



Bulletin No. 35

August 28, 1997

Recommendations - Influenza Vaccine 1997-98

## 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 who have 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 - 18 years) who are receiving long-term aspirin therapy and therefore might be at risk of developing Reye syndrome after influenza.
- **(New) Women who will be in the second or third trimester of pregnancy during the influenza season.** (Recent studies suggest that pregnancy may increase the risk of serious medical complications of influenza as a result of increases in heart rate, stroke volume and oxygen consumption, decreases in lung capacity, and changes in immunologic function.)

### *Groups that Can Transmit 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 persons at high risk (e.g., visiting nurses, volunteer workers).
- Household members (including children) of persons at high risk.

## VACCINATION OF OTHER GROUPS

- Persons infected with human immunodeficiency virus (HIV) -- symptoms might be prolonged and the risk for complications increased for some HIV-infected persons.
- Breastfeeding mothers - Flu vaccine does not affect the safety of breastfeeding for mothers or infants.
- Persons traveling to certain foreign countries (depends on season and destination) should consider vaccination.
- Any person who wishes to reduce his/her risk of acquiring influenza infection may be vaccinated.

## SIMULTANEOUS ADMINISTRATION OF VACCINES

Target groups for influenza and pneumococcal vaccination overlap considerably. Both vaccines may 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.

### *(New) IMPORTANT INFORMATION CONCERNING CHILDREN <4 YEARS OF AGE*

After the Alaska Immunization Program purchased this year's flu vaccine, Evans' **Fluvirin**<sup>®</sup>, we learned that sufficient testing had not been conducted in children 6 months - 4 years of age. According to the Center for Disease Control and Prevention, Influenza Branch, "While we believe there is no scientific reason to believe the safety profile of Evans' **Fluvirin**<sup>®</sup> is likely to be any different from (other flu vaccines), physicians and other care providers...should be aware of the lack of data on safety and efficacy on **Fluvirin**<sup>®</sup> in children less than 4 years of age." Therefore, **the Alaska Immunization Program recommends the use of a vaccine other than Evans' Fluvirin<sup>®</sup> for recipients <4 years of age.** Providers should contact Dorothy Batten or Roland Warren at (907)269-8000 to obtain influenza vaccine for children <4 years of age.

## INFLUENZA SURVEILLANCE

We ask physicians and other 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 (269-8000).

**This year's vaccine is different**

**from last year's vaccine.**

**Only 1997-98 vaccine should be used.**

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**INFLUENZA VACCINE<sup>□</sup> DOSAGE, BY AGE OF PATIENT**

<u>Age Group</u>	<u>Product*</u>	<u>Dosage</u>	<u>Number of Doses</u>	<u>Route</u>
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

<sup>□</sup> Contains 15 µg each of A/Bayern/07/95-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/Johannesburg/82/96 (H1N1), A/Nanchang/933/95 (H3N2), and B/Harbin/07/94 because of their growth properties.)

\* 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.

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