State of Alaska Epidemiology Bulletin

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RECOMMENDATIONS--INFLUENZA VACCINE 1986-1987

Annual vaccination with inactivated influenza vaccine is considered the single most important measure to prevent or to lessen the severity of influenza infection and is strongly recommended for high risk groups.

High Priority Target Groups For Special Vaccination Efforts

1. Groups at greatest medical risk of influenza related complications:
   A. Adults and children with chronic disorders of the cardiovascular or pulmonary systems that are severe enough to have required regular medical follow-up or hospitalization during the preceding year.
   B. Residents of nursing homes and other chronic-care facilities.

2. Groups at moderate medical risk of influenza related complications:
   A. Otherwise healthy individuals 65 years of age or older.
   B. Adults and children with chronic metabolic diseases (including diabetes), renal dysfunction, anemia, immunosuppression, or asthma that are severe enough to require regular medical follow-up or hospitalization during the preceding year.
   C. Children receiving long-term aspirin therapy who may be at risk of developing Reye syndrome following influenza infection.

3. Groups potentially capable of nosocomial transmission of influenza to high risk persons:
   A. Physicians, nurses, and other personnel who have extensive contact with high-risk patients.
   B. Providers of care to high-risk persons in the home setting.

This year's vaccine is different than last year's vaccine. Surplus supplies of the 1985-86 influenza vaccine should not be used this year.

Table 1. Influenza vaccine[1] dosage, by patient age - United States, 1986-1987 season

Age Group	Product[2]	Dosage[3]	No. Doses	Route[4]
6-35 Months	Split virus only	0.25 ml	2[5]	IM
3-12 Years	Split virus only	0.5 ml	2[5]	IM
>12 Years	Whole or split virus	0.5 ml	1	IM

[1]Contains 15 m each of A/Chile/1/83(H1N1), A/Mississippi/1/85(H3N2) and B/Ann Arbor/1/86 hemagglutinin antigens in each 0.5 ml.

[2]Because of the lower potential for causing febrile reactions, only split (subvirion) vaccine should be used in children. Immunogenicity and reactogenicity of split and whole virus vaccines are similar in adults when used according to the recommended dosage.

[3]Due to the accessibility of children at times when pediatric vaccines are administered, it may be desirable to simultaneously administer, particularly to high-risk children, influenza vaccine at the same time as routine pediatric vaccines or pneumonococcal polysaccharide vaccine, but in different sites. Although studies have not been done, no diminution of immunogenicity or enhancement of adverse reactions should be expected.

[4]The recommended site of vaccination is the deltoid muscle for adults and older children. The preferred site for infants and young children is the anterolateral aspect of the thigh.

[5]Two doses are recommended for maximum protection, with at least 4 weeks between doses. However, if the individual received at least one dose of influenza vaccine recommended from 1978-1979 to 1984-1985, one dose is sufficient.

INFLUENZA SURVEILLANCE

In three of the last four years, the nations first outbreak of influenza was documented in Alaska. We 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 virus strains. Viral cultures are available free of charge through the Northern Regional Laboratory in Fairbanks. Outbreaks of upper respiratory illness or suspected influenza cases should be reported to Sue Anne Jenkerson, RNC, MSN, FNC; Gary Hlady, MD; or John Middaugh, MD, Epidemiology Office, Anchorage 561-4406.