State of Alaska Epidemiology **Bulletin**

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Influenza Arrives in Alaska

On Christmas Day, 1988, a 31-year-old male was evaluated at Providence Hospital emergency room, Anchorage, for myalgia, cough and temperature of 103°F. The alert physician obtained a throat swab for viral culture. The sample was evaluated at the State Public Health Laboratory-Fairbanks and found to be positive for Influenza type A. This is the first laboratory-confirmed case of influenza in Alaska during the 1988-89 season. Since this case, four other cases have been laboratory-confirmed: Two were type A [A/Sichuan/2/87 (H3N2) and A/Taiwan /1/86 (H1N1)] and two were type B (B/Victoria/2/87).

Annual vaccination with inactivated influenza vaccine is considered the single most important measure to prevent or lessen the severity of influenza infection and is strongly recommended for high-risk groups.

TARGET GROUPS FOR SPECIAL VACCINATION PROGRAMS

Groups at greatest risk of influenza-related complications:

Adults and children with chronic disorders of the pulmonary or cardiovascular systems requiring medical follow-up or hospitalization during the preceding year, including children with asthma. Residents of nursing homes and other chronic-care facilities housing patients of any age with chronic medical conditions.

Groups at moderate risk of influenza-related complications:

Otherwise healthy persons > 65 years old.

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.

Children and teenagers (age 6 months - 18 years) who are receiving long-term aspirin therapy and, therefore, may be at risk of contracting Reye syndrome after an influenza infection.

Groups potentially capable of nosocomial transmission of influenza to high-risk persons:

Physicians, nurses, and other personnel who have extensive contact with high-risk patients (e.g., primary-care and certain specialty clinicians and staff of chronic-care facilities and intensive-care units, particularly neonatal intensive-care units).

Providers of home care to high-risk persons (e.g., visiting nurses, volunteer workers) as well as all household members of high-risk persons, including children, whether or not they provide care.

VACCINATION OF OTHER GROUPS

Persons who provide essential community services (fireman, law enforcement personnel, etc.), in order to minimize disruption of essential activities during epidemics.

Pregnant women with medical conditions that increase their risk of complications from influenza (the vaccine is considered safe for pregnant women).

Persons infected with human immunodeficiency virus (HIV), because influenza may result in serious illness and complications in some HIV-infected persons.

Any person who wishes to reduce his/her risk of acquiring influenza infection.

This year's vaccine is different from last year's vaccine. Only 1988-89 vaccine should be used.

Influenza vaccine* dosage, by patient age - United States, 1988-1989 season

Age group	Product†	Dosage§	Number of doses	Route¶
6-35 months	Split virus only	0.25 mL	1 or 2**	IM
3-12 years	Split virus only	0.50 mL	1 or 2**	IM
>12 years	Whole or split virus	0.50 mL	1	IM

*Contains 15 mg each of A/Taiwan/1/86(H1N1), A/Sichuan/2/87(H3N2) and B/Victoria/2/87 hemagglutinin antigens in each 0.5 mL. Manufacturers include Connaught (Fluzone® whole or split, distributed by E.R. Squibb & sons); Parke-Davis (Fluogen® split); and Wyeth Laboratories (Influenza Virus Vaccine, Trivalent® split). For further product information, call Connaught (800) 822-2463, Parke-Davis (800) 223-0432, and Wyeth (800) 321-2304.
†Because of the lower potential for causing febrile reactions, only split (subvirion) vaccine should be used in children. Immunogenicity and side effects of split and whole virus vaccines are similar in adults when vaccines are used according to the recommended dosage.
§It may be desirable to administer influenza vaccine to high-risk children when they receive routine pediatric vaccines, but in a different site. Although studies have not been conducted, simultaneous administration should not lessen immunogenicity or enhance adverse reactions.
¶The recommended site of vaccination is the deltoid muscle for adults and older children. The preferred site for infants and young children is the anterolateral aspect of the thigh.
**Two doses are recommended for children £12 years old who are receiving influenza vaccine for the first time.

Recommendations for amantadine prophylaxis for control of influenza A were published in the *Epidemiology Bulletin* No. 3, week-ending February 12, 1988.

Suspected or diagnosed cases of influenza should be reported to the Section of Epidemiology. We ask physicians and other health care providers to obtain throat swabs for viral culture from individuals with symptoms compatible with influenza. Viral cultures are free-of-charge through the State Public Health Laboratory-Fairbanks, Division of Public Health (474-7017).