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2004-2005 Influenza Vaccine: Indications & Administration

UPDATE: In August the Chiron Corporation announced that internal release procedures indicated some vaccine lots did not meet specifications and would not be distributed. Following additional tests, all remaining lots were found to meet specifications, and these lots will be distributed throughout October. Aventis, the second U.S. influenza vaccine manufacturer, has not experienced delays and should deliver both adult and pediatric influenza vaccines in September and October. Because an adequate supply of vaccine is expected to be available, the State of Alaska recommends that all persons be vaccinated according to the recommendations below whenever vaccine is available at a provider's office. Although every effort should be made to target vaccine to persons at highest risk for complications, vaccine may be administered to any person aged ≥ 6 months who wishes to reduce the probability of becoming infected with influenza. Updated information on influenza disease activity and general vaccine availability may be found at <http://www.cdc.gov/flu> and <http://www.epi.hss.state.ak.us>.

TARGET GROUPS FOR INFLUENZA VACCINATION

Persons at Increased Risk for 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 required regular medical follow-up 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 adolescents (aged 6 months - 18 years) receiving long-term aspirin therapy (might be at risk for developing Reye syndrome after influenza infection).
- Women who will be pregnant during the influenza season.

Persons Age 50-64 Years

- Influenza vaccine is recommended for persons 50-64 years of age to increase the low vaccination rates among persons in this age group with high risk conditions.

Persons Who Can Transmit Influenza to Those at High Risk

- Physicians, nurses, and other personnel in both hospital and outpatient-care settings, including medical emergency response workers (e.g., paramedics and emergency medical technicians.)
- 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 groups at increased risk.
- Persons who provide home care to persons in high-risk groups.
- Household members (including children) of persons in groups at high risk.
- Household contacts and out-of-home caregivers of children 0-23 months of age.

Infants 6 - 23 months of age

Because children aged 6-23 months are at substantially increased risk for influenza-related hospitalizations, vaccination of all children in this age group is recommended.

GENERAL POPULATION

Influenza vaccine can be administered to any person aged ≥ 6 months to reduce the probability of becoming infected with 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 without first consulting a physician. 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 contraindicate the use of influenza vaccine. Breast feeding is not a contraindication to influenza vaccination.

SPECIAL VACCINE INFORMATION

Thimerosal

The majority of influenza vaccines distributed in the US contains thimerosal as a preservative. Some contain only trace amounts and are considered to be "preservative-free" by the FDA. CDC has noted it is safe for children to receive thimerosal-containing influenza vaccine. However, 25,000 doses of preservative-free influenza vaccine in 0.25 mL dose syringes will be available this season for use by Alaska providers when vaccinating children 6-35 months of age.

FluMist™

During the 2004-2005 season, the State of Alaska will not be providing FluMist™, the live attenuated influenza vaccine administered intranasally. Providers using this vaccine should consult the package insert for usage information.

INFLUENZA SURVEILLANCE

We encourage health care providers to obtain specimens for viral culture from individuals with symptoms compatible with influenza. Only culture isolates can provide specific information about circulating influenza subtypes and strains, enabling detection of novel strains that may pose a pandemic threat. Viral culture testing is free-of-charge at the State Public Health Laboratory in Fairbanks (907-474-7017). Please report positive influenza lab reports to the Section of Epidemiology.

INFLUENZA VACCINE* DOSAGE, BY AGE GROUP – UNITED STATES, 2004-2005 SEASON

Age Group ⁺	Dosage	Number of Doses	Route [§]
6-35 mos	0.25 mL	1 or 2 [¶]	IM
3-8 yrs	0.50 mL	1 or 2 [¶]	IM
≥ 9 yrs	0.50 mL	1	IM

* A 0.5-mL dose contains 15 μ g each of A/Fujian/411/2002(H3N2)-like, A/New Caledonia/20/99(H1N1)-like, and B/Shanghai/361/2002-like antigens. For the A/Fujian/411/2002 (H3N2)-like antigen, manufacturers will use the antigenically equivalent A/Wyoming/3/2003 (H3N2) virus, and for the B/Shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jiangsu/10/2003 virus.

⁺ Because of their decreased potential for causing febrile reactions, only split-virus vaccines should be used for children aged < 13 years. 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. Whole virus vaccine is not available in the U.S.

[§] For adults 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.

[¶] Two doses administered ≥ 1 month apart are recommended for children < 9 years of age who are receiving influenza vaccine for the first time.