

**STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 West Dublin Granville Road
Columbus, Ohio 43235-2789**

NGOH-HRO-Z

8 November 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: National Guard Bureau (NGB) Guidance to Allow Technicians to Receive Influenza Vaccine

1. In accordance with attached National Guard Bureau (NGB) guidance, and subject to the requirements of medical authorities, all Federal Dual Status Technicians may voluntarily receive the influenza vaccine while in a technician duty status.
2. National Guard Bureau (NGB) has further advised that this benefit may be extended to Non-Dual Status Technicians per guidance from the Office of Personnel Management, also attached.
3. Point of contact is Major Daniel E. Roche, Technician Program Manager, at (614) 336-7269/ DSN 346-7269.

FOR THE ADJUTANT GENERAL:

2 Encls

1. NGB Memorandum TN-11-24
2. OPM Memorandum, 30 Sep 2009


HOMER C. ROGERS, JR.
COL, FA, OHARNG
Director of Human Resources

DISTRIBUTION:

A, D



NATIONAL GUARD BUREAU

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NGB-J1-TN

27 October 2011

MEMORANDUM FOR THE HUMAN RESOURCE OFFICERS OF ALL STATES, THE COMMONWEALTH OF PUERTO RICO, THE U. S. VIRGIN ISLANDS, GUAM, AND THE DISTRICT OF COLUMBIA

SUBJECT: Guidance to Allow Dual-Status National Guard Technicians to Receive Influenza Vaccine While in Technician Status (TN-11-24)

1. References:

a. Memorandum, NGB, NGB-J1-TN-L, 4 February 2008, subject: Assignment of Military Training Duties to Title 32 National Guard Technicians (TN-08-03) (enclosed).

b. AR 40-562/BUMEDINST 6230.15A/AFJI 48-110/CG COMDTINST M6230.4F, Immunizations and Chemoprophylaxis, 29 September 2006, Chapter 3-2, b (6).

c. OPM Memorandum for Heads of Executive Departments and Agencies, Immunizations of Federal Workers with 2009 H1N1 and Seasonal Flu Vaccines, 30 September, 2009.

d. AR 40-501, Standards of Medical Fitness, 23 August 2010.

2. Purpose: To issue guidance (in accordance with reference a. paragraph 6), to read: "National Guard Technicians may receive the influenza (flu) vaccine and only the flu vaccine on a voluntary basis when offered during any scheduled flu vaccine activity on the installation or by the Medical Unit during Technician duty hours."

3. Background:

a. Influenza virus (seasonal and H1N1) is a real threat, causing an annual average of 36,000 deaths and 225,000 hospital admissions in the United States. Results from current studies indicate that young healthy adults (i.e. military populations) are more vulnerable to the H1N1 virus (swine flu). The H1N1 virus was responsible for at least 2,100 deaths and 42,000 hospitalizations in 2009-2010.

b. The current trivalent flu vaccine is effective and protects against seasonal flu and H1N1. The vaccine is the best way to prevent influenza and its complications and is recommended by the Centers for Disease Control and Prevention (CDC). Immunization is mandatory for all military personnel.

NGB-J1-TN

SUBJECT: Guidance to Allow Dual-Status National Guard Technicians to Receive Influenza Vaccine While in Federal Technician Status (TN-11-24)

c. The flu vaccine is safe. The risk for severe or life threatening reactions ranges from 1 in 100,000 to 1 in 1,000,000 in our military population when patients are properly screened. In addition, the Vaccine Injury Compensation Program is a federally mandated program that is the primary source for compensation in vaccine-related injury claims.

d. In accordance with (IAW) AR 40-562/AFJI 48-110 the installation or activity commander, upon recommendation from the appropriate medical authority, will provide immunizations against diseases that may be a significant cause of lost work hours for federal civilian employees. By extrapolation the influenza vaccine is therefore a mechanism to prevent disease and promote productivity within the technician workforce. Such immunizations are voluntary and to be given at no cost to the employee.

4. Further implementation guidance:

a. While in Title 32 National Guard Technician status, employees can voluntarily receive influenza vaccine as indicated in the OPM memorandum. Supervisors can allow, but not direct, technicians to participate in the flu vaccine program. It is strictly voluntary and there is to be no retribution for employees who decline to participate.

b. Each state should consult with their Judge Advocate General for proper implementation of this program.

c. Each state should consult with their local medical authority or state surgeon for the proper medical implementation of this program IAW AR 40-562.

5. The point of contact for this memorandum is Brenda Decruise, Deputy Chief, Technician Personnel Division, at DSN 327-1478, 703-607-1478, or Brenda.Decruise@us.army.mil.

Encl



THOMAS E. LANGUIRAND
Colonel, USA
Chief, Office of Technician Personnel
National Guard Bureau

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U.S. OFFICE OF PERSONNEL MANAGEMENT

This page can be found on the web at the following url:
http://www.opm.gov/pandemic/hr/memos/h1n1_093009.aspx

PANDEMIC
HUMAN RESOURCE PRACTITIONERS

Memorandum for Heads of Executive Departments and Agencies

FROM: KATHLEEN SEBELIUS
SECRETARY
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOHN BERRY
DIRECTOR
U.S. OFFICE OF PERSONNEL MANAGEMENT



Subject: Immunization of Federal Workers with 2009 H1N1 and Seasonal Flu Vaccines

Date: September 30, 2009

Keeping the Federal workforce healthy is a top priority for President Obama during the upcoming flu season. As the lead officials for the Government agencies responsible for human resources policies affecting Federal employees and for protecting the health of all Americans, we are joined in an all-out effort to reduce the spread of the 2009 H1N1 influenza virus.

