



**Influenza - Seasonal Vaccination Program  
Questions and Answers**

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## **Influenza - Seasonal Vaccination Program Questions and Answers**

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*Adapted from the Immunization Action Coalition (with permission) and the Centers for Disease Control and Prevention (CDC).*

## Policy and Management

### Department of Defense (DoD) Seasonal Influenza Vaccination Program (IVP)

#### 1) What is the current DoD Seasonal Influenza policy and who should be vaccinated?

DoD policy states influenza immunizations are mandatory for all Active Duty, National Guard, and Reserve personnel. Influenza immunizations are mandatory for DoD civilian and contract health care personnel who provide direct patient care at military treatment facilities (MTFs).

Note: more information on DoD influenza policies can be found at [www.vaccines.mil/Policies/Influenza - Seasonal](http://www.vaccines.mil/Policies/Influenza_-_Seasonal).

Health Affairs (HA) Policy 08-005, dated 4 April 2008, mandates all civilian health care personnel who provide direct care to patients in medical treatment facilities must be immunized against seasonal influenza each year as a condition of employment. Note: more information on HA policy 08-005 can be found at [www.vaccines.mil/documents/1169HCPFluHAPolicy\\_08\\_005.pdf](http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf).

#### 2) What is the primary goal of DoD's Seasonal Influenza Vaccine Program (IVP)?

The primary goal is to vaccinate 100 percent of all Active Duty, National Guard, Reserve, and Health Care Providers whom provide direct patient care with a milestone goal of  $\geq 90$  percent by 17 December each year.

#### 3) Who does the Advisory Committee on Immunization Practices (ACIP), recommend receive annual influenza vaccination?

ACIP recommends the use of the seasonal influenza vaccinations for all people 6 months and older. Additionally, emphasis on providing routine annual vaccinations to certain groups at higher risk for influenza infection or complications should be a priority:

- Anyone who is at risk of complications from influenza, or more likely to require medical care.
- Women who will be pregnant during influenza season.
- Anyone with long-term health problems including heart disease, kidney disease, liver disease, lung disease, metabolic disease (diabetes), asthma, anemia and other blood disorders.
- Anyone with a weakened immune system, long-term treatment with drugs such as steroids, and cancer treatment with x-rays or drugs.
- Anyone with certain muscle or nerve disorders (such as spinal cord injuries, seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on long-term aspirin treatment.
- Residents of nursing homes and other chronic-care facilities.
- Anyone who lives with or cares for people at high risk for influenza-related complications.
- Health care providers.
- Household contacts and caregivers of children from 0-5 years of age and people 50 years and older.

#### 4) When will the IVP begin?

Vaccine shipments occur in early August. Your installation seasonal influenza vaccine program should begin immediately upon receipt of influenza vaccine to protect individuals at risk from developing influenza or its complications. All Services will follow Service-specific implementation guidelines. Influenza vaccinations should continue until supply is exhausted or the vaccine expiration is reached.

### **5) What documentation is required with influenza immunization?**

It is important to document immunizations properly into electronic immunization and paper-based systems. Vaccine, date of administration, lot number, manufacturer, Vaccine Information Statement version date, name of vaccine administrator and medical exemptions for military personnel must be documented in Service-specific immunization tracking systems.

All Services will monitor implementation using Service-specific electronic immunization tracking systems (Medical Protection System (MEDPROS), Aeromedical Services Information Management System (ASIMS), Medical Readiness Reporting System (MRRS) and the Defense Eligibility Enrollment Reporting System (DEERS)). All MHS beneficiary immunizations should be documented into the electronic health record.

### **6) Where did the DoD get this year's influenza vaccine?**

DoD has contracted with the Defense Logistics Agency – Troop Support (DLA-TS) to obtain influenza vaccine from three different manufacturers. Two manufacturers, Sanofi-Pasteur (Fluzone) and CSL Biotherapies (Afluria), produce the injectable trivalent inactivated vaccine (TIV). MedImmune (FluMist) produces the live, attenuated influenza vaccine (LAIV) intranasal.

Note: More information regarding this year's influenza vaccines and the presentations available can be found at [http://www.vaccines.mil/documents/1535\\_Influenza\\_Vaccines\\_for\\_Different\\_Age\\_Groups\\_-\\_2012-13.pdf](http://www.vaccines.mil/documents/1535_Influenza_Vaccines_for_Different_Age_Groups_-_2012-13.pdf)

### **7) Which personnel are required to receive the influenza vaccine?**

DoD policy requires annual influenza immunizations for all Active Duty, National Guard and Reserve personnel, and health care personnel who provide direct patient care according to Service-specific guidelines.

