

## **Waivers for H1N1 vaccinations from non TRICARE network providers to end**

*by Jerry Harben, U.S. Army Medical Command*

Non-active duty TRICARE Prime enrollees face a deadline at the end of this month if they want to get vaccinations against H1N1 influenza from a non-network provider without a referral from their primary-care managers.

The Centers for Disease Control and Prevention (CDC) recommends influenza vaccination as the first and most important step in protecting against the flu.

TRICARE beneficiaries can get their shots from network and non-network providers without paying a deductible or making a co-payment.

A temporary waiver allows non-active duty TRICARE Prime enrollees to get the H1N1 immunization from non-network providers without a referral or authorization, eliminating point-of-service charges. This waiver expires April 30. Vaccinations will still be available after April 30, but a charge may be applied outside the TRICARE network. Information on TRICARE benefits can be found at [www.tricare.mil](http://www.tricare.mil).

The Army vice chief of staff has directed that all units vaccinate their Soldiers, and Army hospitals and clinics have extended themselves to provide flu vaccine to all Soldiers and their Families. As one example, a seasonal vaccine drive at Fort Gordon, Ga., immunized about 10,000 military members in one day, and a later similar day for H1N1 flu saw 8,800 vaccinations administered. Units were scheduled in 20 to 30 minute increments, with 60 medics administering vaccine while more than 80 others recorded data in the MEDPROS computer record system or helped with other tasks.

As a result of such outreach, by early April the Active Army was 95 percent compliant with the vice chief of staff's directive that all units be immunized, according to the Military Vaccine Agency.

According to [www.cdc.gov](http://www.cdc.gov), symptoms of the H1N1 virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death has occurred as a result of illness associated with this virus.

The CDC states that most people who get the flu (either seasonal or 2009 H1N1) 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.

The Advisory Committee on Immunization Practices (ACIP), which advises the CDC on vaccine issues, voted in February to expand the recommendation for annual influenza vaccination to include all people aged 6 months and older during the 2010–2011 influenza season, rather than focusing on people in high-risk categories. The vaccine for that season will protect against the 2009 H1N1 strain as well as seasonal flu.

In addition to vaccination, recommended protective actions include:

\* Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If a tissue isn't available, cough or sneeze into your upper sleeve or elbow (not your hands).

\* Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.

\* Avoid touching your eyes, nose or mouth. Viruses and bacteria ("Germs") spread this way.

\* Avoid close contact with sick people if possible.

\* If you are sick with flu-like illness, the Centers for Disease Control and Prevention recommend that you stay home for at least 24 hours after your fever is gone except to get medical care if you are very ill or for other necessities to sustain life. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick. Wear a mask when in close proximity to others.