State of Alaska Epidemiology Bulletin

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Influenza Vaccine 2000-2001: RECOMMENDATIONS

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. High-risk individuals should be vaccinated every year. Due to unique circumstances in the availability of this year's flu vaccine, ORGANIZED VACCINATION CAMPAIGNS SHOULD BE DELAYED UNTIL EARLY TO MID-NOVEMBER. See Epidemiology Bulletin No. 13 for details.

TARGET GROUPS FOR SPECIAL VACCINATION PROGRAMS

Groups at Increased Risk for Influenza-Related Complications

- Persons >50 years of age. (NOTE: Because of this year's projected vaccine shortage, vaccination of persons 50-64 years of age should focus on persons with high-risk conditions rather than this entire age group.)
- 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 infection.
- Women who will be in the second or third trimester of pregnancy during the influenza season.

Groups That Can Transmit Influenza to Persons at High-Risk

- Physicians, nurses, and other personnel in both hospital and outpatient-care settings, including emergency response workers.
- 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.
- Persons who provide home care to persons in high-risk groups.
- Household members (including children) of persons in high-risk groups.

VACCINATION OF OTHER GROUPS

- Persons infected with human immunodeficiency virus (HIV) should be vaccinated because influenza 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.
- In routine years, vaccine is recommended for any person who wishes to reduce his/her risk of acquiring influenza infection. However, due to this year's anticipated vaccine delay/shortage, vaccine should be prioritized for persons who are at high-risk and their contacts. (See Epidemiology Bulletin No. 13.)

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.

- **This year's vaccine is different from last year's vaccine. Only 2000-2001 vaccine should be used.**
- **Vaccine should be prioritized for use in persons at highest risk of complications.**

INFLUENZA VACCINE* DOSAGE, BY AGE OF PATIENT				
Age Group	Product +	Dosage	Number of Doses	Route
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 mg each of A/Moscow/10/99(H3N2)-like, A/New Caledonia/20/99(H1N1)-like, and B/Beijing/184/93-like antigens. For the A/Moscow/10/99(H3N2)-like antigen, manufacturers will use the antigenically equivalent A/Panama/2007/99(H3N2) virus and for the B/Beijing/184/93-like antigen, U.S. manufacturers will use antigenically equivalent B/Yamanashi/166/98 virus because of their growth properties and because they are representative of currently circulating A(H3N2) and B viruses.

+ Because of the decreased potential for causing febrile reactions, only split-virus vaccines should be used for children. They might 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 dosages.

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