccinated, at which time the “medical, declined” will be removed from the readiness system.

(2) “Medical, temporary” will be used for individuals who do not meet criteria for the COVID-19 vaccines due to a medical condition such as pregnancy, hospitalization, events referred for medical consultation, temporary immune suppression, convalescent leave, or any temporary contraindication to immunization.

8. RESOURCES. The COVID-19 Resource Center located on the DHA-IHD website at www.health.mil/vaccines.

9. QUESTIONS. For any clinical or COVID-19 Vaccine Program questions, please contact the DHA-IHD 24/7 at: 1-877-GET-VACC (1-877-438-8222), DSN: 761-4245 or via e-mail at DoDvaccines@mail.mil.

APPENDIX 1

DoD VACCINATION PHASES¹

CDC Phase	DoD Phase Level		Population Group
Phase 1a	Phase 1 All Healthcare providers, Healthcare support, Emergency Services & Public Safety Personnel	Sub tier 1*	Intensive Care Unit, Emergency Room/Urgent Care Center personnel, and First Responders (i.e., Emergency Medical Services personnel, police, Search and Rescue personnel, and fire personnel as identified by their institution) and Armed Forces Retirement Home residents.
	Healthcare and support personnel at Military Medical Treatment Facilities (MTF) outpatient clinics, ambulatory care facilities (including but not limited to dental clinics, medical homes, blood donation facilities, and counseling centers) * May include military, civilian, contractors, students, and other hospital non clinical staff authorized to receive vaccinations from DoD and who support patient care and are at heightened risk of exposure to individuals who have contracted COVID 19.	Sub tier 2*	Other inpatient healthcare and support personnel as identified by their institution.
		Sub tier 3*	Outpatient healthcare and support personnel (including National Guard) and Reserve personnel on AD supporting COVID-19 response operations (e.g., providing patient care, providing support at Urban Augmentation Medical Task Forces, administering vaccines, conducting testing, and assisting in distribution.)
Phase 1b Other Essential Workers	Phase 1b.1 Critical National Capabilities		Strategic and nuclear deterrence forces, homeland defense forces, national leadership (senior staff) as defined by Joint and Military Service Staff principals, United States Special Operations Command -national mission force, United States Cyber Command-national mission force.
	Phase 1b.2 Personnel preparing to deploy to OCONUS locations		Personnel preparing to deploy within the next three months. This includes military, civilian, and contractor personnel authorized to receive vaccines from DoD.
	Phase 1b.3 Other critical and essential support personnel not identified above		Army, Navy, Air Force, Marines, Space Force, U.S. Coast Guard, and Reserve Component (including National Guard) critical and, essential support personnel not identified above. DoD Education Activity and Child and Youth Services personnel and food handlers on military installations.
Phase 1b/ Phase 2	Phase 2 High-risk beneficiaries		High-risk beneficiaries, as defined by the CDC, and others who live in congregate settings (e.g., incarcerated and detainee populations). To be prioritized concurrently with Phase 1b.
Phase 2/ Phase 3	Phase 3 Healthy population		Healthy uniformed personnel and beneficiaries and those not otherwise mentioned above (including new accessions) authorized to receive vaccines from DoD.

¹Plan is as of 10 December 2020. The plan may change or be updated at any time based on DoD requirements and vaccine supply.

²Persons at increased risk for severe illness from the virus that causes COVID-19 are those over 65 years and those who have cancer; chronic kidney disease; chronic obstructive pulmonary disease; heart conditions such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state from solid organ transplant; obesity or severe obesity (Body Mass Index greater or equal to 30 kg/m2); pregnancy; sickle cell disease; smoking; or type 2 diabetes mellitus. (as of 20 November 2020)