On September 15, the U.S. Food and Drug Administration licensed the 2009 H1N1 influenza vaccine, which will be available starting next week. The 2009 H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used alongside seasonal flu vaccine. Vaccination is the best way to prevent influenza infection and its complications. For this reason, we are encouraging Federal agencies to provide vaccine and intensively promote vaccination against the 2009 H1N1 flu as well as seasonal flu.

The Federal Government will offer the 2009 H1N1 vaccine to its employees and will follow national guidelines for prioritization of the 2009 H1N1 vaccine, as outlined below. All Federal employees, except

those with a severe allergy to eggs, are encouraged to get vaccinated against the 2009 H1N1 flu. In the initial 2 or 3 weeks of the 2009 H1N1 vaccination program, limited vaccine may be available nationwide, and specific target groups and high-risk subgroups have been prioritized to receive the first available doses. Thereafter, the 2009 H1N1 vaccine will be produced on a continual basis and be available to all.

Target groups. The Advisory Committee on Immunization Practices (ACIP) provides recommendations to the U.S. Department of Health and Human Services' (HHS) Centers for Disease Control and Prevention (CDC) for the prevention and control of vaccine-preventable diseases in the U.S. civilian population. ACIP recommended that specific groups receive the earliest doses of 2009 H1N1 vaccine. In making these recommendations, ACIP members considered the evolving burden of illness caused by the virus, the age and risk groups most affected, anticipated vaccine supply, critical infrastructure and security needs, and vaccination strategies. ACIP's deliberations were also informed by consultation with other Federal agencies and a review of vaccine allocation guidance developed as part of pre-pandemic influenza planning during 2007-2008.

The ACIP guidelines recommend that, as vaccine becomes available, vaccination programs and providers target vaccine first to the following five priority groups because they are at highest risk for disease or complications related to the 2009 H1N1 virus:

- Pregnant women
- Persons who live with or provide care for infants less than 6 months old
- Health care and emergency medical services personnel
- Persons aged 6 months to 24 years
- Persons aged 25 to 64 years who have medical conditions that put them at higher risk for influenza-related complications.

Further, ACIP recommended that if vaccine is initially available in limited quantities, the following subgroups (listed in no particular order) receive vaccine before others:

- Pregnant women
- Persons who live with or provide care for infants less than 6 months old
- Health care and emergency medical services personnel with direct patient contact
- Persons aged 6 months to 4 years
- Persons aged 5-18 years who have medical conditions that put them at higher risk for influenza-related complications.

Change from 2005-2008 pandemic planning. This policy is based on the fact that, unlike pandemic influenza scenarios the Federal Government had previously planned for, the 2009 H1N1 virus is not expected to threaten the continuity of Government or cause severe economic or social disruption. This targeting strategy will be used nationwide and is based on health risk. Except for health care workers, emergency medical personnel, and some day care providers, these recommendations do not target specific occupational groups either within or outside the Federal workforce.

Timing. Overall, the initial target groups encompass about 160 million people – approximately half

the U.S. population – and the highest-risk subgroups encompass about 42 million people. Although all persons over 6 months old, except those with a severe allergy to eggs, are encouraged to get vaccinated against the new H1N1 flu in 2009, people in the priority groups are encouraged to get vaccine as soon as it becomes available. The 2009 H1N1 vaccine will become available starting the week of October 5. In the initial 2 or 3 weeks of the H1N1 vaccination program, limited vaccine will be available, and vaccinators should target the subgroups for whom the risk of H1N1 influenza-related complications is greatest. Thereafter, vaccine will be produced on a continual basis and be available to anyone who wants and needs it.

Federal Employees 2009 H1N1 Vaccination. The Federal civilian workforce will not receive any special priority or preferential treatment. Like the general population, Federal workers in the target groups are encouraged to get vaccinated as soon as vaccine is available.

Along with other major employers and good partners, many Federal departments and agencies will offer voluntary vaccination for Federal employees, following the ACIP recommendations being used nationally, and covering the remaining employee population thereafter. Federal vaccination sites can help alleviate the anticipated burden on State and local health departments, especially in areas with large concentrations of Federal employees. Some Federal employees may choose to receive the H1N1 vaccine through their personal health care provider or other private mechanism, as they can for seasonal flu vaccine, depending on States' distribution plans. Any vaccine not used by Federal agencies will be made available to the States.

Federal departments and agencies may register with CDC to receive vaccine and become a vaccine provider for employees. Alternatively, they may use existing or new agreements with Federal Occupational Health or HHS's Supply Service Center at Perry Point, MD, which are both coordinating with CDC to receive vaccine for existing or new customers. In addition, the Department of Veterans Affairs (VA) will vaccinate Federal health care and emergency medical services personnel at VA medical centers across the Nation. To avoid double counting of Federal employees and to ensure equitable distribution, vaccine provided to Federal agencies will be deducted from the relevant States' shares.

Vaccine shipments will be phased to ensure that Federal employees are offered vaccine in the same manner as the civilian population. The initial shipments of vaccine to the Federal Government should be targeted to health care and emergency medical services personnel and others in the highest-risk subgroups. As more vaccine becomes available, other employees in the original ACIP target groups – and, ultimately, all employees – should be encouraged to get vaccinated.

We are committed to ensuring the Federal workforce has access to both seasonal and H1N1 vaccines as recommended by the ACIP, and ask that we all do our part to follow these recommendations laid out as the best strategy for the Nation. Departments and agencies will receive details on vaccination ordering procedures separately.

Seasonal flu. Seasonal flu vaccine is available now, and the Centers for Disease Control and Prevention recommends that all persons over 6 months old, except those with a severe allergy to eggs, get their seasonal flu vaccine as soon as possible.

U.S. Office of Personnel Management

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