State of Alaska Epidemiology **Bulletin**

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Bulletin No. 24 August 28, 2003

2003-2004 Influenza Vaccine: Indications & Administration

- **Influenza vaccination can proceed for all high-risk and healthy persons as soon as vaccine is available.** The 2003-2004 influenza vaccine production and distribution schedules are proceeding satisfactorily, and no shortages/delays are anticipated.
- **Vaccine from the 2002-2003 influenza season is NOT acceptable for use during 2003-2004,** even though the vaccine formulation for the two seasons is identical. The 2002-2003 vaccine expired on June 30, 2003.
- Summary influenza vaccine information is highlighted below. For detailed information and recommendations, see: **http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm** *and* **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5233a6.htm**

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 in the second or third trimester of pregnancy 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 emergency response workers.
- 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.

OTHER GROUPS

Influenza vaccine also can be administered to any person aged ≥6 months to reduce the probability of becoming infected with influenza. Because children aged 6-23 months are at substantially increased risk for influenza-related hospitalizations, vaccination of all children in this age group is encouraged when feasible.

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. Neither breast feeding nor pregnancy is a contraindication to influenza vaccination.

SPECIAL VACCINE INFORMATION

Thimerosal

Although the majority of influenza vaccines distributed in the US contain 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, a limited amount 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. Prior to filling orders, Immunization Program staff will contact providers individually to verify which type of vaccine is requested.

FluMist™

During the 2003-2004 season, the State of Alaska will not be providing *FluMist™*, a live attenuated influenza vaccine administered intranasally. The package insert for this newly-licensed vaccine may be viewed at:

http://www.fda.gov/cber/label/inflmed061703LB.pdf.

INFLUENZA SURVEILLANCE

We encourage physicians and other health care providers to obtain nasopharyngeal or throat swabs for viral culture from individuals with symptoms compatible with influenza. Virus can be isolated from throat and nasopharyngeal swabs within 3 days of onset of illness. Viral cultures are free-of-charge at the State Public Health Laboratory in Fairbanks *(907-474-7017)*. Please report unusual occurrences of influenza-like illness to the Section of Epidemiology.

INFLUENZA VACCINE* DOSAGE, BY AGE GROUP – UNITED STATES, 2003-2004 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

* Contains 15 µg each of *A/Moscow/10/99(H3N2)*-like, *A/New Caledonia/20/99(H1N1)*-like, and *B/Hong Kong/330/2001*-like antigens. For the *A/Moscow/10/99(H3N2)*-like antigen, manufacturers will use the antigenically equivalent *A/Panama/2007/99(H3N2)* virus. For the *B/Hong Kong/330/2001*-like antigen, U.S. manufacturers will use antigenically equivalent viruses B/Hong Kong/330/2001 or B/Hong Kong/1434/2002.

[+] 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.