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Bulletin No. 20
August 26, 1983

RECOMMENDATIONS - INFLUENZA VACCINE - 1983 - 1984

Influenza vaccine for 1983-1984 will consist of an inactivated trivalent preparation of antigens representative of the influenza viruses expected to be prevalent; A/Brazil/78 (H1N1), A/Philippines/82 (H3N2), and B/Singapore/79. The vaccine will contain 15 micrograms of hemagglutinin of each antigen in 0.5 ml dose.

Adults and children older than 12 years will require only one dose. Children 12 years of age and younger are less likely than older children or adults to have been previously infected with strains related to each of the vaccine components. Therefore, because of their potentially lower level of immunologic priming, children in the 12-and-under age group should receive two doses of vaccine. However, children who have already had at least one of the influenza vaccines recommended for use from 1978 to 1983 will require only one dose of the 1983-1984 vaccine. The influenza vaccine dosage schedule for 1983-1984 is summarized in Table 1.

Table 1 Influenza vaccine* dosage, by age - United States, 1983-1984

Age Group	Product	Dosage	Number of Doses
6 - 35 months	Split virus only	0.25 ml†	2§
3 - 12 years	Split virus only	0.5 ml	2§
over 12 years	Whole or split virus	0.5 ml	1

*Contains 15 micrograms each of A/Brazil/78(H1N1), A/Philippines/82(H3N2), and B/Singapore/79 hemagglutinin antigens in each 0.5 ml. Manufacturers include Connaught Laboratories, Inc. ("FLUZONE": whole and split), Parke-Davis ("FLUOGEN": split), and Wyeth Laboratories ("Influenza Virus Vaccine, Trivalent": split). Based on limited data. Since the likelihood of febrile convulsions is greater for this age group, special care should be taken in weighing relative risks and benefits. Four weeks or more between doses, both doses recommended for maximum protection. However, if the individual received at least one dose of any influenza vaccine recommended from 1978-79 to 1982-83, one dose is sufficient.

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 age 65.

Vaccine Information

The State Immunization Program will be providing split-virus vaccine in 5.0 ml, 10 dose vials to all public health providers.* Due to budget constraints within the Division of Public Health, influenza vaccine will no longer be provided to physicians.

Surpluses of the 1982-1983 influenza vaccine should not be used this year.

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 Tom Kosatsky, M.D. or John Middaugh, M.D., Epidemiology Office, Anchorage, 561-4406.

(Reported by Craig Leutzinger, Immunization Coordinator, Immunization Unit Section of CDC)