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## 2002-2003 Influenza Vaccine: Indications & Administration

Currently, vaccine shortages/delays are not expected during the 2002-2003 influenza season. Annual vaccination with influenza vaccine is considered the single most important measure to prevent or to lessen the severity of influenza infection and is strongly recommended for high-risk groups. Complete ACIP recommendations and additional influenza information may be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm> and <http://www.cdc.gov/nip/Flu/default.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  $\geq 6$  months to reduce the probability of becoming infected with influenza, depending upon vaccine availability.

### 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. 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 contradict the use of influenza vaccine. Neither breast feeding nor pregnancy is a contraindication to influenza vaccination.

### RECOMMENDED TIMING OF ANNUAL VACCINATION

#### September or October

- Persons at increased risk for influenza-related complications;
- Health care workers;
- Household contacts of person at increased risk for influenza-related complications; and
- Children aged 6 months to 9 years receiving influenza vaccine for the first time.

#### After Mid-October

- Organized vaccination campaigns.

#### November

- All other groups.

#### December and throughout the influenza season

- Continue to offer vaccine as long as supplies are available.

### SIMULTANEOUS ADMINISTRATION OF VACCINES

Influenza vaccine may be given concurrently with pneumococcal vaccine and other vaccines (in separate syringes and at different sites.) Children may receive influenza vaccine concurrently with other routine vaccinations.

### 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, 2002-2003 SEASON

Age Group <sup>+</sup>	Dosage	Number of Doses	Route <sup>§</sup>
6-35 mos	0.25 mL	1 or 2 <sup>¶</sup>	IM
3-8 yrs	0.50 mL	1 or 2 <sup>¶</sup>	IM
$\geq 9$ yrs	0.50 mL	1	IM

\* Contains 15  $\mu$ g 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/330/01 or B/Hong Kong/1434/02.

<sup>+</sup> 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.

<sup>§</sup> 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.

<sup>¶</sup> Two doses administered  $\geq 1$  month apart are recommended for children  $< 9$  years of age who are receiving influenza vaccine for the first time.