APPENDIX 2

EDUCATION AND TRAINING REQUIREMENTS¹

Mandatory Training for DoD All HCP Personnel Participating in COVID-19 Vaccination Events		
Course Title	Program Developer	Website link
COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers	CDC	https://www2.cdc.gov/vaccines/ed/covid19
Adverse Events Following Immunization (AEFI), Course Number <u>DHA-US076</u>	DHA	https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf
Vaccine Adverse Event Reporting System (VAERS), Course Number <u>DHA-US078</u>	DHA	https://jkodirect.jten.mil/Atlas2/page/login/Login.jsf
Manufacturer Vaccine Specific Training (if available for all users)	Pfizer Moderna	Pending
Mandatory Training for DoD HCP Personnel* Augmenting COVID-19 Vaccination Events <i>* These personnel are HCP who do not routinely administer immunizations in their daily practice. They must complete the above training requirements in addition to the training noted below.</i>		
Course Title	Program Developer	Website link
You Call the Shots: Vaccine Administration	CDC	https://www.cdc.gov/vaccines/ed/youcalltheshots.html
You Call the Shots: Vaccine Storage and Handling	CDC	https://www.cdc.gov/vaccines/ed/youcalltheshots.html

¹The CDC will continue to update and add additional education and training materials to their COVID-19 Vaccination page.

<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf>-. DoD Vaccine Coordinators should regularly review the CDC page for updates and disseminate new information to all staff participating in vaccination events.

APPENDIX 3

COVID-19 VACCINE ADVERSE EVENTS REPORTING

1. COVID-19 Vaccine VAERS Reporting Requirements. Healthcare providers are required, by law, to report the following COVID-19 Vaccine adverse events to VAERS.

- a. Vaccine administration errors (whether associated with an adverse events or not).
- b. Multisystem inflammatory syndrome in children (if vaccine is authorized for use in children) or adults
- c. Cases of COVID-19 that result in hospitalization or death after the recipient has received a COVID-19 vaccine.
- d. Serious adverse events (irrespective of attribution to vaccination), including:
 - (1) Death. Report if you suspect that the death was an outcome of the adverse event, include the date if known.
 - (2) Life-threatening events. Report if suspected that the patient was at substantial risk of dying at the time of the adverse event or use or continued use of the device or other medical product might have resulted in the death of the patient.
 - (3) Hospitalization (initial or prolonged). Report if admission to the hospital or prolongation of hospitalization was a result of the adverse event. Emergency room visits that do not result in admission to the hospital should be evaluated for one of the other serious outcomes (e.g., life-threatening; required intervention to prevent permanent impairment or damage; other serious medically important event).
 - (4) Disability or Permanent Damage. Report if the adverse event resulted in a substantial disruption of a person's ability to conduct normal life functions, i.e., the adverse event resulted in a significant, persistent or permanent change, impairment, damage or disruption in the patient's body function/structure, physical activities and/or quality of life.
 - (5) Congenital Anomaly/Birth Defect. Report if you suspect that exposure to a medical product prior to conception or during pregnancy may have resulted in an adverse outcome in the child.
 - (6) Required Intervention to Prevent Permanent Impairment or Damage (Devices). Report if you believe that medical or surgical intervention was necessary to preclude permanent impairment of a body function, or prevent permanent damage to a body structure, either situation suspected to be due to the use of a medical product.
 - (7) Other Serious (Important Medical Events). Report when the event does not fit the other outcomes, but the event may jeopardize the patient and may require medical or surgical intervention (treatment) to prevent one of the other outcomes.

e. Healthcare providers are also encouraged to report any clinically significant adverse events that occur after vaccine administration. Adverse events should be reported even if the cause of the adverse events is uncertain. Healthcare providers should report any additional adverse events and adhere to any revised safety reporting requirements per the FDA conditions of authorized vaccine use posted on FDA's website throughout the duration of the EUA.

APPENDIX 4

ARMY

1. VACCINE PLANNING AND IMPLEMENTATION

a. Regional Health Commands will stand up COVID-19 vaccine planning teams at each MTF. This team should include a multi-disciplinary team within the MTF and the installation. Members for consideration should include but not limited to: allergy and immunization departments, medical logistics, installation public health, public health emergency officers and managers, public affairs offices, security, TRICARE, IHS (<https://www.health.mil/ContactYourIHS>), community partners (i.e., Installation Command, child care services, emergency services), and others as needed to implement this large scale vaccination program.

b. Additional Army guidance will be published through operational channels, as plans will need to be updated regularly when additional information becomes available and implemented in a timely manner.