### **8) Will my immunization be monitored by my Service?**

Yes. All Services will monitor implementation using Service-specific immunization tracking systems (MEDPROS, ASIMS, and MRRS).

### **9) Who should receive the influenza vaccine and in what order if there is a shortage?**

Should an unanticipated shortage of vaccine occur, Health Affairs will provide further direction regarding priority tiers, consistent with recommendations published in the CDC's Morbidity and Mortality Weekly Report.

### **10) Is injectable vaccine reserved for any specific population?**

Yes. The Services will reserve injectable vaccine for people in whom the intranasal vaccine is medically contraindicated or where the intranasal vaccine is unavailable due to logistical constraints.

### **11) Who can I contact if I have a problem after receiving my vaccine?**

If you are having a medical emergency call 911. Contact your healthcare provider or the clinic at which you received your vaccination for appropriate follow-up.

You may also contact the the DoD Vaccine Clinical Call Center 24/7 at (866) 210-6469 or email via at <https://askvhc.wramc.amedd.army.mil>. Any clinically significant medical event that occurs after vaccination should be submitted to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov>.

## **The Disease**

## General Information

### 1) What is seasonal influenza disease?

Influenza is a contagious respiratory illness caused by influenza types A or B viruses. Influenza viruses are easily spread by airborne respiratory droplets from person to person (often by sneezing or coughing).

Symptoms of infection include fever, muscle aches, headache, malaise (a general feeling of sickness), nonproductive cough, sore throat, and runny nose. Most people who get the flu will have mild illness, will not need medical care or antiviral drugs, and will recover in less than two weeks. Some people, however, are more likely to get flu complications that result in being hospitalized and occasionally result in death.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. The flu also can make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may have worsening of this condition that is triggered by the flu.

### 2) Who is at high risk for developing flu related complications?

Children younger than 5 but especially children younger than 2 years of age, adult 65 years and older, pregnant women and individuals with various chronic medical conditions are at greatest for hospitalization and possibly death related to infection.

For a full list of conditions [http://www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm)

### 3) How does influenza spread?

Influenza spreads from person-to-person through aerosolized respiratory droplets released when a person coughs, sneezes, or breathes on someone. People may also become infected with influenza by touching something contaminated with the virus and then touching their mouth, nose, or eyes.

### 4) How soon will I get sick after exposure to the influenza virus?

Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer than 7 days. Symptoms start 1 to 4 days after the virus enters the body. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Some persons can be infected with the flu virus but have no symptoms. During this time, those persons may still spread the virus to others.

### 5) What should I do if I am infected with the influenza virus?

Getting plenty of rest, drinking fluids, and avoiding alcohol and tobacco will allow your body to fight off the illness more quickly. If you use over-the-counter medications to relieve symptoms, it is important to follow the manufacturer's instructions. Protect others by covering your mouth when coughing and sneezing, wash your hands frequently, and stay at home if you are feeling ill.

### 6) Will new strains of influenza virus circulate this season?

Influenza viruses are constantly changing, so it is not unusual for new strains of influenza virus to emerge at any time of the year. This year's influenza vaccines were made using the following strains:

- A/California/7/2009 (H1N1) pdm09-like virus
- A/Victoria/361/2011 (H3N2)-like virus
- B/Wisconsin/1/2010-like virus

The A/Victoria and B/Wisconsin are a change from last year's formulation.

## Prevention

### **1) Why do I need to be immunized against influenza every year?**

Circulating wild influenza viruses change from year to year. Protection that develops after a person is infected or immunized against the circulating viruses of one season does not provide adequate cross-protection when a new influenza strain develops. Immunity once vaccinated may wane after 6-8 months requiring an annual vaccination for full protection.

### **2) What is the best way to protect myself and my family from getting influenza if we are not vaccinated?**

Vaccination is your best protection against influenza infection. If you are unable to receive the vaccine, avoid close contact with people sick with the flu. Wash your hands often with soap and water or if that is unavailable use alcohol-based hand rub. To prevent the spread of germs, avoid touching your eyes, nose, or mouth and cover your mouth and nose with a tissue when coughing or sneezing.

### **3) When should I get vaccinated?**

It is recommended that people get vaccinated against influenza as soon as vaccine becomes available in your community. Vaccinations should occur through the entire influenza season which ends when product expires in early summer or supply is exhausted.

### **4) Where can I receive my vaccine?**

The influenza vaccine can be received from many MTF's and clinics within DOD. To find a clinic near you can utilize the MILVAX clinic finder found at <http://www.vaccines.mil/ClinicFinder>.

