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**Influenza vaccination program in Europe most successful in Army**

Heidelberg, Germany – Only 10 active duty Soldiers have been diagnosed with influenza in US Army Europe (USAREUR) so far during this flu season. Senior leaders credit this low number of cases to a very comprehensive vaccination campaign plan and commanders' emphasis on the importance of medical readiness and a protected community.

"Protecting our expeditionary Soldiers, their families and all of our other beneficiaries is my top priority," said Brig. Gen. Elder Granger, Commander, Europe Regional Medical Command and USAREUR Command Surgeon. "This is the first time we have truly documented, through electronic systems, the medical readiness of our forces. The USAREUR community can be proud of its military leadership and their dedication to deploying a healthy force and keeping them healthy."

For the second year in a row USAREUR leads the Army in insuring Soldiers and their families are protected against Influenza. With a 93 percent immunization rate so far, USAREUR has exceeded the Army Surgeon General's goal of vaccinating 90 percent of active duty soldiers and is again demonstrating the highest percentage rate of immunized Soldiers of all major commands in the Army.

Influenza vaccinations are continuing among service members and are being recorded in the Army's Medical Protection System (MEDPROS), a web based tracking program that records medical readiness data and allows commanders to view the medical readiness of units or individual Soldiers from their desktop computers. According to Col. Allen Kraft, Director, Force Health Protection, Europe Regional Medical Command and USAREUR, MEDPROS is showing 1<sup>st</sup> Armored Division and 1<sup>st</sup> Infantry Division as both rapidly approaching the 100 percent mark for influenza immunizations.

Additionally, the following USAREUR Units had 97 percent or better Influenza Vaccination Rates (As of 4 Feb 04) which is truly outstanding: 266th Finance, 28th Transportation Company, Installation Management Agency - Europe, 64th AG Replacement, 1st Personnel Command, 21st Theater Support Command, HQ Europe Regional Medical Command, Heidelberg Medical Activity, Wuerzburg Medical Activity, Landstuhl Regional Medical Center, Center for Health Promotion and Preventive Medicine Europe, Europe Regional Dental Command, US Army Medical Materiel Center Europe, Headquarters Company 5th Signal Command, 2nd Signal Brigade, 7th Signal Brigade, Security Forces 14, Kosovo Forces 5A, 13th Military Police Combat Support Vice, HQ Southern European Task Force, (ABN), Headquarters Company 11th AV, and 30th Medical Brigade.

"This is the direct result of medical readiness being a priority for USAREUR Commander Gen. B.B. Bell and the other senior USAREUR leaders," said Kraft. "It is a remarkable accomplishment, especially for 1<sup>st</sup> Armored Division since they were deployed during the influenza vaccination campaign. This is the first time in Army history that not only one but two divisions have achieved this incredible accomplishment in protecting their Soldiers."

The leadership of USAREUR and of these divisions clearly recognizes the importance of insuring that each expeditionary Soldier is medically ready to complete *Any Mission, Anywhere*. A flu outbreak can be devastating to a unit. The flu vaccination is our protection against that type devastation.”

Col. Loren Erickson, Commander, US Army Center for Health Promotion and Preventive Medicine Europe, echoes these sentiments. “Without this senior leader command emphasis on influenza vaccinations for all our troops, we never would be as well-protected as we are today. Given the expected severity of flu this year, this emphasis was extended to include military family members and all civilians working for the US Army in Europe. At this point we’ve immunized more than 70,000 people in our communities - more than 50,000 Army personnel and approximately 20,000 civilians. This provided excellent protection for all of us because it made it difficult for the flu to gain a foot hold in our community.”

According to Erickson, a total of 44 cases of influenza have been confirmed by the Landstuhl medical laboratory for this 2003-2004 flu season to date. “Ten of these were active duty soldiers,” said Erickson, “while 34 were dependent children. Four of the children required a brief hospital stay, but recovered. Looking at the immunization records for these 34 children, none of the 34 had been fully immunized prior to becoming sick. (Note: The youngest children require a two dose schedule for proper immunity.) Unlike a number of communities in the United States and elsewhere in Europe, we’ve had no influenza-related deaths among our beneficiaries this flu season.

“We can be justifiably proud of our successful efforts to stop this disease,” he said. “Instead of being in bed sick, our people were able to enjoy their families through the holiday season. Ten cases among all of our soldiers in Europe are very few when compared with the outbreak experiences of some of our CONUS bases.”

Erickson points out that the flu season in Europe routinely runs from December through April, peaking in January, and that individuals not yet immunized would still benefit greatly from visiting their local medical treatment facility for the shot -- everyone who is eligible, including children and adolescents, should get vaccinated against the flu.

“Though the number of cases being reported in the States and in Europe is starting to drop off, we still have three more months of flu season ahead,” Erickson said. “The influenza vaccine is still available in Europe free of charge for all military health care beneficiaries including active duty service members and their family members, retirees and their family members, and DoD personnel and their families. This year we are also making the vaccine available to host nation employees who work for the US military,” he said.

“Because of the severity of this year’s flu strain, we are encouraging everyone to be immunized, especially people who are most likely to develop complications from an infection. Adults and children at highest risk include those with chronic medical conditions such as immune deficiencies, chronic on-going health problems including asthma or other lung problems, kidney or heart disease and diabetes. The vaccine is also recommended for people over 65 years old and for children 6-23 months.”

He added that the vaccine is also recommended for household members of people in these high risk groups as an added level of prevention. Erickson said that getting vaccinated sooner rather than later is best since it takes about two weeks after receiving the vaccine for people to build up immunity against influenza. People who have had a serious allergic reaction to eggs or people who have a history of Guillain-Barre Syndrome should consult with a doctor before getting the vaccine.

“A common misconception is that the ‘flu’ and the ‘common cold’ are the same disease. They’re not. About 40,000 people die as a result of influenza complications each year in the United States,” said Erickson. “Many people confuse the common cold with influenza. While a cold might give you a stuffy head and runny nose, a true case of influenza will put you in bed with a high fever, muscle aches and respiratory symptoms such as a cough. It will cause you to lose time from away from work, your friends and your family. It’s debilitating.”

Erickson added that another common misconception is that the vaccine will cause the flu. It can’t since the vaccine does not contain a live virus.