Influenza vaccine is effective only against influenza virus infection and is the best option for preventing influenza and its complications. These complications occur most often in children aged <24 months, persons aged ≥65 years, and those of any age who have certain medical conditions placing them at high-risk for having complications from influenza infection.* Annual vaccination is recommended for persons at high risk aged ≥6 months and for persons in other target groups, including family members and other close contacts of high-risk persons; those aged 50–64 years, and health-care workers. Vaccination is encouraged, when feasible, for children aged 6–23 months and for their household contacts and out-of-home caregivers. Influenza vaccination of health-care workers is especially important for reducing transmission of influenza viruses to patients with high-risk conditions in hospital and other health-care settings and for protecting the health-care workforce during the influenza season. Additional information about prevention and control of influenza is available at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm.

On a population level, widespread use of the influenza vaccine will reduce the number of influenza cases and might decrease the number of persons with a febrile respiratory illness who are evaluated for SARS. However, such secondary benefits cannot be reliably anticipated. For example, the overall decrease in febrile respiratory illnesses would be minimal if circulating levels of influenza viruses are low or if other respiratory pathogens are actively circulating in a community.

Persons vaccinated against influenza can still have a febrile respiratory illness because influenza vaccine will not prevent infection by noninfluenza agents and the effectiveness of influenza vaccine is <100%. Therefore, receipt of influenza vaccination in a person who subsequently experiences a febrile respiratory illness does not eliminate influenza as a possible cause nor necessarily increase the likelihood that the illness is SARS.

* Persons at high risk include residents of chronic care facilities, persons with chronic pulmonary or cardiovascular disorders (e.g., asthma, chronic metabolic diseases; renal dysfunction; hemoglobinopathies; or immunosuppression), children receiving long-term aspirin therapy, and women who will be in the second or third trimester of pregnancy during the influenza season.

Notice to Readers

Domestic Violence Awareness Month, October 2003

October is Domestic Violence Awareness Month (DVAM). Approximately 1.5 million U.S. women and 835,000 U.S. men are raped or physically assaulted by a current or former spouse, cohabitating partner, or date each year (1). The annual health-related costs of intimate partner violence in the United States is approximately $5.8 billion (2). During October, state and territorial domestic violence coalitions, corporations, health-care providers, faith-based groups, and CDC will highlight activities that increase awareness about intimate partner violence.

A packet of materials designed to help plan events, initiate outreach in communities, and generate public awareness about domestic violence during October and throughout the year is available from the National Resource Center on Domestic Violence, Domestic Violence Awareness Month Project, 6400 Flank Drive, Suite 1300, Harrisburg, PA 17112-2778, telephone 800-537-2238, and at http://dvam.vawnet.org. Additional information about DVAM is available from CDC at http://www.cdc.gov/dvam.

References


Erratum: Vol. 52, No. SS-9

In the Surveillance Summary, "Assisted Reproductive Technology Surveillance—United States, 2000," dated August 29, 2003, an error occurred on page 6, in the third paragraph of the Discussion section. The text should read, “This divergence is not surprising because Massachusetts had a statewide mandate for insurance coverage for ART procedures in 2000.” Although a similar mandate was introduced in New Jersey in early 2000, it was not approved until August 2001 and did not take effect until January 1, 2002.

Erratum: Vol. 52, No. 38

In the article, “Update: Detection of West Nile Virus in Blood Donations United States, 2003,” an error occurred on page 918 in the second sentence of the third full paragraph discussing Case 2. The sentence should read, “These 20 samples were tested by NAT at three different laboratories; one sample tested equivocal at one laboratory (Lab A), reactive in a second, and nonreactive in a third.” This sample subsequently tested positive for West Nile virus RNA at a fourth laboratory and was reactive when retested at Lab A by using a larger extraction volume (estimated virus titer: 0.1 plaque-forming units/mL).