Additionally the TRICARE Management Activity issued the final rule authorizing TRICARE retail network pharmacies to administer seasonal influenza at no cost to the for the 2012-2013 influenza season. Soldiers who receive the influenza vaccination from non-military facilities must provide appropriate immunization data to their unit's MEDPROS point of contact NLT COB of the next duty day following vaccination in order to properly document the annual requirement.

## The Vaccines

### General Questions

#### **1) How effective is influenza immunization in protecting me from illness caused by the different strains of influenza?**

Vaccines are developed each year in an attempt to match the predicted virus strains. When they are well-matched, immunization of healthy adults is 70-90% effective in preventing influenza illness. When the majority of circulating influenza strains is not well matched by the vaccine, effectiveness has been as low as 47-77%. Vaccines may be somewhat less effective in elderly persons and very young children, but immunization can still help prevent serious complications from influenza illness.

#### **2) What if I'm pregnant or breastfeeding? Can I still receive the seasonal influenza vaccine?**

Yes. The Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians have all recommended the routine vaccination of women who are pregnant, or who become pregnant during the influenza season. Pregnant women, as well as lactating/postpartum women and their newborn babies, are at high risk for

influenza complications. Pregnant women may receive the inactivated injectable influenza vaccine, during any point of gestation and postpartum and breastfeeding women may receive the inactivated or live vaccine.

### **3) Are influenza vaccines harmful during my pregnancy?**

Pregnant women are at high risk for influenza related complications and are a priority group for vaccination. The FDA has classified Fluzone and Afluria as “Pregnancy Category B”, indicating that animal reproduction studies have not demonstrated a fetal risk, but there are no controlled studies in pregnant women.

The Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians recommends the use of injectable influenza vaccine for immunization of pregnant women because the benefit of protection outweighs the potential risk of any adverse event. Add link In a study of approximately 2,000 pregnant women who received inactivated influenza vaccine during pregnancy, no adverse effects were demonstrated in the fetus, infant or during early childhood.

### **4) If a child is receiving an influenza vaccination for the first time, what is the appropriate administration schedule?**

According to the ACIP and the American Academy of Pediatrics (AAP):

Children aged 6 months to 8 years who are receiving the influenza vaccine for the first time or whose previous vaccination status is unknown should receive two (2) doses of vaccine separated by at least four weeks.

Children aged 6 months through 8 years who have NOT received two (2) or more total doses of seasonal influenza vaccine since July 2010 should receive two (2) doses of vaccine separated by at least four weeks.

Children aged 6 months through 8 years who received two (2) or more total doses of seasonal influenza vaccine since July 2010 and all children 9 and older should receive one dose of seasonal influenza vaccine.

### **5) If a child 6 months - 8 years of age is receiving an influenza vaccination for the first time, must the same type of vaccine be administered for both doses?**

If a child 6 months - 8 years of age is receiving an influenza vaccination for the first time, must the same type of vaccine be administered for both doses?

### **6) How are injectable and intranasal influenza vaccines shipped and stored?**

All injectable and intranasal vaccines are shipped and should be stored at 2 to 8 degrees Celsius. When the vaccine arrives at your facility, it must immediately be placed in a refrigerator. In addition, protect Afluria from light until use. Do not use vaccines past the expiration date printed on the vaccine vial or syringe. Once the Afluria multi-dose vial has been punctured the vaccine must be used within 28 days. Fluzone multi-dose vials may be used after puncture until the expiration date on the vial. Any prefilled syringes, sprayers or single dose vials must be discarded if the tip cap is removed, a needle is placed on the syringe or the cap of the vial has been removed.

### **7) If I need to place a tuberculin skin test (TST), should I be concerned about administering the influenza vaccine at the same time?**

Yes. The live vaccine (FluMist®) may suppress a positive response to a tuberculin skin testing (TST or PPD) in a person who is infected with tuberculosis (TB), resulting in a false negative skin test. If a person needs TB skin testing and LAIV, you can correctly administer both in one of three ways

- I Give the TST (PPD) and the vaccine simultaneously.
- I Give the TST (PPD) first and when the person returns to have the skin test results interpreted, administer the live vaccine.
- I Give the live vaccine and then delay administration of the TST (PPD) for 28 days. Injectable influenza vaccines and tuberculin skin test can be administered concurrently or at any interval.

### **8) Can live vaccines and the influenza vaccine be administered on the same day?**

The inactivated injectable influenza vaccine may be administered on the same day as live vaccines or at any interval, but the live intranasal influenza vaccine it must be administered on the same day as the other live vaccines or separated by 28 days.

## **Trivalent Influenza Vaccine (TIV), Injectable Fluzone® and Afluria®**

### **1) What is Fluzone®?**

Fluzone®, Fluzone® Pediatric, Fluzone® High-Dose (HD), and Fluzone® Intradermal are inactivated injectable influenza virus vaccines manufactured by Sanofi-Pasteur. Presentations include a multi-dose vial, a thimerosal-free single-dose syringe and single-dose vial.

