



Bulletin No. 26

August 20, 1996

Recommendations - Influenza Vaccine 1996-97

TARGET GROUPS FOR SPECIAL VACCINATION PROGRAMS

Groups at Increased Risk for Influenza-Related Complications

- Persons \geq 65 years of age.
- Residents of nursing homes and other chronic-care facilities housing persons of any age with chronic medical conditions.
- Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including children with asthma.
- 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, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications).
- Children and teenagers (ages 6 months to 18 years) who are receiving long-term aspirin therapy and therefore may be at risk of developing Reye syndrome after influenza.

Groups Potentially Capable of Transmitting Influenza to Persons at High Risk

- Physicians, nurses, and other personnel in both hospital and outpatient-care settings.
- Employees of nursing homes and chronic-care facilities who have contact with patients or residents.
- Providers of home care to high risk persons (e.g., visiting nurses, volunteer workers).
- Household members (including children) of persons at high risk.

**This year's vaccine is different
from last year's vaccine.
Only 1996-97 vaccine should be used.**

VACCINATION OF OTHER GROUPS

- Persons who provide essential community services (firemen, law enforcement personnel, etc.), in order to minimize disruption of essential activities during epidemics.
- Pregnant women with medical conditions that increase their risk of complications from influenza (the vaccine is considered safe for pregnant women).
- Persons infected with human immunodeficiency virus (HIV), because influenza may result in serious illness and complications in some HIV-infected persons.
- Any person who wishes to reduce his/her risk of acquiring influenza infection.

SIMULTANEOUS ADMINISTRATION OF VACCINES

Target groups for influenza and pneumococcal vaccination overlap considerably. Both vaccines can be given at the same time at different sites without increasing side effects. Influenza vaccine must be given each year; whereas pneumococcal vaccination should be given initially with a six year booster.

Influenza vaccine and other vaccines may also be given simultaneously (but at different body sites).

PERSONS WHO SHOULD NOT BE VACCINATED

Inactivated influenza vaccine should not be given to persons known to have an anaphylactic hypersensitivity to eggs or to other vaccine components without first consulting a physician. Amantadine hydrochloride is an option for prevention of influenza A in such persons. Persons with acute febrile illnesses usually should not be vaccinated until their symptoms have abated.

INFLUENZA SURVEILLANCE

We ask physicians and other health care providers to obtain throat swabs for viral culture from individuals with symptoms compatible with influenza. Viral cultures are conducted free-of-charge at the State Public Health Laboratory-Fairbanks (474-7017). Please report unusual occurrences of influenza-like illness to the Section of Epidemiology.

INFLUENZA VACCINE DOSAGE, BY AGE OF PATIENT

<i>Age Group</i>	<i>Product*</i>	<i>Dosage</i>	<i>Number of Doses</i>	<i>Route</i>
6-35 mos	Split virus only	0.25 mL	1 or 2**	IM
3-8 yrs	Split virus only	0.50 mL	1 or 2**	IM
9-12 yrs	Split virus only	0.50 mL	1	IM
>12 yrs	Whole or split virus	0.50 mL	1	IM

Because of the lower potential for causing febrile reactions, only split virus vaccines should be used in children ("split virus" refers to viruses that have been chemically treated to reduce the level of potentially pyrogenic components.) They may be labeled "split," "subvirion," or "purified surface antigen" vaccine. Immunogenicity and side effects of split- and whole-virus vaccines are similar in adults when vaccines are used according to the recommended dosage.

* Contains 15 µg each of A/Texas/36/91-like (H1N1), A/Wuhan/359/95-like (H3N2), and B/Beijing/184/93-like hemagglutinin antigens in each 0.5 ml. (Note: U.S. manufacturers will use the antigenically equivalent strains A/Nanchang/933/95 (H3N2) and B/Harbin/07/94 because of their growth properties.)

** Two doses administered at least 1 month apart are recommended for children <9 years old who are receiving influenza vaccine for the first time.