



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

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Policy and Management

2009-2010 Department of Defense (DoD) Seasonal Influenza Vaccination Program (SIVP)

The Disease

General Information
Prevention

The Vaccines

General Questions
Trivalent Influenza Vaccine (TIV), Injectable Fluzone® and Afluria®
Live Attenuated Intranasal Vaccine (LAIV), Intranasal FluMist®

Myths and Facts

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

Policy and Management

2009-2010 Department of Defense (DoD) Seasonal Influenza Vaccination Program (SIVP)

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 <http://www.vaccines.mil/default.aspx?cnt=resource/policiesAll&dID=30#30dod>.

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 http://www.vaccines.mil/documents/1169HCPFluHAPolicy_08_005.pdf.

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

The primary goal is to vaccinate = 90 percent of all Active Duty, National Guard, and Reserve personnel by 1 December 2009. A secondary goal is to swiftly complete seasonal influenza vaccinations and begin preparations for the impending Novel Influenza A(H1N1) Vaccination Program. A vaccine that can potentially prevent infection by the novel influenza A(H1N1) virus is currently being developed and further guidance will be published detailing its use in DoD.

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

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.
- 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 2009-2010 SIVP begin?

Vaccine shipments began in early August 2009. SIVP 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 has been reached.

5) What documentation is required with influenza immunization?

It is important to document immunizations properly into electronic immunization and paper-based systems. All Services will monitor implementation using Service-specific electronic immunization tracking systems (Medical Protection System (MEDPROS), Air Force Complete Immunization Tracking Application (AFCITA), Medical Readiness Reporting System (MRRS) and the Defense Eligibility Enrollment Reporting System (DEERS)).

Vaccine, date of administration, lot number, manufacturer, Vaccine Information Statement version date, name of who administered vaccine and medical exemptions for military personnel must be documented in Service-specific immunization tracking systems.

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

DoD has contracted with the Defense Supply Center to obtain influenza vaccine from three different manufacturers. They are Sanofi-Pasteur, CSL Biotherapies, and MedImmune.

Note: More detailed information regarding this year's influenza vaccines can be found at <http://www.vaccines.mil/flu>.

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 DoD health care personnel 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, AFCITA, and MRRS).

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

Personnel that are deployed, deploying, or are considered critical mission support. Medical staff should be immunized first, followed by military support personnel and medically-high-risk individuals as listed in the 2009-2010 recommendations of the Advisory Committee on Immunization Practices (ACIP) (published in the Morbidity and Mortality Weekly Report (MMWR)).

More information on ACIP 2009-2010 recommendations for preventing influenza are found at the MMWR link listed: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0724a1.htm>.

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 taking my vaccine?

Contact your health care provider or the clinic at which you received your vaccination. You may also contact the Military Vaccine (MILVAX) Agency, 1-877-GETVACC (438-8222) or at vaccines@amedd.army.mil; the Vaccine Healthcare Centers (VHC) Network, 1-202-782-0411 or <https://askvhc.wramc.amedd.army.mil/>; the DoD Vaccine Clinical Call Center, 1-800-232-4636; or submit a report directly 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, which ranges in severity from mild to life-threatening. Influenza viruses are easily spread by airborne respiratory droplets from person to person (often by sneezing or coughing). Symptoms develop about 1 to 4 days after exposure and include fever, muscle aches, headache, malaise (a general feeling of sickness), nonproductive cough, sore throat, and runny nose.

2) 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.

3) How can I find out if I have influenza?

A simple test, using a sputum sample, can determine if you have influenza or some other respiratory illness. It is important for doctors and public health officials to confirm if increases in respiratory disease are caused by influenza and to identify specific viruses involved. Rapid diagnostic test results are available to help physicians determine if anti-viral therapy is warranted. It is important to seek treatment from your provider within the first 2-3 days of symptom onset.

4) How soon will I get sick after being exposed to the influenza virus?

