



Bulletin No. 12
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Recommendations--Influenza Vaccine 1987-1988

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 housing patients of any age with chronic medical conditions.
2. Groups at moderate medical risk of influenza-related complications.
 - A. Otherwise healthy individuals 65 years of age or older.
 - B. Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, anemia, or immunosuppression.
 - C. Children and teenagers (6 months through 18 years of age) who are receiving long-term aspirin therapy and, therefore, may be at risk of developing Reye's 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 as well as all household members, whether or not they provide care.

This year's vaccine is different from last year's vaccine. Surplus supplies of 1986-1987 influenza vaccine should not be used this year.

Table 1. Influenza vaccine* dosage, by age of patient – United States, 1987-88 influenza season

Age Group	Product†	Dosage (ml)§	Number of Doses	Route¶
6-35 mos.	Split virus only	0.25	2**	IM
3-12 yrs.	Split virus only	0.5	2**	IM
> 12 yrs.	Whole or split virus	0.5	1	IM

*Contains 15 mg each of A/Taiwan/1/86(H1N1), A/Leningrad/360/86(H3N2), and B/Ann Arbor/1/86 hemagglutinin antigens in each 0.5 ml. Manufacturers include Connaught (Fluzone® whole or split, distributed by E.R. Squibb & Sons); Parke-Davis (Fluogen® split); and Wyeth Laboratories (Influenza Virus Vaccine, Trivalent® split). Manufacturer's telephone numbers for further product information are: Connaught (800) 822-2463, Park-Davis (800)223-0432, Wyeth (800) 321-2304.

†Because of the lower potential for causing febrile reactions, only split (subvirion) vaccine should be used in children. When used according to the recommended dosage, split and whole virus vaccines produce similar immunogenicity and side effects in adults.

§Because children are accessible when pediatric vaccines are administered, it may be desirable to administer influenza vaccine to high-risk children simultaneously with routine pediatric vaccine or pneumococcal polysaccharide vaccine, but in a different site. Although studies have not been done, no diminution of immunogenicity or enhancement of adverse reactions should be expected.

¶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.

**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 between the 1978-79 and 1986-87 influenza seasons, one dose is sufficient.

INFLUENZA SURVEILLANCE

In three of the last five years, the nation's 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 (474-7017). Outbreaks of upper respiratory illness or suspected influenza cases should be reported to Sue Anne Jenkerson, RNC, MSN, FNC; Mike Beller, M.D.; or John Middaugh, M.D., Section of Epidemiology, Anchorage, 561-4406.