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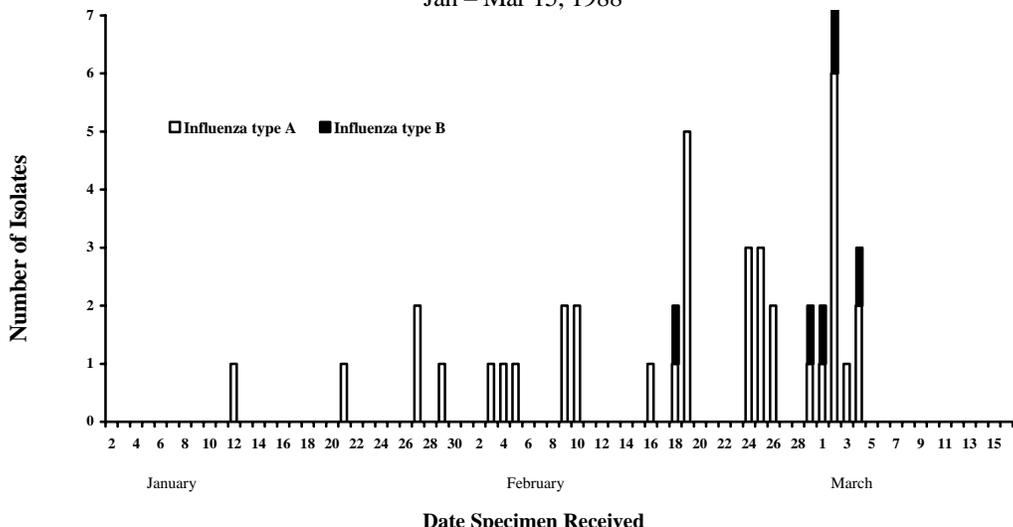
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March 18, 1988

Influenza Update

Influenza activity this year in Alaska, like that in the rest of the nation, has been moderate. From December 1987 through March 15, 1988, the Northern Regional Laboratory received and tested 491 throat swabs for viral isolation. All patients had symptoms of upper respiratory tract infection, and many presented with typical flu-like illness manifested as fever, chills, headache, myalgia, prostration, coryza, cough, and sore throat. All specimens were tested for influenza virus.

Of the 491 specimens, 43 (9%) were positive for influenza virus; 38 were Type A and 5 were Type B. The first isolate was from a specimen received on January 12 and was a Type A influenza virus. The date each positive specimen was received at the laboratory is shown below. The first Influenza B isolate was a specimen received on February 18.

Influenza Isolates, Northern Regional Laboratory
Jan – Mar 15, 1988



Of the 38 Type A isolates, 19 (50%) were confirmed as A/Leningrad/360/86(H3N2). Final identification on the remainder is pending. Of the 38 isolates, 28 (74%) were from the Southcentral region, 7 (18%) were from Fairbanks, 2 (5%) were from Kodiak Island, and 1 (3%) was from the Southeast. The mean age of patients was 13.7 years with a range from 1 to 63 years.

Of the 5 Type B isolates, 1 was confirmed as B/Ann Arbor/1/86. Confirmation and final identification of the other 4 is pending. One Type B isolate was from Anchorage and 4 were from Fairbanks. Patients' ages were reported for two of the Type B isolates; one was 26 years and the other 1 year old.

The Section of Epidemiology is not aware of any institutional or community-wide influenza outbreaks. Absenteeism in the Anchorage School District was moderately increased during late February.

With the arrival of Influenza B, the decision to use Amantadine becomes more difficult. At present, Influenza B has been isolated in both Anchorage and Fairbanks. It is not known whether this strain is circulating elsewhere. Health care providers need to remember that Amantadine prophylaxis is recommended only for prevention of Influenza A. Since Influenza A is now known to be circulating widely, it is appropriate to consider prophylaxis during presumed Influenza A outbreaks in institutions of high-risk individuals. Other situations in which Amantadine prophylaxis is indicated were outlined in Epidemiology Bulletin #3.

Surveillance for influenza and other viral diseases continues to be critical. Although the state has been spared widespread outbreaks and severe morbidity associated with influenza, submission of throat swabs from patients with upper respiratory tract infection have helped to identify adenovirus, respiratory syncytial virus, parainfluenza virus, and other viruses contributing to respiratory illness. Viral throat swabs should be submitted to the Northern Regional Laboratory for testing. Outbreaks of upper respiratory illness should be reported to the Section of Epidemiology, Anchorage, 561-4406.

(We would like to acknowledge the assistance of Don Ritter, Northern Regional Laboratory; Janice Bates, M.S.N, Anchorage School District; and all the physicians and other health care providers who submitted viral specimens.)