Time from exposure to when symptoms first start (incubation period) for influenza is usually 1-4 days. This is the period when people are most contagious to others because the infected person still feels healthy and is not taking the necessary precautions to avoid spreading the disease.

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

Getting plenty of rest, drinking a lot of 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/Brisbane/59/2007 (H1N1)-like virus
- A/Brisbane/10/2007 (H3N2)-like virus
- B/Brisbane/60/2008-like antigens

Only the influenza B component represents a change from the 2008-2009 vaccine formulation.

Prevention

1) Why do I need to get immunized against influenza every year?

Influenza viruses change from year to year. Protection that develops after a person is infected or is immunized against the circulating viruses of one season does not provide adequate cross-protection when a new influenza strain develops.

2) What is the best way to protect myself and my family from getting influenza if we do not get immunized?

Vaccination is your best protection against influenza infection. If you are unable to receive the vaccination, avoid close contact with people who are sick. Wash your hands often and 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. . If possible, stay home from work or school when you are sick. This may help prevent those around you from getting sick.

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 vaccines are not well matched to the majority of circulating strains, 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 influenza vaccines are available this year?

For the 2009-2010 influenza season, DoD has contracted for a total of 3.6 million influenza vaccine doses. This includes 1.8 million doses of inactivated (injectable) vaccine and 1.8 million doses of live attenuated (intranasal) vaccine. The distribution of injectable and intranasal vaccine started in August. There are no expected shortages of vaccine this year.

3) What if I'm pregnant or breastfeeding? Can I still get vaccinated against seasonal influenza?

Yes. Pregnant women, as well as lactating women and their newborn babies, are at risk for influenza complications. 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 become pregnant during influenza season, with injectable vaccine. ACIP states that pregnant or lactating women do not need to avoid contact with persons recently vaccinated with intranasal vaccine.

4) Are influenza vaccines harmful during my pregnancy?

This year's influenza vaccines are labeled as Pregnancy Category C, which means that animal reproduction studies have not been conducted, and it is not known whether or not influenza vaccine can cause fetal harm or affect reproductive capacity. Package inserts state that influenza vaccines should only be given when clearly needed. ACIP recommends the use of injectable influenza vaccine for immunization of pregnant women because the benefit of protection outweighs the potential risk of any adverse events. This year's ACIP recommendations for Prevention and Control of Influenza describe the studies that were used to develop this recommendation. See <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0724a1.htm>.

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

1) What is Fluzone®?

Fluzone® and Fluzone® Pediatric are inactivated injectable influenza virus vaccines manufactured for the 2009-2010 influenza season by Sanofi-Pasteur. They offer both a multi-dose vial and a

preservative (thimerosal) free single dose vaccine. This vaccine is approved for use in persons ages 6 months and older.

2) What is Afluria®?

Afluria® is an inactivated injectable influenza virus vaccine manufactured for the 2009-2010 influenza season by CSL Biotherapies. They offer both a multi-dose vial and a preservative (thimerosal) free single dose vaccine. This vaccine is approved for use in persons 18 years and older.

3) Who should receive the injectable vaccines?

For the 2009-2010 influenza season, 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.

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.
- 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.
- 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.

4) 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 people may be immunized once their symptoms resolve.
- Children younger than 6 months of age.

NOTE: People who have a history of a severe allergic reaction to vaccine components, but also are at high risk for complications from influenza, may be able to receive the vaccine after appropriate allergist evaluation and desensitization.

5) What side effects can I expect when I receive the injectable influenza vaccines?

The viruses in inactivated influenza vaccine have been killed so you cannot get the influenza from an influenza vaccination. Side effects which may occur are:

- soreness, redness, or swelling where the vaccination was given
- fever, weakness, headache
- 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 for the 2009-2010 influenza season by MedImmune. This is a preservative (thimerosal) free single dose vaccine.

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

FluMist® is approved for all healthy people 2-49 years old. For more information, see <http://www.vaccines.mil/flu>.

3) 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 the 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, headaches, irritability, muscle aches, and tiredness/weakness. For more information, see <http://www.flumist.com>.