2. VACCINE ORDERING AND DISTRIBUTION

a. USAMMA-DOC is the Army's inventory control point for the COVID-19 vaccine.

(1) All Army vaccination sites will place initial orders and requirements using the USAMMA-DOC URL <https://a01.usamma.amedd.army.mil/docvac/Account/Login> in accordance with instructions per the DoD-Medical Materiel Quality Control (MMQC) message 20-1256.

(2) After all orders and requirements for the first dose of COVID-19 vaccines have been received, USAMMA-DOC will publish an MMQC message for instructions to submit orders and requirements for the second-dose of COVID-19 vaccines.

b. Logistics personnel will verify their DoD Activity Address Code with the Army Vaccine Manager at USAMMA-DOC prior to vaccine being shipped.

c. Questions or concerns about ordering COVID-19 vaccines should be directed to USAMMA-DOC at usarmy.detrick.medcom-usamma.mbx.vaccines@mail.mil; Commercial: (301) 619-4128/4318; DSN: 343-4128/4318; Fax: (301) 619-4468, or call the after-hour number at (301) 676-1184.

3. DOCUMENTATION

a. In accordance with Reference (n), immunization documentation for AD, Army Reserve, Army National Guard and deployable civilians will have their immunizations documented in the EHR and entered in the Medical Protection System (MEDPROS) Medical Web Data Entry (MWDE) module. Non-AD adult beneficiaries will have their immunizations entered into the EHR.

b. Documentation of immunizations or declination for DoD civilian employees will occur in the EHR or the Service medical readiness system by a MTF or DoD covered entity only after obtaining an authorization from the individual permitting the disclosure

c. RHCs will ensure immunization data for Service members is entered into MEDPROS via the MWDE application (www.mods.army.mil) within 24 hours of administration. MWDE and MEDPROS support may be obtained from the Medical Operational Data System help desk at commercial: 1-877-256-6477 or e-mail usarmy.ncr.hqda-otsg.mbx.mods-helpdesk@mail.mil.

APPENDIX 5

NAVY AND MARINE CORPS

1. COVID-19 VACCINE ORDERING AND DISTRIBUTION

- a. The Naval Medical Logistics Command (NAVMEDLOGCOM) is responsible for receiving orders and distributing the COVID-19 vaccines for all Navy and Marine Corps activities.
- b. Coordination of vaccine orders and delivery should be completed with the NAVMEDLOGCOM Vaccine Manager, (301) 619-8054/DSN: 343-8054 or the Vaccine Information and Logistics System (VIALS) helpdesk at: usn.detrick.navmedlogcomftdmd.list.vialhelp@mail.mil. Vaccine delivery to commands will depend upon the vaccine inventory available for distribution.
- c. VIALS is the online requisition system for COVID-19 vaccines. VIALS will be used to electronically track requisitioned vaccines from requisition to receipt. Medical activities and medical representatives may track and verify their COVID-19 vaccine status in VIALS, at https://gov_only.nmlc.med.navy.mil/int_code03/vials/.
- d. The Navy and Marine Corps will follow the tiered approach for distribution as described in Appendix 1. Decisions regarding allocation and distribution of vaccine supply will be made by designated Navy and Marine Corps representatives.

2. COVID-19 VACCINATION REQUIREMENTS

- a. Vaccines under EUA. Service members are provided the opportunity to receive the vaccine while under EUA and may decline it.

