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SURGEON GENERAL AUSTRALIAN DEFENCE FORCE

HEALTH BULLETIN NO 02/2023

17 NOVEMBER 2023

2023 VACCINATION AGAINST RESPIRATORY VIRAL DISEASE – INFLUENZA AND COVID-19

References:

- A. Defence Health Manual (DHM) [Vol 2 Part 8 Chapter 12](#)¹—‘Vaccinations manual’
- B. [ATAGI Statement](#)² on the administration of seasonal influenza vaccines in 2023
- C. [Australian Immunisation Handbook](#)³ - COVID-19

1. Immunisation against respiratory viruses protects the Defence workforce and maintains Australian Defence Force (ADF) capability. Immunisation reduces the likelihood of becoming infected and the severity of illness if infected. It also reduces the risk of transmission to others.
2. Defence members are required to maintain currency in influenza and COVID-19 vaccination (see paragraph 2.6 of Reference A). Only those members who have a medical contraindication to vaccination may be considered exempt.

INFLUENZA

3. Annual vaccination is the most effective measure available to prevent influenza and its complications. Reference B details recommendations for the 2023 influenza season. The vaccines recommended for older adults (aged ≥65 years) are not stocked by Defence and should be accessed via the free program in the civilian health care system.

COVID-19

4. A primary course (normally two doses) and one booster are necessary to provide adequate protection and to be considered ‘up to date’ for COVID-19 vaccination in the ADF. Additional COVID-19 boosters may be required for clinical reasons, or for specific operations, activities, and actions, in accordance with the

¹ <http://intranet.defence.gov.au/home/documents/data/ADFPUBS/DHM/volume2/part8/12.pdf>

² <https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2023?language=en>

³ <https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19#recommendations>

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relevant Health Support Orders (HSO), Quick Reference Guides (QRG) or other directives.

5. For most adults, a further COVID-19 vaccine booster is recommended from six months after a confirmed natural infection, or the member's previous dose, in accordance with Reference C.

VACCINE CHOICE (COVID-19)

Bivalent (omicron containing) mRNA vaccines are preferred for both the primary course and booster doses. Members who have started their course with an original (ancestral-based) vaccine are recommended to complete the course with a bivalent vaccine. When using a bivalent vaccine in a primary course, the dosing interval is the same as for the original (ancestral) vaccine.

6. Any Australian approved and registered COVID-19 vaccine may be used if a bivalent mRNA vaccine is not available and vaccination cannot be delayed.

7. Members who wish to be vaccinated with an Australian approved and registered COVID-19 vaccine that is not available in Defence, will be supported to access vaccination in the civilian health sector.

EXTERNAL VACCINATION

8. Vaccination providers are required by law to record the vaccination in the Australian Immunisation Register (AIR).

9. Where members receive influenza or COVID-19 vaccination through a provider external to Defence, they are to be advised to send a copy of their AIR vaccination certificate to jhc.gh.covidvaxreporting@defence.gov.au, together with the following details: PMKEYS number, rank, first and last name, date of birth, service category (SERCAT), Medicare number and Medicare individual reference number (position on the card).

ADMINISTRATION

10. Influenza and COVID-19 vaccination will be provided by Defence to Defence members in:

- a. SERCATs 6 and 7
- b. Service Option (SERVOP) C
- c. SERCATs 3 to 5 where they are rendering reserve service on Defence bases.

11. Vaccination can be conducted as scheduled vaccination parades or be offered opportunistically. Influenza and COVID-19 vaccines can be given on the same day.

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3

12. Health practitioners are reminded that there is no requirement for a prescription for routine influenza or COVID-19 vaccination (see paragraph 1.6 of Reference B). Clinical judgement should be exercised if a concern is identified during the pre-vaccination assessment. If a concern is identified when going through the pre-vaccination checklist, medical advice should be sought.

13. Vaccination is to be recorded in the Defence electronic Health System (DeHS) using the vaccinations template. Vaccination is also to be recorded in the AIR.

