



Texas Preventable Disease

NEWS

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Frank Bryant, Jr. MD, FAAFP
Chairman
Texas Board of Health

1988 Annual Index

Bureau of Disease Control and Epidemiology,
1100 West 49th Street, Austin, Texas 78756 (512-458-7455)

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TEXAS INFLUENZA UPDATE -- DECEMBER 1988

Positive isolates of influenza B virus have now been reported from several areas in Texas, including: Austin, Denton, Galveston, Giddings/Lee County, Houston/Harris County, and Laredo. Demographic information was available for nine isolates. Eight of the isolates came from pediatric patients ranging in age from 3 to 14 years; all but one of the nine patients were male. The earliest date of onset was October 11, 1988.

On December 22, the statewide case total for influenza and influenza-like illness was 11,267, compared to 10,292 cases for the same period in 1987. According to the Influenza Research Center at Baylor College of Medicine in Houston, the 1988-89 influenza season is off to an early start, and influenza virus type B is the most likely epidemic virus for this winter. Physicians are reminded that influenza and influenza-like illnesses should be reported by case totals to the Texas Department of Health through local health departments/districts or local health authorities.

The use of influenza vaccine is essential to influenza control efforts. It becomes even more important, however, when the principle virus in circulation is influenza B, as the anti-viral compound amantadine hydrochloride is effective only against influenza A infections. Influenza vaccine should be given as early as possible in the influenza season, as it takes at least two weeks for adequate immunity to develop from the vaccination. The 1988-89 influenza vaccine is a trivalent vaccine consisting of A/Taiwan (H1N1), A/Sichuan (H3N2), and B/Victoria.

Vaccine should be administered to persons at high risk for influenza and its complications (see Texas Preventable Disease News, Vol. 48, No.31, August 6, 1988, for current ACIP recommendations). Those at risk include persons ≥ 65 years of age, persons with chronic medical conditions or chronic metabolic diseases, residents of nursing homes or other chronic-care facilities, and children age 6 months to 18 years who are receiving long-term aspirin therapy. Vaccine is also suggested for persons providing care for individuals in any of the groups listed above. Vaccine may also be given to persons who wish to reduce their risk of acquiring an influenza infection.

Because the vaccine is prepared in eggs, it is contraindicated for those individuals who are allergic to eggs or egg products. Parents should also be reminded that children under 18 years of age should not be given fever-reducing medications containing aspirin for the treatment of viral infections such as influenza or chickenpox because of the risk of developing Reye syndrome.

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