



Bulletin No. 15

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Recommendations - Influenza Vaccine - 1984-1985

Annual vaccination with inactivated influenza vaccine is considered the single most important measure in preventing or attenuating influenza infection and is strongly recommended for high risk groups.

VACCINE USAGE

Influenza vaccine is strongly recommended for all individuals at increased risk of adverse consequences from infections of the lower respiratory tract.

1. Adults and children with chronic disorders of the cardiovascular or pulmonary systems that are severe enough to have required regular medical follow-ups or hospitalization during the preceding year.
2. Residents of nursing homes and other chronic care facilities (e.g. institutions housing patients of any age with chronic medical conditions).
3. Physicians, nurses, and other personnel who have extensive contact with high risk patients.
4. Otherwise healthy individuals over 65 years of age. Adults and children with chronic metabolic diseases (including diabetes mellitus), renal dysfunction, anemia, immunosuppression, or asthma that are severe enough to have a required medical follow-up or hospitalization during the preceding year.

VACCINE RECOMMENDATIONS

Table 1. Influenza vaccine dosage, by age of patient — 1984-1985 season

Age group	Product	Dosage	Number of doses
6-35 months	Split virus only	0.25 ml	2
3-12 years	Split virus only	0.5 ml	2
over 12 years	Whole or split virus	0.5 ml	1

Influenza vaccine for 1984-1985 will consist of an inactivated trivalent preparation of antigens representative of the influenza viruses expected to be prevalent; A/Chile/83(H1N1), A/Philippines/82(H3N2), and B/USSR/100/83. Only split virus vaccine should be used in children. Adults and children older than 12 years will require only one dose. Children in the 12 and under age group should receive 2 doses of vaccine. However, if the individual received at least one dose of any influenza vaccine recommended from 1978-79 to 1983-84, one dose is sufficient.

VACCINE INFORMATION

The State Immunization Program will be providing split-virus vaccine only in 5.0 ml, 10 dose vials to all public health providers. Due to budget constraints within the Division of Public Health, influenza vaccine will not be provided to private physicians. Surpluses of the 1983-84 influenza vaccine should not be used this year.

INFLUENZA SURVEILLANCE

We would like to encourage all physicians and other health care providers to keep a sharp lookout for patients with illnesses compatible with influenza. We are extremely interested in obtaining viral cultures to document influenza illness and to identify prevalent strains. Viral cultures are available free of charge through the Northern Regional Laboratory, Fairbanks. Outbreaks of upper respiratory illness or suspected influenza cases should be reported to Sue Anne Jenkerson, RNC, MSN, FNC; or John Middaugh, MD, Epidemiology Office, Anchorage, 561-4406.