4) 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, renal dysfunction, and hemoglobinopathies
- People with known or suspected immunodeficiency diseases or who are receiving immunosuppressive therapies
- Children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with natural (wild-type) influenza virus infection)
- 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

5) If a child 6 months - 8 years of age is receiving an influenza vaccination for the first time, what is the appropriate administration schedule?

According to the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (CDC/ACIP) and the American Academy of Pediatrics (AAP), children aged 6 months to 8 years who have never been vaccinated previously, (With either TIV or LAIV) or who were vaccinated for the first time during the previous season and received only 1 dose, should receive 2 doses of vaccine at least 4 weeks apart for protection.

Note: Children less than 24 months of age are not eligible for FluMist®.

6) If a child 6 months - 8 years of age is receiving an influenza vaccination for the first time and requires two doses, does the same types of vaccine have to be used for both doses?

No. The first and second doses do not have to match. Either TIV or LAIV can be used when vaccinating children aged 6 months to 8 years who have never been vaccinated previously or have only received one dose the previous season.

7) How are injectable and intranasal influenza vaccines shipped and stored?

All injectable vaccines are shipped at 2 to 8 degrees Celsius and must be immediately placed in a

refrigerator upon arrival at destination. Afluria should be protected from light until use. Do not use vaccines past the expiration date printed on the label.

Intranasal vaccine is shipped directly from the manufacturer frozen, on dry ice. Immediately after vaccine arrives at its destination, it should be placed in a refrigerator and stored at 2-8 C (35-46 F). The vaccine may be used until the expiration date printed on the sprayer.

8) If I need to place a tuberculin skin test (TST) and the patient also needs their annual influenza vaccine, should I be concerned about the timing of these products?

Yes. There is one other special circumstance related to the administration of LAIV. LAIV may suppress a positive response to tuberculin skin testing (TST or PPD) in a person who has tuberculosis (TB). This suppression might result in a false negative skin test in a person who is infected with TB. If a person needs TB skin testing and LAIV, you can correctly administer both in one of three ways

- Give the TST (PPD) and the LAIV simultaneously.
- Give the TST (PPD) first. When the person returns to have the skin test results interpreted, give the LAIV.
- Give the LAIV and then delay administration of the TST (PPD) for 28 days.

Injectable influenza vaccines and tuberculin skin test **can be administered concurrently.**

9)) If I need to get other live vaccines at the same time I also need my annual influenza vaccine, should I be concerned about the timing of these products?

Yes, if you are using the live intranasal influenza vaccine. If patients need a live vaccine and qualify for receipt of intranasal influenza vaccine, all live vaccines should be administered on the same day or separated by 28 days. Inactivated influenza vaccine (injectable) does not interfere with the scheduling of live or inactive vaccines.

Myths and Facts

Myths and Facts

1) Myth #1: Having influenza is similar to getting a cold; therefore, an immunization is not really necessary.

Fact: On average, more than 226,000 people are hospitalized from flu complications, including 20,000 children; about 36,000 people die from influenza each year. Being vaccinated provides the best protection available from the influenza virus— even when the vaccine does not closely match circulating flu strains. A vaccination may lessen influenza illness severity and is important for persons at high risk for serious flu-related complications and for close contacts of high-risk individuals.

Ref: <http://www.cdc.gov/flu/about/qa/flushot.htm> and <http://www.cdc.gov/flu/about/qa/disease.htm>.

2) Myth #2: Side effects from the influenza vaccine are worse than influenza itself.

Fact: The most common side effect you are likely to experience with the injectable influenza vaccine is a sore arm. The risk of a rare allergic reaction is far less than the risk of severe complications from influenza. Live, intranasal influenza vaccine can cause mild symptoms in the recipient. Common side effects can include runny nose, headache, fever, cough, and sore throat.

Ref: <http://www.cdc.gov/flu/about/qa/flushot.htm>

3) Myth #3: Even if I get the influenza vaccine, can I still be infected with influenza?

