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**Bulletin No. 18**  
**September 18, 1981**

**RECOMMENDATIONS - INFLUENZA VACCINE - 1981 - 1982**

Influenza vaccine for 1981-82 will consist of an inactivated trivalent preparation of antigens representative of the influenza viruses expected to be prevalent; A/Brazil/78 (H1N1), A/Bangkok/79 (H3N2), and B/Singapore/79. The vaccine for the 1981-82 influenza season is identical to last year's vaccine, except that the potency of the influenza vaccine for 1981-82 has been doubled.

Persons 29 years old or older will require only one dose of influenza vaccine. Because of lack of previous contact with H1N1 strains, persons less than 29 years of age who did not receive at least one dose of the 1978-79, 1970-80 or 1980-81 trivalent vaccine will require two doses of the 1981-82 vaccine. Those who did receive the 1978-79, 1979-80 or 1980-81 vaccine will require only one dose. The influenza vaccine dosage schedule for 1981-82 is summarized in Table 1.

**Summary of Vaccine\* and Dosage Recommendations by Age Group for 1981-1982**

Age Group	Product	Dosage (ml)	Number of Doses
29 years and older	whole virion (whole virus) or subvirion (split virus)	0.5	1
13-28 years	whole virion (whole virus) or subvirion (split virus)	0.5	2**
3-12 years	Subvirion (split virus)	0.5	2**
6-35 months***	Subvirion (split virus)	0.25	2**

\* Contains 15 µg each of A/Brazil/78, A/Bangkok/79, and B/Singapore/79 hemagglutinin antigens in each 0.5 ml.

\*\* 4 weeks or more between doses; both doses essential for good protection, unless the individual received at least 1 dose of 1978-79, 1979-80, or 1980-81 vaccine. In the latter instance, 1 dose is sufficient.

\*\*\* Based on limited data. Since the likelihood of febrile convulsions is greater in this age group, special care should be taken in weighing relative risks and benefits.

**Vaccine Usage**

Influenza vaccine is strongly recommended for all individuals at increased risk of adverse consequences from infections of the lower respiratory tract. Such conditions include: (1) acquired or congenital heart disease, (2) any chronic disorder with compromised pulmonary function, (3) chronic renal disease, (4) diabetes mellitus and other metabolic diseases, (5) chronic severe anemia, (6) conditions which compromise the immune mechanism, (7) older persons, particularly those over 65.

## Vaccine Information

As in past years, influenza vaccine is available to all physicians and other health providers from the State Immunization Program. In order to simplify distribution, only split virus vaccine will be stocked. Orders (by 5.0 ml, 10 dose vials) can be submitted to the Northern Regional Laboratory in Fairbanks, to the Immunization Program Office in Anchorage, or to the Southeast Regional Laboratory in Juneau. Benefit-risk information statements will be supplied on request.

**ANY SURPLUS OF THE 1980-81 INFLUENZA VACCINE SHOULD BE RETURNED OR DESTROYED. LAST YEAR'S VACCINE SHOULD NOT BE USED IN 1981-82.**

## Influenza Surveillance

We would like to encourage all physicians and other health care providers to keep a sharp lookout for patients with illnesses compatible with influenza. We are extremely interested in obtaining viral cultures to document influenza illness and to identify prevalent strains. Viral cultures are available free of charge through the Virology-Rabies Laboratory, Northern Regional Laboratory, Fairbanks.

Outbreaks of upper respiratory illness or suspected influenza cases should be reported to Dr. Charles Ryan or Dr. John Middaugh, Section of Communicable Disease Control, Anchorage, 272-7534.