3. FUNCTIONAL CONSIDERATIONS

- a. Personnel in a flight duty status will follow the guidance in the Aeromedical Reference and Waiver Guide, <https://www.med.navy.mil/sites/nmotc/nami/arwg/pages/aeromedicalreferenceandwaiverguide.aspx>, as required by Reference (o).
- b. Service members in an active diving and undersea status will follow guidance described in Service-specific messages.
- c. Commands administering COVID-19 vaccines should use the plans and exercises practiced during previous influenza seasons. These commands should review the Navy and Marine Corps Public Health Center general standard operating procedures and best practices that

can be used to safely conduct a mass vaccination event during the SARS-CoV-2 pandemic. These documents can be found at <https://esportal.med.navy.mil/sites/nmcphc/pps/wppc19/COVID-19-Toolbox.aspx>.

d. Whenever a member is offered or receives a COVID-19 vaccination, it must be recorded in the Medical Readiness Reporting System (MRRS). While under EUA, MRRS will record and report individuals who either declined or received a vaccine as having met the vaccination requirement. If the COVID-19 vaccine is made a readiness requirement, MRRS will update to reflect the requirement. Vaccinations also must be recorded in the EHR. Medical commands or medical representatives requesting MRRS access must submit a DD Form 2875, System Access Authorization Request. MRRS can be accessed at: <https://mrrs.dc3n.navy.mil/mrrs> (note: MRRS web address is case sensitive). Point of contact/MRRS program office/e-mail: mrrspo@navy.mil/(800) 537-4617/(504) 697-7070/DSN: 647-7070.

APPENDIX 6

AIR FORCE AND SPACE FORCE

1. PLANNING AND COMMUNICATION. Designated MTF COVID-19 Vaccine Coordinators and Logistics Champions are responsible for:

a. Establishing an Installation Stakeholder work group who will collaborate and facilitate effective implantation of the vaccination program.

(1) Stakeholders include but are not limited to: Public Health Emergency Officer (PHEO), Chief of Aerospace Medicine, Immunization Medical Director and Noncommissioned Officer in Charge, Chief of Medical Staff, Chief Medical Planner (SGX), Medical Logistics, Healthcare Integrator, as needed to assist with prioritization guided by the Vaccine Coordinator and PHEO.

(2) Additional stakeholder should be encouraged to participate in disruption planning such as: Force Support Squadron, Security Forces Squadron, Public Affairs.

(3) Stakeholder workgroup should aid in local prioritization and identification of groups who will be offered vaccine in the DoD approved prioritization schema by using official healthcare data reporting (i.e., CarePoint_ <https://carepoint.health.mil/SitePages/LandingPage.aspx>) and the DoD Prioritization Dashboard (if adopted), COVID-19 Vaccination Operational Planning Team Guidance, in addition to subject matter expertise.

b. Planning and coordination of the vaccination program:

(1) Validating cohorts based on DoD prioritization schema.

(2) Engages with SGX and practices/updates Point of Dispensing (POD) plans to successfully accomplish COVID-19 vaccination program.

(3) Ensures a COVID-19 safe POD or clinical environment (e.g., physical distancing, security of product and persons, information technology (IT) requirements).

c. Receive and implement COVID-19 vaccine information and actions as directed by DHA-IHD and Air Force Medical Readiness Agency (AFMRA).

d. Bi-directional communication as necessary to keep leadership and beneficiaries informed. Information may vary based local circumstances and vaccine products, however should include transparent messages to address vaccine recipient concerns.

2. PRIORITIZATION

- a. Distribution of vaccine is based the approved schema as found at Appendix 1. The COVID-19 vaccination is voluntary. Encourage vaccination prioritization of those at increased risk of poor outcomes from COVID-19 within each level of the prioritization schema.
- b. It is anticipated that the COVID-19 vaccine will be voluntary while issued under EUA. Encourage vaccination of those at increased risk of poor outcomes from COVID-19 within each level of the prioritization schema.
- c. Validate prioritization and quantification through use of published guidance and data driven resources where possible (e.g., Care Point).
- d. Unique to the COVID-19 pandemic, accessions populations are considered healthy and at low risk of poor outcome from disease. They will be offered vaccine consistent with others prioritized as “healthy population.”

3. ADMINISTRATION AND DOCUMENTATION

- a. Immunizer education will be completed as noted in Appendix 2 and documented using the standardized competency checklist, available on the DHA-IHD website.

