



Bulletin No. 11  
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2001-2002 Influenza Vaccine: Indications & Administration

Annual vaccination with 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. Although the Centers for Disease Control and Prevention (CDC) predicts delays in a portion of this year's influenza vaccine shipments, supplies should be adequate if guidelines for timing of immunizations are followed. **Available vaccine should be prioritized according to the guidelines shown below. ORGANIZED VACCINATION CAMPAIGNS AND WORKSITE CLINICS SHOULD BE DEFERRED UNTIL NOVEMBER**, when vaccine supplies should increase. (See companion *Epidemiology Bulletin* No. 12 for questions and answers about this season's vaccine.)

## TARGET GROUPS FOR PRIORITY INFLUENZA VACCINATION

### SEPTEMBER/OCTOBER (and through remainder of season)

#### *Groups at Increased Risk for Influenza-Related Complications*

- Persons 65 years of age or older.
- 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 had medical treatment or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by Human Immunodeficiency Virus).
- Children and teenagers, 6 months to 18 years old, receiving long-term aspirin therapy (could develop Reyes syndrome after influenza infection).
- Women in the second or third trimester of pregnancy during the influenza season.

#### *Health Care Workers*

- 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.

### NOVEMBER (and through remainder of season)

- Household members (including children) living with persons in high-risk groups.
- Healthy persons 50-64 years of age.
- Any other persons wishing to reduce their risk for influenza.

## PERSONS WHO SHOULD NOT BE VACCINATED

Influenza virus vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the vaccine. However, persons who have a history of anaphylactic hypersensitivity to vaccine components but who are also at high risk for complications of influenza can benefit from vaccine after appropriate allergy evaluation and desensitization. Persons with acute febrile illnesses usually should not be vaccinated until their symptoms have abated, although minor illnesses with or without fever do not contradict the use of influenza vaccine. Neither breastfeeding nor pregnancy is a contraindication to influenza vaccination.

## DURATION OF IMMUNIZATION SEASON

Health-care providers should continue to offer vaccine to unvaccinated persons after November and throughout the influenza season even after influenza activity has been documented in the community. Adults develop peak antibody protection against influenza infection two weeks after vaccination. In the United States, seasonal influenza activity can begin to increase as early as November or December, but has not reached peak levels in the majority of recent seasons until late December through early March. Therefore, vaccine administered after November is likely to be beneficial in most influenza seasons.

## SIMULTANEOUS ADMINISTRATION OF VACCINES

Influenza vaccine may be given concurrently with pneumococcal vaccine and other vaccines (in separate syringes and at different sites.) Children may receive influenza vaccine concurrently with other routine vaccinations.

## INFLUENZA SURVEILLANCE

We encourage physicians and other health care providers to obtain throat swabs for viral culture from individuals with symptoms compatible with influenza. Virus can be isolated from throat and nasopharyngeal swabs within 3 days of onset of illness. Influenza viral cultures are free-of-charge at the State Public Health Laboratory in Fairbanks (907-474-7017). 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> <sup>†</sup>	<i>Dosage</i>	<i>Number of Doses</i>	<i>Route</i> <sup>§</sup>
6-35 mos	Split-virus only	0.25 mL	1 or 2 <sup>§</sup>	IM
3-8 yrs	Split-virus only	0.50 mL	1 or 2 <sup>§</sup>	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/New Caledonia/20/99(H1N1)*-like, *A/Moscow/10/99(H3N2)*-like, and *B/Sichuan/379/99*-like strains. For the *A/Moscow/10/99(H3N2)*-like antigen, manufacturers will use the antigenically equivalent *A/Panama/2007/99(H3N2)* virus. For the *B/Sichuan/379/99*-like antigen, U.S. manufacturers will use one of the antigenically equivalent viruses *B/Johannesburg/5/99*, *B/Victoria/504/2000*, or *B/Guangdong/120/2000*.

<sup>†</sup>Because of the decreased potential for causing febrile reactions, only split-virus vaccines should be used for children. These might be labeled "split," "subvirion," or "purified surface antigen" vaccine. Immunogenicity and side effects of split- and whole-virus vaccines are similar among adults when vaccines are administered at the recommended dosage.

<sup>§</sup>For infants and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

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