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Influenza

In December of 1974, influenza viruses were found to show a distinct antigenic drift away from the common types of Influenza A. Surveys taken by CDC in Atlanta showed that only 10 to 30 percent of people tested carried significant levels of antibody to this new antigenic variant. Based on these findings, the World Health Organization has recommended that the 1975-76 vaccine formulation consist of a tri-valent vaccine which contains strains of this new antigen in addition to the bi-valent vaccine antigens used last year. Because of this new shift and the relatively low levels of protection in the community, it can be expected that a vaccination program utilizing the new tri-valent vaccine could be particularly effective in avoiding a major amount of morbidity and mortality in the coming influenza year.

Repeated observations during influenza epidemics indicate that mortality is almost completely restricted to the chronically ill and the elderly, especially those persons over age 65. Thus, vaccination of this high-risk group is urged as routine medical practice. General recommendations regarding those who should receive vaccine are: 1. annual vaccine is strongly recommended for persons of all ages who have chronic conditions, such as: a. heart disease of any etiology, particularly mitral stenosis or cardiac insufficiency; b. chronic broncho/pulmonary diseases as asthma, bronchitis, bronchiectasis and emphysema; c. chronic renal disease; d. diabetes mellitus. Annual vaccine is also recommended for older persons, particularly those over the age of 65.

Influenza control through wide-spread vaccination of the general population has not been a public health objective because of the variable effectiveness of available influenza vaccines. In addition, serious complications from the disease have only infrequently occurred in healthy people in the general population. **Influenza vaccine should be administered by mid-November.**

Diphtheria

On June 29, 1975, a 59-year-old woman developed diphtheria in Anchorage and subsequently died. Alaska has experienced a total of five cases of diphtheria in 1975, with one case having been reported in Juneau and three cases from Seward. Two of the five cases have experienced severe disease. A possible relationship may exist between the cases in Seward and Anchorage; and since additional cases may occur, physicians and nurses should maintain a high index of suspicion for diphtheria. Request for assistance or vaccine for any suspect diphtheria cases can be made through the State Laboratories, the local public health nurse or the Chief of the Section of Communicable Disease Control in Anchorage. (Telephone 272-7534 or 279-9417).