



# Military reversion Flu shots

Suzanne Humphries CHD June 2026

# Optional Flu shots

- In April 2026, U.S. Defense Secretary Pete Hegseth made the annual flu (influenza) vaccine optional for all active-duty, reserve service members, and DoD civilian personnel, ending a long-standing mandate that had been in place since the 1950s
- Hegseth described the previous requirement as “overly broad and not rational,” emphasizing “medical autonomy,” personal choice, and religious freedom. He stated that troops should get the shot if they believe it’s in their best interest, but it would no longer be forced. A memorandum formalized this change effective immediately, though individual services could request exceptions.

# Recent Outbreak

- In mid-June 2026, a significant flu outbreak occurred at Lackland Air Force Base in Texas (Joint Base San Antonio), the primary site for Air Force basic military training.
- Nearly 160 recruits (or more) in the training wing became ill with influenza.
- Vaccination rates among trainees had dropped sharply to around 40% (from near 100% under the mandate).
- There were at least two hospitalizations; one trainee's death (a 25-year-old male who tested positive for flu and had pneumonia) is under investigation, though not definitively linked solely to the outbreak.

# Death of a recruit???

**Keon McDaniel, a 25-year-old Air Force Basic Military Trainee in his sixth week of training at Joint Base San Antonio-Lackland (Texas), died on June 16, 2026, after a medical emergency on June 12.**

[abcnews.com](#)

He was transported to Brooke Army Medical Center and passed away there. The Air Force's 37th Training Wing confirmed the death and stated that a comprehensive medical review is underway to determine the cause. [expressnews.com](#)

## Connection to the Flu Outbreak

It remains unclear whether McDaniel's death was linked to the ongoing influenza outbreak at Lackland, which has sickened at least 159–222 recruits (reports vary by source and date, with some citing higher totals including non-recruits). [news4sanantonio.com](#)

- The outbreak began in late May 2026 and is described as “localized” among basic trainees.
- At least two hospitalizations were reported among recruits.
- Some unofficial or early reports mentioned pneumonia or that he may have been unvaccinated, but official statements have not confirmed any flu connection or specific cause. [facebook.com](#)

The Air Force and Pentagon have not attributed the death to influenza as of the latest available information.

## Broader Context

This incident occurred amid a larger flu outbreak at Lackland, which gained attention because it followed Defense Secretary Pete Hegseth's April 2026 decision to end the long-standing mandatory flu vaccine requirement for service members (calling it overly broad). Vaccination rates among recruits at the base reportedly dropped to around 40%. In response to the outbreak, the Air Force obtained an exemption to reinstate mandatory flu shots for trainees there. [theguardian.com](#)

Recruits live in close quarters (bunk beds, shared dining), which facilitates respiratory virus spread. The base is managing the situation with isolation, treatment, and return-to-training protocols once cleared.

[nbcnews.com](#)

**This is a developing situation.** Official investigations into the exact cause of McDaniel's death and any potential link to the flu are ongoing, so details could change. For the most current updates, check official Air Force or Department of Defense statements.

# Other possibilities?

Heat-Related or Training Stress: Some veterans speculate it was a heat casualty (common in June BMT at Lackland, especially during “Beast Week” / sixth week with intense PT, MOPP gear, and poor hydration).

Others mention cardiac events or general training exhaustion rather than flu



**DelightfulShark5456**

When I went through the amount of people falling out as heat casualties was very high. People not hydrating. During PT tests we also had a lot of code blues, essentially cardiac episodes. I went through in June and it gets very hot. Beast week also happens during the sixth week. MOP gear in that heat....

2d Like Reply Share Edited



**GenuineZebra5094**

And he could have died from one of the shots he did get - we loose about 3 plus people every year to shots that are documented.

1d Like Reply Share



**Daniel Jimenez**

So the vaccine that was given out 5 months ago before the Hegseth ruling caused people to get sick now?

