State of Alaska Epidemiology Bulletin

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Influenza Identified in Fairbanks
1991-92 Flu Season Arrives

The first culture-confirmed influenza cases of the 1991-92 flu season have been reported.

On October 3, 1991 a Fairbanks pediatrician examined a patient with an upper respiratory infection. The patient, a 10-year-old girl, had an acute illness characterized by fever, cough, pharyngitis, headache, malaise, conjunctivitis, loss of appetite, diarrhea and nausea. The physician obtained a throat swab and sent it to the State Public Health Laboratory in Fairbanks for viral culture. Influenza A/Beijing/353/89-like (H3N2), a vaccine strain, was identified. An identical influenza A isolate was later cultured from another Fairbanks child.

Influenza is characterized by abrupt onset of fever, myalgia, sore throat and non-productive cough. Gastrointestinal symptoms occasionally occur but are more common in children than in adults. Unlike other upper respiratory infections, severe malaise may persist for several days.

INFLUENZA SURVEILLANCE:

Influenza is usually identified by its characteristic clinical syndrome, but sporadic cases and cases occurring early in the influenza season must be confirmed by means of viral culture. In order to track the spread of influenza throughout the state and to identify circulating strains of influenza and other respiratory virus types, the Section of Epidemiology strongly encourages physicians to participate in influenza surveillance. Throat swabs for viral culture may be obtained from any of the three State Public Health Laboratories located in Juneau, Fairbanks and Anchorage. Culture materials and viral testing are available free-of-charge. Unusual occurrences of influenza-like illness should be reported to the Section of Epidemiology.

INFLUENZA VACCINE:

Serious complications of influenza, particularly viral and bacterial pneumonias, may be severe among persons with chronic cardiac, pulmonary, renal or metabolic disease, anemia, or immunosuppression. People with these risk factors should be vaccinated early in the influenza season, using the current 1991-92 influenza vaccine. Healthy adults $\geq$ 65 years old should also be targeted for influenza vaccination.

High-risk persons may develop lower post-vaccination antibody titers than healthy adults and may thus remain susceptible to upper respiratory tract infection; however, vaccination has been shown to be effective in preventing lower respiratory tract involvement in such persons, thereby reducing complications and the severity of disease.

Influenza activity usually begins in Alaska in September or October but may not peak until February or March. Vaccine should be offered to unimmunized persons at high risk of complications from influenza infection throughout the winter months and as late as April. (Please refer to the August 23, 1991 Epidemiology Bulletin for specific recommendations for influenza vaccine).

AMANTADINE PROPHYLAXIS:

Under specific circumstances amantadine hydrochloride may be considered as a supplement to vaccination when maximal protection against influenza A infection is desired. While amantadine is 70-90% effective in preventing illness caused by type A infections, it is not effective in the treatment or prevention of type B infections.

Chemoprophylaxis is generally recommended when outbreaks of influenza A occur in institutions that house high-risk persons. In these situations, amantadine should be given to all residents, regardless of vaccination status, and should continue as long as there is influenza activity in the community.

Amantadine may also be considered for high-risk individuals vaccinated after influenza activity has begun in the community and for unvaccinated persons providing care to high-risk persons. For these groups, chemoprophylaxis should continue for 2 weeks after influenza vaccination.

Chemoprophylaxis throughout the influenza season may be considered for immunodeficient persons who are expected to respond poorly to influenza vaccination and for high-risk persons or caregivers for whom influenza vaccine is contraindicated.

Specific dosage recommendations for amantadine prophylaxis may be obtained on request from the Section of Epidemiology (561-4406).

(Reported by Mary MacFarlane, MD, Fairbanks. Contributed by Janine Schoellhorn, MS, MPH, Section of Epidemiology)