Fact: Yes. Influenza viruses are always changing. They can change from the time the vaccine is recommended and the beginning of influenza season, or they can even change during a season. Each year, experts study thousands of influenza virus samples from around the world to figure out which viruses are making people sick and how these viruses are changing. With this information, they forecast which three viruses are most likely to make the most people sick during the next influenza season. Each year, the seasonal influenza vaccine contains three influenza virus strains – one influenza A (H3N2) virus, one influenza A (H1N1) virus, and one influenza B virus. The selection of which viruses to include in the vaccine must be made in February of the prior year in order for vaccine to be produced in time for distribution the following season. When influenza viruses change, they may no longer closely match viruses used to make that season's influenza vaccine. This can make the vaccine less effective. But even when this happens, the vaccine can still offer some cross-protection: The vaccine contains three viruses, so it can protect you against the other two viruses that may be making people sick. The immune protection you get from the vaccine can provide partial protection against influenza viruses that are related to those used to make the vaccine (this is called cross-protection).

In recent years the match between the vaccine viruses and those identified during the influenza season has usually been effective. In 16 of the last 20 U.S. influenza seasons the viruses in the influenza vaccine have been well matched to the predominant circulating viruses. Since 1988, there has only been one season (1997-98) when there was very low cross-reaction between the viruses in the vaccine and the predominate circulating virus and three seasons (1992-93, 2003-04, and 2007-08) when there was low cross-reaction.

So while a less-than-ideal match can reduce vaccine benefit, the vaccine can still provide enough protection to make illness less severe and prevent influenza-related complications. A less-than-perfect vaccine is still the best protection we have against influenza. That is why CDC continues to recommend getting the vaccine even when there is a less-than-perfect match.

Ref: <http://www.cdc.gov/flu/about/qa/season.htm> and <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

4) Myth #4: Only elderly people really need the influenza vaccine.

Fact: Among elderly persons not living in chronic-care facilities (such as nursing homes) and those persons with long-term (chronic) medical conditions (such as asthma, diabetes, or heart disease), influenza vaccinations are 30%-70% effective in preventing hospitalization for pneumonia (a lung infection) and influenza. Among elderly nursing home residents, influenza vaccinations are the most effective in preventing severe illness, complications that may follow influenza (like pneumonia), and deaths related to the influenza. Because persons aged 65 years and older are at highest risk for serious complications from influenza, it also is important that people who live with or care for those at high risk for serious complications get an influenza vaccination.

Children younger than 6 months of age are most at risk for having complications from influenza. However, they are too young to get the influenza vaccination. To protect these infants, it is very important that their household members and out-of-home caregivers be vaccinated against influenza.

Influenza vaccine can prevent 66% or more influenza infections in young children, with even higher estimates for older children, when the vaccine strains are well-matched to the flu viruses causing illness. Vaccinating close contacts of children can also help decrease children's risk of getting influenza.

Everyone who is healthy and eligible to receive the vaccine should take advantage of the opportunity to boost their immunity to seasonal influenza.

Ref: <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

5) Myth #5: You must get the influenza vaccine before the influenza season, or it's not worth getting.

Fact: Influenza vaccine can be given before or during the influenza season. Influenza vaccinations provide protection against the influenza strains contained in the vaccine through one influenza season. Vaccinations should begin as soon as vaccine is available and continue throughout the influenza season.

Ref: <http://www.cdc.gov/flu/about/qa/misconceptions.htm>.

6) Myth #6: I can take medications prescribed by my doctor instead of getting the influenza vaccine.

Fact: Antiviral medications given within the first few days of symptom onset can reduce the duration and severity of the disease, but cannot cure it. These drugs are not a substitute for influenza immunization. Remember, influenza vaccine is the first and best defense against seasonal influenza, but antiviral drugs can be an important second line of defense to treat influenza or prevent influenza infection.

Ref: <http://www.cdc.gov/flu/protect/antiviral/keyfacts.htm>.