3d Like Reply Share



**Matt Peirot**

Every one of you went through basic...Every one of you had vaccines...Every one of you had a major illness outbreak in your dorm around 3-5th week. EVERY SINGLE TIME.

1d Like Reply Share



Leah Nietz Glass · [Follow](#)

It's very unlikely that this had anything to do with not having the flu shot. It was most likely heat stroke and pharmaceutical companies are using it to try to line their pockets more. He was at pacer forge when he was taken to the ER. That's where they go their sixth week at basic. Look that up and you'll start to get a clearer picture. It was in the 90s and the trainees were given winter uniforms. It costs \$400 to get a summer uniform that is much thinner and cooler. That ticks me off just a little bit. Uniforms for all seasons should be provided at no cost to our military members. At least two airmen had to leave formation during the graduation ceremony in San Antonio the day before this young man was taken to the ER because the heat was getting to them. I know because I was there. It's disgusting that the media and the greedy pharmaceutical companies are using this tragedy to push their corrupt agenda.

2d Like Reply Share Edited



8h Like Reply Share



**Brad Morgan**

For 37 years I got the flu vax every damn year and for 37 years I got the fucking flu.



2d Like Reply Share



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## Seasonal Influenza Hospitalization Incidence Rates Among U.S. Active Component Service Members, 2010–2024

[David R Sayers](#)<sup>1</sup>, [Saixia Ying](#)<sup>2</sup>, [Angelia A Eick-Cost](#)<sup>2</sup>

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PMCID: PMC12874399 PMID: [41505694](#)

### Abstract

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Despite a longstanding U.S. Department of Defense (DOD) requirement for seasonal influenza vaccination of active component service members (ACSMs), quantifying the impact of the DOD immunization program is challenging. To measure the burden of severe influenza among this highly immunized ACSM population, this study evaluated seasonal and cumulative seasonal influenza hospitalization rates among ACSMs from 2010 through 2024, stratifying by sex, age group, race and ethnicity, service branch, recruit site, and location (U.S. vs. non-U.S.). In contrast to Centers for Disease Control and Prevention (CDC) U.S. population data, the highest ACSM cumulative seasonal influenza hospitalization rate was in the age group under 25 years (9.3 per 100,000 person-years [p-yrs]) and recruits (70.1 per 100,000 p-yrs). Non-U.S.-based ACSMs had lower influenza hospitalization rates (4.8 per 100,000 p-yrs) compared to ACSMs in the U.S. (8.0 per 100,000 p-yrs). Within the DOD, cumulative

- **Highest-Risk Groups: Recruits: Dramatically higher at 70.1 per 100,000 p-yrs (vs. much lower in non-recruits). Recruits drove elevated rates in younger age groups and the Marine Corps.**
- **Age <25 years: 9.3 per 100,000 p-yrs (highest among age groups; contrast with general population trends).**
- **Women: 9.7 per 100,000 p-yrs (higher than men at 6.9).**
- **Marine Corps: 13.9 per 100,000 p-yrs (highest service branch).**
- **U.S.-based: 8.0 per 100,000 p-yrs (higher than non-U.S. at 4.8).**

Age, y			
<25	499	5,348,026	9.3
25-29	170	3,337,557	5.1
30-39	242	3,930,877	6.2
40+	128	1,449,733	8.8

Service branch			
Army	418	5,064,269	8.3
Navy	171	3,351,236	5.1
Air Force	163	3,328,304	4.9
Marine Corps	265	1,907,678	13.9
Coast Guard	22	414,706	5.3

Recruit			
No	811	13,741,025	5.9
Yes	228	325,168	70.1
Location			
U.S.	901	11,210,960	8.0
Outside U.S.	138	2,855,233	4.8

# Dropping mandates

- Post-Policy Change Context (April–June 2026) After the mandate ended, recruit vaccination rates at sites like Lackland AFB dropped sharply (reportedly to ~40%).
- The June 2026 influenza outbreak at Lackland (150–220+ cases) occurred in this lower-coverage environment and has been used by some to call for reinstating requirements at training sites.
- However, the MSMR paper itself provides no data on voluntary-era outcomes, so it cannot serve as evidence that lowering coverage caused worse results. Any such argument would require new post-April 2026 surveillance data.

