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Bulletin No. 18
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Recommendations - Influenza Vaccine - 1985-1986

Annual vaccination with inactivated 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.

Vaccine Usage

Groups for which active, targeted vaccination efforts are most necessary are:

1. Adults and children with chronic disorders of the cardiovascular or pulmonary systems that are severe enough to have required regular medical follow-ups or hospitalization during the preceding year.
2. Residents of nursing homes and other chronic care facilities (e.g. institutions housing patients of any age with chronic medical conditions).

Other groups for which influenza vaccine may be of benefit, in order of priority after considering the needs of the highest priority groups, include:

1. Physicians, nurses, and other personnel who have extensive contact with high risk patients.
2. Otherwise healthy individuals over 65 years of age. Adults and children with chronic metabolic diseases (including diabetes mellitus), renal dysfunction, anemia, immunosuppression, or asthma that are severe enough to have a required medical follow-up or hospitalization during the preceding year.
3. Other persons wishing to reduce chances of acquiring influenza illness.

TABLE 1. Influenza vaccine* dosage by age of patient -- United States, 1985-1986 season

Age Group	Product	Dosage	Number of doses	Route
6-35 months	Split virus only	0.25 ml	2	IM
3-12 years	Split virus only	0.5 ml	2	IM
>12 years	Whole or split virus	0.5 ml	1	IM

Influenza vaccine for 1984-1985 will consist of an inactivated trivalent preparation of antigens representative of the influenza viruses expected to be prevalent; A/Chile/83(H1N1), A/Philippines/82(H3N2), and B/USSR/100/83. Only split virus vaccine should be used in children. Adults and children older than 12 years will require only one dose. Children in the 12 and under age group should receive 2 doses of vaccine. However, if the individual received at least one dose of any influenza vaccine recommended from 1978-79 to 1984-85, one dose is sufficient. Separate each dose by 4 weeks or more.

- 1) This year's vaccine is the same formulation as last year. Because immunity declines in the year following vaccination, revaccination is recommended to provide optimal protection.
- 2) Pregnancy--Influenza vaccine is considered generally safe for pregnant women. However, waiting until after the first trimester is a reasonable precaution to minimize the theoretical possibility of teratogenicity.
- 3) Pneumococcal vaccine and influenza vaccine can be given at the same time at different sites. However, while influenza vaccine is given yearly, pneumococcal vaccine is given only once.
- 4) Amantadine is the only drug currently available for the specific prophylaxis and therapy of influenza virus infections. Amantadine is 70-90% effective in preventing illnesses caused by type A influenza viruses; it is not effective against type B influenza. When administered within 24-48 hours after onset of illness, amantadine has been shown to reduce the duration of fever and other systemic symptoms. Amantadine is a prescription drug available on an individual basis.

(Morbidity and Mortality Weekly Report, Vol 34. No. 19, May 17, 1985.)

Vaccine Information

The State Immunization Program will be providing only 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 not be provided to private physicians. Surpluses of the 1984-85 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 Northern Regional Laboratory, Fairbanks. Outbreaks of upper respiratory illness or suspected influenza cases should be reported to Sue Anne Jenkerson, RNC, MSN, FNC; Gary Hlady, M.D.; or John Middaugh, M.D., Epidemiology Office, Anchorage, 561-4406.