Recommendations - Influenza Vaccine 1989-1990

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 > 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.
- 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.
- 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.

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 free-of-charge through the State Public Health Laboratory-Fairbanks, Division of Public Health (474-7017).

This Year's Vaccine is Different From Last Year's Vaccine.

Only 1989-90 Vaccine Should Be Used.

Influenza vaccine* dosage, by age of patient--1989-90 season

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Product†</th>
<th>Dosage</th>
<th>Number of Doses</th>
<th>Route‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-35 mos</td>
<td>Split virus only</td>
<td>0.25 mL</td>
<td>1 or 2**</td>
<td>IM</td>
</tr>
<tr>
<td>3-12 yrs</td>
<td>Split virus only</td>
<td>0.50 mL</td>
<td>1 or 2**</td>
<td>IM</td>
</tr>
<tr>
<td>&gt;12 yrs</td>
<td>Whole or split virus</td>
<td>0.50 mL</td>
<td>1</td>
<td>IM</td>
</tr>
</tbody>
</table>

*Contains 15 mg each of A/Taiwan/1/86-like (H1N1), A/Shanghai/1/87-like (H3N2), and B/Yamagata/16/88-like hemagglutinin antigens in each 0.5 mL.
†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.
‡The recommended site of vaccination is the deltoid muscle for adults and older children. The preferred site for infants and young children is the anterolateral aspect of the thigh.
**Two doses are recommended for children 12 years old who are receiving influenza vaccine for the first time.