# Is Lackland an outlier? No.

## Pre 2026

- From the MSMR Study (2010–2024, mandatory ~100% vaccination era): Overall recruit hospitalization rate: 70.1 per 100,000 person-years (p-yrs).
- Rates were much higher in specific high-burden seasons/branches:
  - 2023–2024 season (most recent in the study): Up to 218.5 per 100,000 p-yrs among recruits.
  - Marine Corps recruits: Cumulative 178.7 per 100,000 p-yrs.
  - Air Force recruits (relevant to Lackland): Lower than Marines but still elevated (part of the recruit signal).

## Lackland

- June 2026 Lackland Outbreak (post-mandate, ~40% vaccination uptake): ~159–222 confirmed influenza cases among recruits over ~3 weeks (mid-May to mid-June reports).
- Only 2 hospitalizations reported (as of mid-June updates).
- One trainee death under investigation (possible link to influenza/pneumonia, but not confirmed as the sole cause).
- Lackland BMT typically has ~6,000–7,000 trainees at any given time (with ~35,000+ entering annually; 7.5-week program).

# Bottom line

- The report was strategically timed and framed to create a "crisis" narrative around recruits having high flu burden — implying that lowering vaccination rates (post-mandate change) would be dangerous.
- But.. the data is from the mandatory 100% vaccination era.
- It ignores obvious confounders in basic training.
- It was published right as the mandate was being debated.

# Vaccines given on arrival

- Meningococcal
- MMR (Measles, Mumps, Rubella) – Often given regardless of prior vaccination if records/titers are unclear.
- Varicella (Chickenpox) – If no history of disease or immunity.
- Tdap (Tetanus, Diphtheria, Acellular Pertussis) – Booster for these diseases.

- Hepatitis B – Series for basic trainees/ accessions unless already immune.
- COVID-19 – Offered/ voluntary in recent years; trainees could receive it during BMT (first dose early, second later).
- Others as needed: Polio booster (IPV), Hepatitis A, or titers/ blood draws to check immunity. Additional shots (e.g., for outbreaks) may occur if needed.

# Cochrane reviews of flu shots: Not effective

- 95% of studies are poor quality with major flaws
- Must vaccinate 100 people to prevent 1/2 day of missed work

*“Cochrane Vaccine Field in Italy, an astonishing 95 percent were found to contain major flaws that invalidate their findings. A mere 5 percent, says Dr. Thomas Jefferson, coordinator of the review, can be considered reliable, which suggests that most of what we are being told about flu vaccines is false.”*

# Dr Jefferson said:

- You need to vaccinate between 33 and 99 adults to avoid the onset of symptoms in one person
- No evidence in any literature that the vaccine avoids person-to-person spread
- Taxpayer money is not well spent on flu vaccines
- Bias in these studies is so great that the vaccines appear to work against death for all causes, but not against death from respiratory infections
- Evidence of protection is lacking
- People are being wrongly coerced into vaccinating against flu.

**Dr. Tom Jefferson: Cochrane Respiratory Infections Group in Rome**

# Cochrane Database Systematic Review 2010


*“There is no evidence that they affect complications, such as pneumonia, or transmission. An earlier systematic review of 274 influenza vaccine studies published up to 2007 found industry funded studies were published in more prestigious journals and cited more than other studies independently from methodological quality and size. Studies funded from public sources were significantly less likely to report conclusions favorable to the vaccines. The review showed that reliable evidence on influenza vaccines is thin but there is evidence of widespread manipulation of conclusions and spurious notoriety of the studies.”*

# Dr Marcia Angell

“ It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgement of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.”

Angell M, New York Review of Books, January 19, 2009.

