



## DRUG ALERT

## Recommendations pertaining to the use of viral vaccines: Influenza, 2005

### Recommended vaccine formulation

The following strains have been recommended by the World Health Organization for the 2005 southern hemisphere influenza season:

- A/New Caledonia/20/99 (H<sub>1</sub>N<sub>1</sub>)-like virus
- A/Wellington/1/2004 (H<sub>3</sub>N<sub>2</sub>)-like virus
- B/Shanghai/361/2002-like virus.

The actual viral strains recommended for the vaccine for each component are as follows:

- IVR-139 recommended for the A/Wellington/1/2004 (H<sub>3</sub>N<sub>2</sub>)-like strain
- IVR-116 recommended for the A/New Caledonia/20/99 (H<sub>1</sub>N<sub>1</sub>)-like strain.
- B/Jiangsu/10/2003 recommended for the B/Shanghai/361/2002-like strain

Vaccines should contain 15 µg of each haemagglutinin antigen in each 0.5 ml dose.

### Indications

1. Persons (adults or children) who are at high risk for influenza and its complications because of underlying medical conditions and who are receiving regular medical care for conditions such as chronic pulmonary and cardiac disease, chronic renal diseases, diabetes mellitus and similar metabolic disorders, and individuals who are immunosuppressed (including HIV-infected persons with CD4 counts above 200/µl).
2. Residents of old-age homes, chronic care and rehabilitation institutions.
3. Children on long-term aspirin therapy.
4. Medical and nursing staff responsible for the care of high-risk cases.
5. Adults and children who are family contacts of high-risk cases.
6. All persons over the age of 65 years.
7. Women who would be in the second or third trimester of pregnancy during the influenza season. Pregnant women with medical conditions placing them at risk for influenza complications should be immunised at any stage of pregnancy.

8. Any persons wishing to protect themselves from the risk of contracting influenza, especially in industrial settings, where large-scale absenteeism could cause significant economic losses.

### Dosage

- Adults: Whole or split-product or subunit vaccine — one dose intramuscularly.
- Children (< 12 years) Split-product or subunit vaccine — 1 dose intramuscularly.
- Children < 9 years who have never been vaccinated should receive two doses 1 month apart. Children less than 3 years of age should receive half the adult dose on two occasions, 1 month apart.

### Contraindications

- Persons with a history of severe hypersensitivity to eggs.
- Persons with acute febrile illnesses should preferably be immunised after symptoms have disappeared.
- The vaccine should be avoided in the first trimester of pregnancy unless there are specific medical indications (see indication No. 7 above).

### Timing

Vaccines should be given sufficiently early to provide protection for the winter. A protective antibody response takes about 2 weeks to develop.

### Chemoprophylaxis

In cases where vaccine has not been administered, consideration should be given to the use of supplementary chemoprophylaxis with amantadine in certain high-risk individuals, e.g. patients with chronic lung and heart diseases. Amantadine should be administered in a dosage of 200 mg daily in two divided doses for the duration of the epidemic activity, i.e. approximately 6-12 weeks. The dosage should be reduced in persons with renal disease and persons over the age of 65 years.

*Department of Health*

*Corresponding author: B D Schoub (National Institute for Communicable Diseases, National Health Laboratory Service, P Bag X4, Sandringham, 2131)*