



Copies of any bulletin may be ordered by calling the Section of Epidemiology at (907) 269-8000
or by writing to us at PO Box 240249, Anchorage, Alaska 99524-0249

Bulletin No. 12
August 26, 1977

Influenza Vaccine Recommendations 1977 – 78

(Recommendations of the Public Health Service Advisory Committee on Immunization Practices)

Influenza virus vaccine for 1977-78 will be a bivalent influenza vaccine containing inactivated influenza A and B viruses representative of currently prevalent strains. Each dose of vaccine will contain vaccine against influenza A virus comparable to A/Victoria/3/75 and to influenza B virus B/Hong Kong/5/72. The vaccine will **not** contain any antigen to A/New Jersey/76 (Swine Influenza Virus). The 1977-78 vaccine will be available in split virus and whole virus preparations. (In order to simplify distribution, the Alaska Department of Health and Social Services is obtaining only split virus vaccine.) Split virus vaccines have been associated with somewhat fewer side effects than whole virus vaccines, particularly in children. However, the split virus vaccines are somewhat less effective in eliciting antibodies when given as a single dose to persons who have not been "primed" by exposure to related viruses in nature or through vaccination.

VACCINE USAGE - GENERAL RECOMMENDATIONS: Annual vaccination is strongly recommended for adults and children of all ages who have such chronic conditions as: 1) heart disease of any etiology, particularly with mitral stenosis or cardiac insufficiency, 2) chronic bronchopulmonary diseases, such as chronic bronchitis, bronchiectasis, tuberculosis, emphysema, and cystic fibrosis, 3) chronic renal disease, and 4) diabetes mellitus and other chronic metabolic disorders. Vaccination is also recommended for older persons, particularly those over age 65 years, because excess mortality in influenza outbreaks occurs in this age group.

TABLE 1. INFLUENZA VACCINE DOSAGE BY AGE, 1977-78

Age	Product Type	Dose Volume (ml)	Total CCA Units*	Number of Doses
18 years and older	Whole Virus or Split-Virus	0.5	400	1
6-17 years	Split-Virus	0.5	400	1
3-5 years	Split-Virus	0.25	200	2**
6-35 months	Split-Virus	0.15	120	2**

* Representing equal amounts of A/Victoria/75 and B/Hong Kong/72
** 4 weeks or more between doses; both doses essential for good protection.

Side Effects and Adverse Reactions (Occur infrequently): Three types of responses to influenza vaccines have been described: 1) fever, malaise, myalgia, and other systemic symptoms of toxicity starting 6-16 hours after vaccination and persisting 1-2 days, 2) immediate-presumably allergic - responses, such as flare and wheal or various respiratory expressions of hypersensitivity. Individuals with known or suspected hypersensitivity to eggs should be given influenza vaccine only under the care and close observation of a physician, 3) Guillain-Barre' syndrome, usually a self-limited paralysis, is observed within 8 weeks after influenza vaccination in approximately

10 of every million persons vaccinated. Five to ten percent of persons with Guillain-Barre' syndrome have residual weakness to some degree and approximately 5% of them die.

Pregnancy; The effects of influenza in pregnancy cannot be forecast with assurance. Physicians generally avoid prescribing unnecessary drugs and biologics for pregnant women, especially in the first trimester; however, there is no data that specifically contraindicate influenza vaccination in pregnancy.

(MMWR, Vol. 26, No. 24, P. 193, June 17, 1977)

Alaska experienced widespread outbreaks of influenza in March and April of 1977. Influenza virus was recovered to A/Victoria/3/75, A/Texas/1/77, A/Alaska/77, and B/Hong Kong/5/72. It is difficult to predict influenza activity. However, available data would suggest that we can expect widespread outbreaks in the next flu season.

The 1977-78 vaccine does **not** contain antigen against A/New Jersey/76 Swine Virus. The fact that A/New Jersey/76 virus did not spread Fort Dix makes it unlikely that this virus constitutes a risk in 1977-78. Influenza vaccine both monovalent and bivalent purchased for last years Swine Flu program is not to be administered to anyone after August 1, 1977. The Federal authority for the National Swine Immunization Program expires on that date. Procedures involving informed consent and liability should be followed as in years preceding the National Swine Flu Program.