# Influenza vaccination and respiratory virus interference among Department of Defense personnel during the 2017–2018 influenza season

[Greg G. Wolff](#) 

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<https://doi.org/10.1016/j.vaccine.2019.10.005> 

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<https://www.sciencedirect.com/science/article/pii/S0264410X19313647>

# Some results

- Coronavirus (seasonal, non-COVID):  
OR = 1.36 (95% CI: 1.14 – 1.63;  $p < 0.01$ )  
→ Vaccinated individuals had 36% higher odds of coronavirus detection compared to unvaccinated.
- Human metapneumovirus (hMPV):  
OR = 1.51 (95% CI: 1.20 – 1.90;  $p < 0.01$ )  
→ Vaccinated individuals had 51% higher odds of hMPV detection compared to unvaccinated.

# NSE: Other infections

Variable	TIV (n = 69)			Placebo (n = 46)			P Value
	No.	Rate <sup>a</sup>	(95% CI)	No.	Rate <sup>a</sup>	(95% CI)	
Any seasonal influenza	3	58	(19–180)	3	88	(28–270)	.61
Seasonal influenza A (H1N1)	2	39	(10–160)	2	59	(15–240)	.68
Seasonal influenza A (H3N2)	1	19	(3–140)	0	0	(0–88)	.31
Seasonal influenza B	0	0	(0–58)	1	29	(4–210)	.17
Pandemic influenza A (H1N1)	3	58	(19–180)	0	0	(0–88)	.08
Any noninfluenza virus <sup>b</sup>	20	390	(250–600)	3	88	(28–270)	<.01
Rhinovirus	12	230	(130–410)	2	59	(15–240)	.04
Coxsackie/echovirus	8	160	(78–310)	0	0	(0–88)	<.01
Other respiratory virus <sup>c</sup>	5	97	(40–230)	1	29	(4–210)	.22
ARI episode with specimen collected but no virus detected	19	369	(235–578)	14	412	(244–696)	.75
ARI episode with no specimen collected	41	796	(586–1080)	28	824	(569–1190)	.89

<https://pubmed.ncbi.nlm.nih.gov/22423139/>

#of virus detections or illness episodes per  
1000 person-years of follow-up.

# Influenza-like Illness Incidence Is Not Reduced by Influenza Vaccination in a Cohort of Older Adults, Despite Effectively Reducing Laboratory-Confirmed Influenza Virus Infections

Josine van Beek <sup>1</sup>, Reinier H Veenhoven <sup>2</sup>, Jacob P Bruin <sup>3</sup>, Renée A J van Bortel <sup>1</sup>, Marit M A de Lange <sup>1</sup>, Adam Meijer <sup>1</sup>, Elisabeth A M Sanders <sup>1 4</sup>, Nynke Y Rots <sup>1</sup>, Willem Luytjes <sup>1</sup>

Affiliations + expand

PMID: 28931240 PMID: [PMC7107403](#) DOI: [10.1093/infdis/jix268](#) [↗](#)

**Conclusions:** Influenza virus is a frequent pathogen in older adults with ILI. Vaccination reduces the number of influenza virus infections but not the overall number of ILI episodes: other pathogens fill the gap. We suggest the existence of a pool of individuals with high susceptibility to respiratory infections.

# Non influenza infections in the vaccinated

participants who received TIV had higher risk of ARI associated with confirmed non-influenza respiratory virus infection (RR, 4.40; 95% CI, 1.31–14.8).

