



Bulletin No. 13

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Recommendations - Influenza Vaccine 1999-2000

**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. In Alaska, influenza vaccination of high-risk persons should begin in October. High risk individuals should be vaccinated every year.**

## 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 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 (aged 6 months-18 years) who are receiving long-term aspirin therapy and therefore might be at risk of developing Reye syndrome after influenza.
- 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 for 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. Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the influenza season - regardless of the stage of pregnancy.

### *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.
- Employees of assisted living and other residences for persons in high-risk groups.
- Providers of home care to persons at high risk (e.g., visiting nurses and volunteer workers).
- Household members (including children) of persons at high risk.

## VACCINATION OF OTHER GROUPS

- Persons infected with human immunodeficiency virus (HIV) should be vaccinated because the 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 mothers who are breastfeeding or their infants. Breastfeeding does not adversely affect immune response and is not a contraindication for vaccination.
- 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.

## PERSONS WHO SHOULD NOT BE VACCINATED

Inactivated influenza vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other vaccine components without first consulting a physician. Use of an antiviral agent (amantadine or rimantadine) 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. However, minor illnesses with or without fever do not contraindicate the use of influenza vaccine, particularly among children with mild upper respiratory tract infection or allergic rhinitis.

## 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 also may be given simultaneously (but at different body sites).

## INFLUENZA SURVEILLANCE

We encourage 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 in Fairbanks (474-7017). Please report unusual occurrences of influenza-like illness to the Section of Epidemiology.

**Alaska's current influenza outbreak is caused by the A/Sydney strain which is contained in the 1999-2000 vaccine.**

<i><u>Age Group</u></i>	<i><u>Product</u></i> <sup>†</sup>	<i><u>Dosage</u></i>	<i><u>Number of Doses</u></i>	<i><u>Route</u></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

\* Contains 15 µg each of A/Beijing/262/95-like (H1N1), A/Sydney/5/97-like (H3N2), and B/Beijing/184/93-like hemagglutinin antigens in each 0.5 mL. (Note: For the B/Beijing/184/93-like antigen, U.S. manufacturers will use antigenically equivalent B/Yamanashi/166/98 strain because of its growth properties.)

<sup>†</sup> Because of the decreased potential for causing febrile reactions, only split virus vaccines should be used for 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 administered at the recommended dosage.

§ Two doses administered at least 1 month apart are recommended for children <9 yrs of age who are receiving influenza vaccine for the 1<sup>st</sup> time.