Fluzone and Fluzone Pediatric are licensed for persons aged 6 months and older, Fluzone HD is licensed for persons aged 65 years and older and Fluzone Intradermal is licensed for persons aged 18 through 64 years. DoD only contracted for Fluzone and Fluzone Pediatric this season.

### **2) What is Afluria®?**

Afluria® is an inactivated injectable influenza virus vaccine manufactured by CSL Biotherapies. Presentations include a multi-dose vial and a thimerosal free single dose syringe. Afluria is licensed for persons 5 years and older, however, ACIP is recommending to NOT administer Afluria to children less than 9 years due to potential febrile reactions. Other age-appropriate, licensed seasonal influenza vaccine formulations should be used. If no other age-appropriate, licensed seasonal influenza vaccine is available for a child aged 5 years through 8 years old who is at high risk for complications Afluria may be given, and providers should discuss the benefits and risks of influenza vaccination with the parents or caregivers before administering Afluria.

### **3) Why does ACIP guidance state that Afluria should not be given to children 8 years of age or younger, except in special circumstances, even though it is FDA approved for ages 5 years and above?**

During the 2010 flu season in Australia, this influenza vaccine was associated with an increased frequency of fever and febrile seizures in children aged 6 months through 4 year. In Australia, fever in children aged 5 through 8 years was also reported following vaccination. In several studies conducted prior to the 2010-11 flu season in the United States, no association between flu vaccine administration and febrile seizures has been detected. However, ACIP changed the recommended age from 5 years and above to 9 years and above.

### **4) Who should receive the injectable vaccines?**

ACIP recommends the use of injectable vaccines for immunization of persons described as eligible in manufacturer package inserts and for whom the live virus vaccine (FluMist®) is contraindicated.

- Anyone who is at risk of complications from influenza, or more likely to require medical care.
- Women who are or will be pregnant during influenza season.
- Anyone with long-term health problems.



- Anyone with a weakened immune system.
- Anyone 6 months through 18 years of age on long-term aspirin treatment.
- Residents of nursing homes and other chronic-care facilities.
- Anyone who lives with or cares for people at high risk for influenza-related complications.
- Household contacts and caregivers of children from birth up to 5 years of age and people 50 years and older.

#### **5) Who should not receive the injectable influenza vaccines?**

- People who have a severe allergy to chicken proteins, eggs, egg products, or any components of the influenza vaccine.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who have a history of Guillain-Barré Syndrome.
- People who are sick with a fever. These individuals may be immunized once their symptoms resolve.
- Children younger than 6 months of age.

#### **6) What side effects can I expect when I receive the injectable influenza vaccine?**

The viruses in inactivated influenza vaccine have been killed so you cannot become infected with influenza. Side effects which may occur are: soreness, redness, or swelling where the vaccination was administered, a fever, weakness, headache, and muscle aches. If these problems occur, they usually begin soon after immunization and typically last for one or two days. Most people who receive influenza vaccine experience no serious problems. In rare instances, serious problems such as a severe allergic reaction can occur.

### **Live Attenuated Intranasal Vaccine (LAIV), Intranasal FluMist®**

#### **1) What is FluMist®?**

FluMist® is a live, attenuated influenza virus vaccine manufactured by MedImmune. The only presentation is a thimerosal free single dose sprayer.

#### **2) Who should receive intranasal vaccine (FluMist®)?**

FluMist® is approved for all healthy people aged 2-49 years who are not pregnant. For more information, see <http://www.vaccines.mil/flu>.

#### **3) Who should not receive FluMist® (LAIV)?**

The following populations should not be immunized with the Live Attenuated Intranasal Vaccine:

- People less than 2 years old or those 50 years old or older
- People with asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems
- People with other underlying medical conditions, including such metabolic diseases as diabetes, cardiac/kidney/liver diseases, and blood disorders
- People with known or suspected immunodeficiency diseases or who are receiving immunosuppressive therapies
- Children or adolescents receiving aspirin therapy or other
- People with a history of Guillain-Barré Syndrome
- Pregnant women
- People with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs

#### **4) What side effects can I expect when I receive FluMist®?**

The viruses in the intranasal vaccine are weakened and do not cause severe symptoms associated with influenza. Common side effects may include runny nose, headache, fever, cough, and sore throat. Other possible side effects are chills, cough, decreased activity, decreased appetite, headache, irritability, muscle aches, and tiredness/weakness. For more information, see <http://www.flumist.com>.

## **Myths and Facts**