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Recommendations - Influenza Vaccine 1990-1991

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.

TARGET GROUPS FOR SPECIAL VACCINATION PROGRAMS

Groups at Increased Risk for Influenza-Related Complications

- Adults and children with chronic disorders of the pulmonary or cardiovascular systems, including children with asthma.
- Residents of nursing homes and other chronic-care facilities housing patients of any age with chronic medical conditions.
- Persons \geq 65 years of age.
- 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).
- Children and teenagers (ages 6 months-18 years) who are receiving long-term aspirin therapy and therefore may be at risk of developing Reye syndrome after an influenza infection.

Groups Potentially Capable of Transmitting Influenza to High-Risk Persons

- Physicians, nurses, and other personnel in both hospital and outpatient-care settings who have extensive contact with high-risk patients in all age groups, including infants.
- Employees of nursing homes and chronic-care facilities who have contact with patients or residents.
- Providers of home care to high-risk persons (e.g., visiting nurses, volunteer workers).
- Household members (including children) of high-risk persons.

VACCINATION OF OTHER GROUPS

- Persons who provide essential community services (firemen, law enforcement personnel, etc.), in order to minimize disruption of essential activities during epidemics.
- Pregnant women with medical conditions that increase their risk of complications from influenza (the vaccine is considered safe for pregnant women).
- Persons infected with human immunodeficiency virus (HIV), because influenza may result in serious illness and complications in some HIV-infected persons.
- Any person who wishes to reduce his/her risk of acquiring influenza infection.

SIMULTANEOUS ADMINISTRATION OF PNEUMOCOCCAL VACCINE

The target groups for influenza and pneumococcal vaccination overlap considerably. Both vaccines can be given at the same time at different sites without increasing side effects. However, influenza vaccine must be given each year; with few exceptions, pneumococcal vaccine should be given only once.

PERSONS WHO SHOULD NOT BE VACCINATED

Inactivated influenza vaccine should not be given to persons known to have an anaphylactic hypersensitivity to eggs.

Persons with acute febrile illnesses usually should not be vaccinated until their symptoms have abated.

INFLUENZA SURVEILLANCE

Suspected or diagnosed cases of influenza should be reported to the Section of Epidemiology. We ask physicians and other health care providers to obtain throat swabs for viral culture from individuals with symptoms compatible with influenza. Viral cultures are done free-of-charge at the State Public Health Laboratory-Fairbanks, Division of Public Health (474-7017).

**This year's vaccine is different from last year's vaccine.
Only 1990-91 vaccine should be used.**

Influenza vaccine dosage, by age of patient				
Age Group	Product*	Dosage	Number of Doses	Route
6-35 mos.	Split virus only	0.25 mL	1 or 2**	IM
3-8 yrs.	Split virus only	0.50 mL	1 or 2**	IM
≥9 yrs.	Whole or split virus	0.50 mL	1	IM

Because of the lower potential for causing febrile reactions, only split virus vaccines should be used in children ("split virus" refers to viruses that have been chemically treated to reduce the level of potentially pyrogenic components). They may be labeled as "split," "subvirion," or "purified surface antigen" vaccine. Immunogenicity and side effects of split and whole virus vaccines are similar in adults when vaccines are used according to the recommended dosage.

*Contains 15 µg each of A/Taiwan/1/86-like (H1N1), A/Shanghai/16/89 (H3N2), and B/Yamagata/16/88-like hemagglutinin antigens in each 0.5 ml.

**Two doses are recommended for children <9 years old who are receiving influenza vaccine for the first time.