14. Vaccine refusal is to be managed in accordance with Reference A.

15. My point of contact for this matter is CAPT Mark Page, RAN, [Director Defence Health Policy](#)⁴.

s22

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Surgeon General Australian Defence Force

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EARLIER HEALTH BULLETIN/DIRECTIVE CANCELLED:

HB 02/2023 ADF vaccination against respiratory viral disease - influenza and COVID-19 - 06 April 2023

Note: Surgeon General Australian Defence Force Health Bulletins are produced to disseminate health policy and guidance. Health Bulletins remain valid for up to 12 months from date of publication unless specified otherwise or cancelled. Publications can be accessed on the [Defence Intranet](#)⁵.

⁴ health.policy@defence.gov.au

⁵ <http://intranet.defence.gov.au/home/documents/adfdocs/healthbulletins.htm>

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MANAGEMENT OF COVID-19 VACCINE REFUSAL

References:

- A. Defence Health Manual Volume 2 Part 8 Chapter 12 – Vaccinations Manual
- B. [Clinical recommendations for COVID-19 vaccines | Australian Government Department of Health and Aged Care](#)
- C. [Military Personnel Policy Manual Part 3 Chapter 1 - ADF Policy on Individual Readiness](#)

1. Vaccination against COVID-19 and other infectious diseases is an important force health protection measure. Infectious disease is consistently the leading cause of non-battle casualties in military operations and COVID-19 remains a threat to the ADF and to the broader community.
2. The COVID-19 vaccine was included in the routine vaccination schedule for ADF members in April 2021 (Ref A). 'Routine' vaccines include those on the Australian National Immunisation Program and additional vaccines against unique health threats in the military environment as approved by the Surgeon General of the Australian Defence Force through the normal policy governance process. This process considers the risk of exposure, the consequence to an individual's health and to the capability of the force, and the strength of available mitigations.
3. The ADF's schedule of routine vaccinations is routinely reviewed and updated to reflect contemporary context and evidence. These vaccinations are the minimum required to protect the health of individuals, protect capability, and maintain readiness of the force.
4. The current advice from the Australian Technical Advisory Group on Immunisation (ATAGI) is that to be up-to-date with COVID vaccinations, a primary course of two vaccinations and a booster is required. For most ADF members, this involves a primary course of two doses plus one booster. The ADF at a minimum complies with ATAGI advice on COVID vaccinations. The most current advice can be found at Ref B.
5. While all ADF members are vaccinated through an informed consent process and are not vaccinated against their will, ADF members are expected to be vaccinated in accordance with Ref A in order to be considered 'ready' from a health perspective. Defence has provided extraordinary opportunities for ADF members to be informed about the COVID-19 vaccinations and to avail themselves of the plentiful occasions to be vaccinated.
6. There are employability and deployability implications for individuals who refuse to comply with operational readiness requirements, including health readiness. Non-compliance with health readiness requirements has an impact on Defence's capability and availability to

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mobilise at short notice to a range of domestic and international environments. We must also guard against our vaccinated workforce being unfairly disadvantaged by recurrent and extended cover of military commitments that unvaccinated personnel cannot undertake. I require commanders across the ADF to actively manage readiness compliance, including health readiness requirements such as routine vaccinations.

7. In late 2022, Director General Garrison Health within Joint Health Command (JHC) wrote to all members who have been recorded as not consenting to COVID-19 vaccination. This provided members information about vaccination and sought insight to their reasons for non-consent. JHC are continuing efforts to contact those who have refused COVID vaccination and will soon commence issuing a PM101 with relevant restrictions.

8. As of 11 Jan 23, the breakdown of COVID-19 vaccine refusers as recorded in the Defence electronic Health System (DeHS) is:

- a. Navy – 45 pers
- b. Army – 133 pers
- c. Air Force – 123 pers

9. JHC is to provide a PM101 (Medical or Dental Fitness Advice) to commanders of members who do not meet routine vaccination requirements. Individuals who do not meet these requirements are considered 'not ready' for both medical and availability components of Individual Readiness and commanders are to manage them as such. These members are not to be posted or deployed to overseas locations and have an individual requirement to notify command of their non-availability in accordance with Ref C. Long-term reduction in Individual Readiness may necessitate a re-examination of a member's suitability for service.

10. As Service Chiefs, I require that you take appropriate, considered and case-by-case action to minimise the impact of vaccine refusal on Defence capability.

s22


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27 Mar 23

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3

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