(1) All persons (e.g., providers, nurses, medical technicians, logisticians) who store, handle or administer COVID-19 vaccine(s), will be appropriately trained and work within their appropriate scope of practice in accordance with Reference (p) and (q).

(2) Training will be documented through a combination of paper/digital records e.g., Total Force Training Record, Electronic Competency Assessment File and maintained in a manner consistent with similar immunizations training requirements.

- b. Second-dose reminder re-call plan must be developed. AudioCARE COMMUNICATOR, TRICARE On Line Patient Portal (TOL PP) Secure Messaging and use of Aeromedical Services Information Management System (ASIMS) notifications are official communication methods available to supplement this requirement. Additional information regarding AudioCARE and TOL PP is located in References (r) and (s).

- c. EHR documentation will ensure clinical decision making is captured in AHLTA Legacy or MHS GENESIS as well as Service-specific readiness systems (e.g., ASIMS).

- d. ASIMS Requirements. In addition to EHR documentation, ASIMS will serve as the tracking mechanism for immunizations and declinations of Airmen, Space Professionals and all Department of Air Force civilian and contractor HCP.

(1) ASIMS will be configured to provide reports to include the number of uniformed personnel (to include Guard/Reserve) and healthcare workers (uniformed, civilian, and contract) who are immunized (doses 0, 1, 2), declined vaccination, and due.

- (a) Commanders will have numerical info only rather than a by-name report.
 - (b) Medical users will have access to a by-name roster (United States Air Force Uniformed beneficiaries) to facilitate the immunizations process.
 - (c) Public Health ASIMS users will also have access to the Medical Employee Health Program listing uniformed, civilian, & contract healthcare workers.
 - (d) Documentation of immunizations or declination for DoD civilian employees will occur in the EHR or the Service medical readiness system by a MTF or DoD covered entity only after obtaining an authorization from the individual permitting the disclosure
- (2) ASIMS can be used as an alternate in areas (Guard/Reserve) who do not have access to Armed Forces Health Longitudinal Technology Application (AHLTA)/MHS System GENESIS but do have ASIMS/ HAIMS capabilities.
- e. If scheduling appointments in CHCS (Legacy system), MTFs will follow the Medical Expense and Performance Reporting System guidance for COVID-19 as published by DHA Financial Operations, “MEPRS Guidance for Planning, Functional Cost Code Approvals, and System Requirements for the Pandemic COVID-19 Response.” Processes and procedures will be in accordance with References (r) and (s).
 - f. If necessary, due to time and IT constraints, the EHR may be updated after a mass vaccination event.

4. ORDERING AND DISTRIBUTION

- a. The Air Force Medical Readiness Agency Medical Force Health Protection Manpower Equipment Force Package (AFMRA/SG4M) is responsible for ordering and distributing COVID-19 vaccine for Air Force activities. AFMRA/SG4M will manage the COVID-19 Vaccine program utilizing existing Medical Logistics ordering protocols, such as USAMMA-DOC (similar to Anthrax ordering) and/or the Air Force Vaccine Application located on the medical logistics website <https://medlog.us.af.mil/apps/vaccine>. Units will monitor and track the quantities ordered, and document transportation tracking numbers utilized.
- b. MTF appointed COVID-19 vaccine logistics champions (COVID-19 Logistics POC) will be the primary point of contact to coordinate COVID-19 vaccination requirements with AFMRA/SG4M (Phone: DSN 343-2883; Commercial (301) 619-2883) or e-mail: usaf.detrack.afmoa.mbx.sgm-readiness-vaccines@mail.mil.
- c. MTFs must inform AFMRA/SG4M of COVID-19 vaccine logistics POC personnel changes in timely method to ensure seamless communication.
- d. Questions or concerns, including ordering of COVID-19 vaccine, should be directed to usaf.detrack.afmoa.mbx.sgm-readiness-vaccines@mail.mil.

e. Anticipate multiple vaccine characteristics will drive shipping, storage and local availability as new candidate vaccines are approved for use.