<https://pubmed.ncbi.nlm.nih.gov/22423139/>

## FAUCI: Rethinking next-generation vaccines for coronaviruses, influenza viruses, and other respiratory viruses

*Surprisingly, little has changed with influenza vaccines since 1957 when they were first administered in US national vaccination programs. Over the years, influenza vaccines have never been able to elicit durable protective immunity against seasonal influenza virus strains, even against non-drifted strains.*

## Contin...

- *As of 2022, after more than 60 years of experience with influenza vaccines, very little improvement in vaccine prevention of infection has been noted. As pointed out decades ago, and still true today, the rates of effectiveness of our best approved influenza vaccines would be inadequate for licensure for most other vaccine-preventable diseases.*

## Contin...

➤ *Furthermore, the duration of vaccine-elicited immunity is measured only in months. Current vaccines require annual re-vaccination with updated formulations that are frequently not precisely matched to circulating virus strains.*

*...as variant SARS-CoV-2 strains have emerged, deficiencies in these vaccines reminiscent of influenza vaccines have become apparent.*

*The vaccines for these two very different viruses have common characteristics: they elicit incomplete and short-lived protection against evolving virus variants that escape population immunity.*



*...Beyond intranasal vaccination, we will need to more fully explore responses to vaccination in other respiratory immune compartments, such as eye-drop conjunctival vaccination and particularly aerosol vaccination for certain respiratory viruses...*

Morens DM, Fauci AS. Rethinking next-generation vaccines for coronaviruses, influenzaviruses, and other respiratory viruses. Cell Host Microbe. 2023 Jan 11;31(1):146-157. PMID: 36634620

# Influenza: Unvaccinated children

- **Develop T cell immunity** that is comprehensive. Vaccinated do not: vaccine prevents CD8 immunity. Bodewes 2011 PMID: 21880755
- Are **better protected against multi-strain Flu viruses**. Vaccinated are not. Hayward 2015 PMID: 25844934
- **Higher likelihood (75%) of asymptomatic infection**, less shedding. Hayward.
- Have higher numbers of **cross reactive and specific CD8 cells**. Vaccine antibodies prevent this. Bodewes
- **Less susceptible to yearly flu infections** than vaccinated. Bodewes.
- **Lower risk of pandemic infections** than yearly vaccinated children. Bodewes and Rosella

*“Inactivated vaccines induce virus specific CD8+ lymphocyte responses **inefficiently** and annual vaccination with this type of vaccine...*

*. . . **may even interfere** with the development of virus-specific CD8+ lymphocyte responses otherwise induced by natural infections”.*

# Summary: Inactivated Influenza Vaccines

- Activate Th2, antibody
- Unlike the infection, **vaccines do NOT activate and actually interfere with the cellular immunity CD8.**
- Natural infection activates T-cells that not only have effect on the matched virus but also has **cross reactivity.**



Congressman Percy Priest ordered and chaired a full investigation of the vaccine controversy. In 1956 he said:

In the previous year (1955) many responsible persons had felt that the public should be spared the ordeal of “knowledge about controversy”. ***If word ever got out that the Public Health Service had actually done something damaging to the health of the American people, the consequences would be terrible. ... We felt that no lasting good could come to science or the public if the Public Health Services were discredited.***

Carter, *Breakthrough: The Saga of Jonas Salk*, 1965 pp 318-319

Dr. Paul Meier: Professor of Biostatistics, Johns  
Hopkins, 1956

*“All doubts about the safety of the  
vaccine are dismissed.”*

MEIER P. Safety testing of poliomyelitis vaccine. Science. 1957 May 31;125(3257):1067-71.  
PMID: 13432758.

<https://www.govinfo.gov/app/details/FR-1984-06-01>

Federal Register / Vol. 49, No. 107 / Friday, June 1, 1984 / Rules and Regulations

...the agency otherwise finds  
...the earlier effective date.  
...that delaying the change  
...amendment to § 630.11  
...contrary to the public interest.  
...above, questions have  
...litigation about whether  
...and in the clinical trials

jeopardy, any possible doubts, whether  
or not well founded, about the safety of  
the vaccine cannot be allowed to exist  
in view of the need to assure that the  
vaccine will continue to be used to the  
maximum extent consistent with the  
nation's public health objectives.

Accordingly, because of the importance

granted a waiver under  
with Part 50 of this chapter  
clinical trials shall be conducted  
five lots of poliovirus vaccine  
have been manufactured by  
methods. Type specific  
antibody shall be induced  
or more of susceptibles

