



Department of Health and Social Services
Theodore A. Mala, MD, MPH, Commissioner

Division of Public Health
Peter Nakamura, MD, MPH, Director

Section of Epidemiology
John Middaugh, MD, Editor

3601 C Street, Suite 540, P.O. Box 240249, Anchorage, Alaska 99524-0249 (907) 269-8000
24-Hour Emergency Number 1-800-478-0084

<http://www.dhss.state.ak.us>

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Recommendations - Influenza Vaccine 1993-1994

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. In Alaska, influenza vaccination of high-risk persons should begin in October.

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 persons of any age with chronic medical conditions.
- Persons 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 VACCINES

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 vaccination should be given only once.

Influenza vaccine and other vaccines may also be given simultaneously (but at different body sites).

PERSONS WHO SHOULD NOT BE VACCINATED

Inactivated influenza vaccine should not be given to persons known to have an anaphylactic hypersensitivity to eggs or to other vaccine components without first consulting a physician. Amantadine hydrochloride is an option for prevention of influenza A in such persons. Persons with acute febrile illnesses usually should not be vaccinated until their symptoms have abated.

INFLUENZA SURVEILLANCE

We ask physicians and other health care providers to obtain throat swabs for viral culture from individuals with symptoms compatible with influenza. Please report unusual occurrences of influenza-like illness to the Section of Epidemiology.

This year's vaccine is different
from last year's vaccine.
Only 1993-1994 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
9-12 yrs	Split virus only	0.50 mL	1	IM
>12 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 "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/Texas/36/91-like (H1N1), A/Beijing/32/92-like (H3N2), and B/Panama/45/90-like hemagglutinin antigens in each 0.5 ml.

**Two doses administered at least 1 month apart are recommended for children <9 years old who are receiving influenza vaccine for the first time.