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Influenza Update -- March 1995

Influenza types A and B are now circulating in Alaska. The first influenza A isolate was from a 34 year old female in Anchorage in mid January. Influenza A has subsequently been isolated from persons in Delta Junction, Fairbanks, Glennallen, Juneau, Soldotna, and Unalaska. The strains identified thus far include influenza A/Shangdong/09/93-like (H3N2) and influenza A/Johannesburg/33/95-like (H3N2).

Influenza B/Beijing/184/93-like was isolated in mid-February from a 21 year old mother and her 13 month old son in Anchorage. The mother presented with fever, sore throat, cough, congestion and myalgias; her son had fever, cough, congestion, vomiting, and diarrhea.

As of February 28, 1995, influenza virus has been isolated from 37 specimens submitted to the Fairbanks Public Health Laboratory. Thirty-five of these were influenza A and two were influenza B. Other viruses isolated thus far in 1995 include adenovirus 2, cytomegalovirus, herpes simplex types 1 and 2, parainfluenza types 2 and 3, rhinovirus, rotavirus, and respiratory syncytial virus.

This year's influenza vaccine contains antigens of influenza A/Texas/36/91-like (H1N1), influenza A/Shangdong/09/93-like (H3N2), and influenza B/Panama/45/90-like. It does not contain the influenza A/Johannesburg/33/95-like (H3N2) antigen, the strain recently isolated in Alaska.

Prevention: Vaccination usually results in protective levels of antibody within 2 weeks of administration. The Section of Epidemiology recommends that nursing homes and facilities housing elderly persons ensure that their residents have received vaccine (See Epidemiology Bulletin No. 22, September 29, 1994).

Because of the predominance of type A virus and the identification in Alaska of the influenza A/Johannesburg strain, for which this year's vaccine may not provide protection, the antiviral drugs amantidine and rimantidine may be successful in preventing illness. Amantidine has been proven to be 70-90% effective in preventing illness caused by naturally occurring strains of influenza A if administered prior to and throughout the epidemic period. These drugs also diminish the severity of the signs and symptoms of influenza A infection when administered within 48 hours of the onset of illness. Amantidine and rimantidine are not effective in influenza B infections.

Surveillance: Since the introduction of laboratory fees, the Public Health Laboratory has had a severe reduction in the number of specimens submitted for viral isolation, with a resulting impact on epidemiologic surveillance efforts. The Public Health Laboratory welcomes specimens for viral isolation; this aids health care providers in the determination of the specific cause of illness in individual patients, as well as providing a profile of the viruses circulating in the state. Influenza isolates from Alaska are submitted to the World Health Organization as part of the selection process for component antigens for future influenza vaccines.

Viral transport media can be obtained from any of the State Public Health Laboratories. At the time of the patient visit, a vial is thawed, a cotton or dacron swab is taken from the throat or nasopharynx and placed in the media. (Viral transport media may also be used for sending stool specimens for viral culture.) The vial and identifying information are sent to the nearest Public Health Laboratory and subsequently are forwarded to the Public Health Laboratory in Fairbanks. **Specimens for viral isolation submitted with influenza checked as one of the viruses suspected are exempt from fees.**

Unusual occurrences of influenza-like illness, particularly illness outbreaks among vulnerable people such as nursing home residents or hospital patients, should be reported immediately to the Section of Epidemiology.

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