5. AEROMEDICAL IMPACT. Adverse reactions are rare for all vaccines. Benefits of administration of vaccine for this population far outweigh the risks. After receiving COVID-19 vaccine, it is recommended that DD Form 2992, Medical Recommendation for Flying or Special Operations Duty holders will be required to remain near medical services, on the ground, for period of 4 hours, unless operational needs dictate otherwise.

APPENDIX 7

COAST GUARD

1. VACCINE ORDERING AND DISTRIBUTION

a. The CG COVID-19 Vaccine Incident Command (CVIC) will be responsible for the planning, communication, distribution, and monitoring of the COVID-19 vaccine to CG units until phased transition to normal, enduring vaccine distribution by the Health, Safety, and Work-Life Service Center (HSWL SC) at the discretion of CG leadership. The CVIC will notify unit points of contact of forthcoming shipments that will include estimated quantity, date of arrival, and tracking number as supplied by USAMMA-DOC or the DLA-TSM. The receiving unit point of contact will contact the HSWL SC upon receipt of shipment to verify the quantity received and the status of the alarm.

b. For questions or concerns about ordering, distribution, and the receipt of COVID-19 vaccine, please contact the CVIC via email at HQS-SMB-COVID (covid19@uscg.mil).

2. FUNCTIONAL CONSIDERATIONS

a. COVID-19 immunization is recommended for all CG AD and Selected Reserve (SELRES) personnel to ensure force medical readiness and avoid disruption of CG missions. COVID-19 vaccines will be voluntary for the entire CG workforce.

b. The CDC will also make COVID-19 vaccines available to all States, Territories, and some local jurisdictions to ensure widespread distribution to the whole US population. CG efforts to immunize its workforce will be complementary to a parallel effort by states, territories, and localities, as vaccine supply allows.

c. COVID-19 immunizations will be available at CG clinics for CG AD and SELRES personnel, in accordance with the DoD approved prioritization schema and distribution plan. Vaccine supply will be initially limited, but will increase throughout CY2021 as manufacturing capacity ramps up. Civilian employees, including Non-Appropriated Funds (NAF) employees who are required to receive other vaccines as a condition of employment will be eligible for immunization at their local CG clinic. NAF employees can also seek to obtain the COVID-19 vaccine through their NAF health insurance or other health insurance coverage available. Contract personnel should move to obtain a COVID-19 vaccine according to the terms of their contract. For those groups whom CG clinics cannot directly administer the vaccine, it will be communicated how and where vaccine can be received.

d. CG civilian employees enrolled in the Federal Employees Health Benefits Program should also seek immunization through their health plan.

e. CG dependents and retirees can receive a COVID-19 vaccine through DoD MTFs or through TRICARE at no cost to the beneficiaries, as vaccine becomes available. CG dependents or retirees assigned to a DoD MTF are strongly encouraged to get immunized at a DoD MTF and not through an alternative civilian route.

f. Members of the CG Auxiliary should seek to obtain immunization through their primary care provider.

3. AIRCREW. Aircrew will be vaccinated in accordance with in accordance with Reference (t). In brief, aviation personnel are grounded for 12 hours following receipt of any immunization(s). Unless there is a significant adverse event, no formal grounding paperwork (i.e., DD Form 2992, Medical Recommendation for Flying or Special Operations Duty) is required.

APPENDIX 8

DoD REPORTABLE EVENT TIMELINE

5 Activity 5: Report a DoD Reportable Event

OVERVIEW

Once a DoD RE has been identified, there are specific requirements for reporting to the Market/Intermediate HQ and DHA/HA. These reporting requirements have specific time frames. This implementation guidance includes 1) Completing the DoD RE Notification Form, 2) Submitting the form to the Market/Intermediate HQ, 3) Submitting the notification to DHA/HA, 4) DHA receipt of DoD REs, and 5) Submitting additional information or retracting a DoD RE.

