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## Influenza Update, December 2003 Influenza Vaccine Shortage

### Introduction

Since mid-November, Alaska has seen widespread influenza activity, similar to activity reported from other western states. The predominant circulating strain in the U.S. is influenza A/Fujian/411/2002 (H3N2) which is slightly different from the A/Panama/2007/99 (H3N2) component in this year's vaccine. Nationally, 71% of isolates are the A/Fujian strain.<sup>1</sup>

### Influenza surveillance in Alaska

The first positive culture for influenza A (H3) came from a Dillingham resident on 11/18/2003. As of 12/3/2003, ASPHL has confirmed 21 additional influenza A (H3) specimens from Anchorage, Fairbanks, Ketchikan, Dillingham, Sitka, Glennallen, and Kotzebue. Final identification of the influenza A strain circulating in Alaska is pending at the World Health Organization reference laboratory in Atlanta, GA.

In addition to viral cultures, many clinics and hospitals perform rapid influenza antigen testing for influenza A and B. As of 12/3/2003, 183 positive rapid influenza antigen tests were reported to the Alaska Section of Epidemiology.

**Influenza-like illness surveillance (ILI):** Seven Alaska health care providers are participating in the U.S. Influenza Sentinel Provider Surveillance Network. During the first week of December, 4.5% of these provider visits were due to ILI, almost twice that of the national baseline of 2.5%.

Alaska influenza laboratory and ILI surveillance reports are updated weekly at:

<http://www.akepi.org/id/influenza/influenza.htm>.

### Influenza vaccine shortage

Nationally, manufacturers of inactivated flu vaccine have reported that they do not have any vaccine left for purchase. Currently, the Alaska Division of Public Health has distributed all of the vaccine it had purchased this year. The Division is working with local public health centers and private providers to determine how much vaccine may not yet have been used and to determine a plan for distributing any excess to those areas most in need.

Influenza vaccination remains the single most important strategy to decrease the morbidity and mortality of influenza. The A/Fujian strain antigen is not included in the 2003-2004 influenza vaccine. However the U.S. Centers for Disease Control and Prevention (CDC) advises that the A/Panama component in the vaccine is closely related and should offer some cross-protection. Important target groups who should receive influenza vaccine were outlined in an earlier *Bulletin*.<sup>2</sup>

U.S. manufacturers have distributed all 79.3 million doses of inactivated influenza vaccine produced this year; no additional vaccine will be made for the current influenza season. A few pharmaceutical distributors and health care facilities may have small supplies of inactivated vaccine. As of 12/5/03, Wyeth, the manufacturer of the intra-nasal live-virus vaccine, Flumist™, had 4 million doses available. This vaccine is recommended only for healthy people 5 to 49 years of age.

In September 2003, the Alaska Immunization Program distributed 90,000 doses of inactivated influenza vaccine to 208 public and private providers throughout the State. This was a 10,000-dose increase from the previous year. The Program is currently contacting these providers to facilitate the redistribution of unused vaccine to areas where additional vaccine is needed. The Immunization Program is also

continuing efforts to purchase additional influenza vaccine, should it become available.

### Pediatric influenza vaccine

The pediatric formulation of influenza vaccine is also in short supply. Questions have arisen about the best use of this limited resource for children, ages 6 months to 9 years. Is it better to vaccinate more children using a single dose, or to complete two-dose regimens for highest risk children? The following points should be considered:

- Vaccine-naïve children 6-35 months old are less likely to respond to a single dose, and **should receive 2 doses of the pediatric formulation vaccine** (0.25 ml)  $\geq 1$  month apart.\*
- Vaccine-naïve children 3-9 years of age, are recommended to receive 2 doses of vaccine (0.50 ml)  $\geq 1$  month apart. However, older children are more likely to have previous influenza exposure and may respond to one dose of vaccine.

The Immunization Program anticipates receiving a small amount of pediatric influenza vaccine in early January 2004.

### Recommendations

1. **Reserve the remaining inactivated influenza vaccine for only those who are at increased risk for complications of influenza.**<sup>2</sup>
2. **Assure that a second dose of pediatric formulation vaccine is reserved for children 6-23 months old who begin the 2-dose schedule.**
3. Consider using Flumist™ (1-800-358-7443) for healthy persons, age 5 to 49 years. Flumist™ is not recommended for household members, healthcare workers and others who have close contact to immunosuppressed persons. The State does not supply Flumist™.
4. Consider the use of antiviral drugs (amantadine, rimantadine, zanamivir, and oseltamivir) for prophylaxis and/or treatment of selected, unvaccinated patients.<sup>3</sup>
5. Use influenza cultures and rapid influenza antigen tests to confirm that influenza is circulating. When using rapid influenza testing, also send some specimens to the Alaska State Public Health Laboratory-Fairbanks for viral culture to determine the circulating strain.
6. Laboratories should report all positive influenza test results to the Section of Epidemiology. Health care providers should report clusters of ILI in nursing homes, schools, and other congregational settings to Epidemiology.

### References:

- 1) CDC Influenza web site:  
<http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>
- 2) Section of Epidemiology. "2003-2004 Influenza Vaccine: Indications & Administration." *Epidemiology Bulletin* No. 24, August 28, 2003.  
[http://www.akepi.org/bulletins/docs/b2003\\_24.pdf](http://www.akepi.org/bulletins/docs/b2003_24.pdf)
- 3) CDC. Prevention and Control of Influenza. *MMWR* 2003;52(RR08); 1-36.

\* In October 2003, effective for the fall of 2004, the Advisory Committee of Immunization Practices recommended annual influenza vaccination for children 6-23 months of age because of higher risk for influenza-related hospitalizations. (CDC unpublished communication)