

c Influenza vaccine for 2017 season, South Africa

South Africa experiences annual seasonal influenza epidemics every winter, although the timing of the influenza season varies from year to year. Influenza virus circulation occurs mainly during the winter months of May to August, but may start as early as April, and as late as July. Influenza vaccine will be available in the public and private sectors from the week starting 20 March 2017.

Individuals at increased risk of developing severe influenza illness are recommended to receive influenza vaccine. Due to limited resources and the fact that not all individuals who fall among the risk groups for severe influenza illness respond well to influenza vaccination, the National Department of Health is prioritising certain groups of individuals for targeted influenza vaccination campaign.

The following are among the groups that are prioritised for targeted public funded influenza vaccination in 2017:

1. Pregnant women, irrespective of stage of pregnancy.
2. HIV-infected individuals.
3. Individuals (other than HIV-infected persons) who are immunosuppressed and including persons on immunosuppressive medications.
4. Persons (adults or children) with underlying medical conditions and who are receiving regular medical care for conditions such as chronic pulmonary disease (including asthma) and cardiac disease (excluding hypertension), chronic renal and hepatic diseases, diabetes mellitus and similar metabolic disorders, sickle cell anaemia and other haemoglobinopathies, and individuals who are morbidly obese.
5. All persons over the age of 65 years.

Other groups that would benefit from influenza vaccination but are not specifically targeted for influenza vaccination by the Department of Health include:

1. Healthcare workers (to reduce risk of spread of infection to vulnerable patients).
2. Adults and children who have any condition

(e.g. cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration.

3. Persons aged 6 months to ≤ 18 years who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection.
4. Residents of nursing homes and other chronic-care facilities.
5. Any persons wishing to minimise the risk of influenza acquisition, especially in workplace settings where large-scale absenteeism could cause significant economic losses.

Contraindications to influenza vaccination

1. Persons with a history of severe hypersensitivity to eggs.
2. Persons with acute febrile illnesses should preferably be immunized after symptoms have disappeared.

Recommended vaccine composition

- an A/Michigan/45/2015 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus; and
- a B/Brisbane/60/2008-like virus.

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

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS; (cherylc@nicd.ac.za)