DHA-PM 6025.13

- Clarifies that all DoD REs must be reported to the Market/Intermediate HQ within 24 hours of determining an event met DoD RE criteria.
- Outlines that the Market/Intermediate HQ has 24 hours to report the DoD RE to DHA/HA once received.
- Explains that a notification of a DoD RE must include the MTF/organization's name, the event type, date of occurrence, date of discovery, patient demographics (i.e., gender, age, beneficiary category, current clinical status of patient), and a brief event-facts synopsis.

IMPLEMENTATION GUIDANCE

The MTF is responsible for reporting all DoD REs to the Market/Intermediate HQ within 24 hours of determining an event met DoD RE criteria. All DoD REs also need to be reported into JPSR. The notification process consists of five steps, as shown in Figure 8.

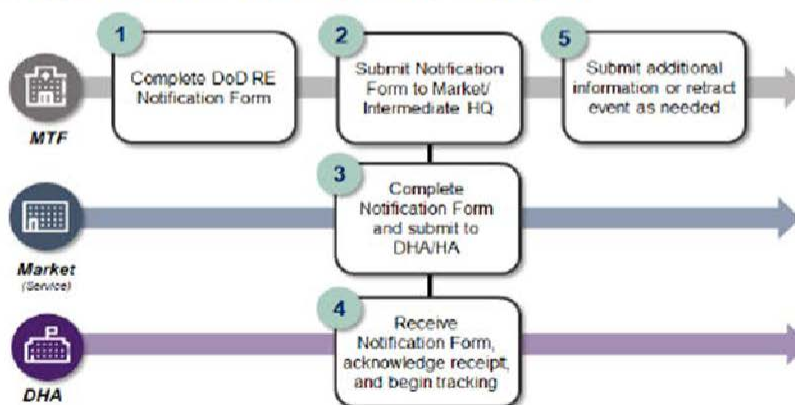


Figure 8. DoD RE Notification Process

GLOSSARY

ABBREVIATIONS AND ACRONYMS

ACIP	Advisory Committee on Immunization Practices
AD	Active Duty
AFMRA	Air Force Medical Readiness Agency
AHLTA	Armed Forces Health Longitudinal Technology Application
ASIMS	Aeromedical Services Information Management System
BUD	beyond use dates
CDC	Centers for Disease Control and Prevention
CICP	Countermeasures Injury Compensation Program
COVID	Coronavirus Disease
CS	Combat Support
CVIC	COVID-19 Vaccine Incident Command
CVX	vaccine administered code
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-IHD	Defense Health Agency-Immunization Healthcare Division
DHA-IPM	Defense Health Agency-Interim Procedures Memorandum
DLA-TSM	Defense Logistics Agency-Troop Support Medical
DoD	Department of Defense
DSN	Defense Switched Network
EA	Expanded Access
EHR	electronic health record
EUA	Emergency Use Authorization
FDA	Food and Drug Administration
HAIMS	Health Artifact and Image Management Solution
HCP	healthcare personnel
HSWL SC	Health, Safety, and Work-Life Service Center
IHS	Immunization Healthcare Specialist
IT	information technology
JPSR	Joint Patient Safety Reporting
MEDPROS	Medical Protection System
MILDEP	Military Department

MMQC	Medical Materiel Quality Control
MRRS	Medical Readiness Reporting System
MTF	Military Medical Treatment Facility
MWDE	Medical Web Data Entry
NAF	Non-Appropriated Funds
NAVMEDLOGCOM	Naval Medical Logistics Command
OCONUS	Outside Continental United States
PCS	permanent change of station
PHEO	Public Health Emergency Officer
POC	point of contact
POD	point of dispensing
RE	reportable events
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SELRES	Selected Reserves
SGX	Chief Medical Planner
TDY	temporary duty
USAMMA-DOC	United States Army Medical Materiel Agency-Distribution Operations Center
UAMTF	Urban Augmentation Medical Task Forces
V-SAFE	Vaccine Safety Assessment for Essential workers
VAERS	Vaccine Adverse Events Reporting System
VIALS	Vaccine Information and Logistics System
VIS	Vaccine Information Statement