2004-2005 Influenza Vaccine: Indications & Administration

TARGET GROUPS FOR INFLUENZA VACCINATION

Persons at Increased Risk for Complications
- Persons ≥65 years of age or older.
- Residents of nursing homes and other chronic-care facilities housing persons of any age with chronic medical conditions.
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma.
- 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 or by Human Immunodeficiency Virus).
- Children and adolescents (aged 6 months - 18 years) receiving long-term aspirin therapy (might be at risk for developing Reye syndrome after influenza infection).
- Women who will be pregnant during the influenza season.

Persons Age 50-64 Years
- Influenza vaccine is recommended for persons 50-64 years of age to increase the low vaccination rates among persons in this age group with high risk conditions.

Persons Who Can Transmit Influenza to Those at High Risk
- Physicians, nurses, and other personnel in both hospital and outpatient-care settings, including medical emergency response workers (e.g., paramedics and emergency medical technicians).
- Employees of nursing homes and chronic-care facilities who have contact with patients or residents.
- Employees of assisted living and other residences for persons in groups at increased risk.
- Persons who provide home care to persons in high-risk groups.
- Household members (including children) of persons in groups at high risk.
- Household contacts and out-of-home caregivers of children 0-23 months of age.

Infants 6 – 23 months of age
- Because children aged 6-23 months are at substantially increased risk for influenza-related hospitalizations, vaccination of all children in this age group is recommended.

GENERAL POPULATION
Influenza vaccine can be administered to any person aged ≥6 months to reduce the probability of becoming infected with influenza.

PERSONS WHO SHOULD NOT BE VACCINATED
- Influenza virus vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the vaccine without first consulting a physician.
- Persons who have a history of anaphylactic hypersensitivity to vaccine components but who are also at high risk for complications of influenza can benefit from vaccine after appropriate allergy evaluation and desensitization.

SPECIAL VACCINE INFORMATION

Thimerosal
- The majority of influenza vaccines distributed in the US contains thimerosal as a preservative. Some contain only trace amounts and are considered to be “preservative-free” by the FDA.
- CDC has noted it is safe for children to receive thimerosal-containing influenza vaccine. However, 25,000 doses of preservative-free influenza vaccine in 0.25 mL dose syringes will be available this season for use by Alaska providers when vaccinating children 6–35 months of age.

FluMist™
- During the 2004-2005 season, the State of Alaska will not be providing FluMist™, the live attenuated influenza vaccine administered intranasally. Providers using this vaccine should consult the package insert for usage information.

INFLUENZA SURVEILLANCE
We encourage health care providers to obtain specimens for viral culture from individuals with symptoms compatible with influenza. Only culture isolates can provide specific information about circulating influenza subtypes and strains, enabling detection of novel strains that may pose a pandemic threat.

INFLUENZA VACCINE® DOSAGE, BY AGE GROUP – UNITED STATES, 2004-2005 SEASON

| Age Group | Dosage | Number of Doses | Route
|-----------|--------|----------------|------
| 6-35 mos | 0.25 mL | 1 or 2 | IM
| 3-8 yrs | 0.50 mL | 1 or 2 | IM
| >9 yrs | 0.50 mL | 1 | IM

* A 0.5-mL dose contains 15 μg each of A/Fujian/411/2002(H3N2)-like, A/New Caledonia/2099(H1N1)-like, and B/Shanghai/361/2002-like antigens. For the A/Fujian/411/2002 (H3N2)-like antigen, manufacturers will use the antigenically equivalent A/Wyoming/3/2003 (H3N2) virus, and for the B/Shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jamania/10/2003 virus.

* Because of their decreased potential for causing febrile reactions, only split-virus vaccines should be used for children aged <13 years. These might be labeled “split,” “subvirion,” or “purified surface antigen” vaccine. Immunogenicity and side effects of split- and whole-virus vaccines are similar among adults when vaccines are administered at the recommended dose.

* Whole virus vaccine is not available in the U.S.

* For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

* Two doses administered ≥1 month apart are recommended for children <9 years of age who are receiving influenza vaccine for the first time.

INFLUENZA SURVEILLANCE

State of Alaska Epidemiology

Bulletin

Department of Health and Social Services
Joel Gilbertson, Commissioner

Division of Public Health
Richard Mandsager, MD, Director

Section of Epidemiology
Beth Funk, MD, MPH, Editor

3601 C Street, Suite 540, PO Box 240249, Anchorage, Alaska 99524-0249 (907) 269-8000

24-Hour Emergency Number 1-800-478-0084

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