State of Alaska Epidemiology **Bulletin**

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Correction on Pertussis

The Bulletin of August 18, 1978 stated that the fluorescent antibody (F.A.) test for pertussis could be done on a standard microscope slide. This is wrong. Special F.A. slides must be obtained through the regional laboratories. Smears sent on standard slides cannot be processed. Since there are continuing reports of pertussis in the Anchorage area, health care providers without these slides should request them to confirm suspected cases of pertussis.

Influenza Vaccine Recommendations 1978-1979 (PHS Advisory Committee on Immunization Practices)

Influenza vaccine for 1978-79 will consist of inactivated trivalent preparations of antigens representative of influenza viruses expected to be prevalent: A/USSR/77 (H1N1), A/Texas/77 (H3N2), and B/Hong Kong/72. Two alternative vaccine formulations will be available for different age groups. The formulation recommended for individuals 26 years and older, most of whom have had prior experience with all 3 viruses, will contain 7 mcg of hemagglutinin of each antigen. Only 1 dose is required for members of this age group. In contrast, the formulation recommended for persons less than 26 years of age, most of whom lack contact with H1N1 strains, will contain 20 mcg of the A/USSR antigen and 7 mcg each of the other 2 antigens. Persons in this age group will require 2 doses for satisfactory immunization. Both formulations will be available as "whole-virus" and "split-virus" preparations. Based on past data, split-virus vaccine have been associated with somewhat fewer side effects than whole-virus vaccines in children. Thus, only split-virus vaccines are recommended for persons less than 13 years of age.

Vaccine Usage

Annual vaccination is strongly recommended for all individuals at increased risk of adverse consequences from infections of the lower respiratory tract. Conditions predisposing to such risk include: 1) acquired or congenital heart disease; 2) chronic pulmonary disease, e.g., bronchiectasis, tuberculosis, severe asthma, and cystic fibrosis; 3) conditions which increase the susceptibility to infection such as malignancies, diabetes mellitus, and chronic renal disease. In addition, vaccination is also recommended for persons over the age of 65.

INFLUENZA VACCINE DOSAGE BY AGE, 1978-79

Vaccine Formulation	Product Type	Age	Dose (ml)	No. of Doses
Adult[1]	Whole virus or split virus	equal to or more than 26 yrs	0.5	1
Youth[2]	Split virus	13-25 yrs	0.5	2[3]
	Split virus	3-12 yrs	0.25	2[3]
	Split virus	6 mos - 35 mos	0.15	2[3]

[1]Contains 7 micrograms each of A/USSR/77, A/Texas/77, B/Hong Kong/72 hemagglutinin antigens.
[2]Contains 20 micrograms of A/USSR/77 and 7 micrograms each of A/Texas/77 and B/Hong Kong/72 hemagglutinin antigens.
[3]Four or more weeks between doses.

PRECAUTIONS:

1. Fever, malaise, and myalgia can occur beginning 6-12 hours after vaccination and persist 1-2 days.

2. Persons having anaphylactic hypersensitivity to eggs should not be given influenza vaccine.

3. Guillain-Barre syndrome (GBS), characterized by ascending paralysis which is usually self-limited and reversible, appeared in excess frequency in 1976 in persons who received swine influenza vaccine. Although it is not known if other influenza vaccines are associated with GBS, it must be assumed that this risk may be present. Even though the risk of GBS following swine influenza vaccination was extremely low, persons who receive any influenza vaccine should balance this risk against the risk of influenza and its complications.

4. There is no evidence that influenza immunization of pregnant women poses any special risk. Since influenza vaccine is a killed virus preparation, it does not share the theoretical risks of live virus vaccines taken during pregnancy. Pregnant women should receive evaluation for immunization according to the same chronic illness criteria applied to other persons.

Please note that the 1977-78 vaccine is not recommended and should not be used.
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