State of Alaska Epidemiology **Bulletin**

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Influenza Vaccine Recommendations and Administration for the 2013–14 Season

Recommendations for Vaccination

Routine annual influenza vaccination is recommended for all persons aged ≥6 months. To permit time for production of protective antibody levels, vaccination should optimally occur before onset of influenza activity in the community. Health care providers should begin offering influenza vaccine as soon as it is available and throughout the influenza season.

Thirteen different influenza vaccines will be available for the 2013–14 season, including five newly approved vaccines.[1,2] The Alaska Immunization Program will offer three state-supplied influenza vaccines this season (Table 2).[2] Updated vaccine dosage guidelines for children aged 6 months through 8 years are provided below (Table 1).

Table 1. Vaccine Dosage Guidelines for Children Aged 6 Months through 8 Years[1]

Administer ONE dose if the child received:	Administer TWO doses, separated by ≥4 weeks, if the child:
• Two or more doses of seasonal influenza vaccine **since** July 1, 2010; **or** • Two or more doses of seasonal influenza vaccine **before** July 1, 2010 ***and*** one or more doses of monovalent 2009(H1N1) vaccine; **or** • One or more doses of seasonal influenza vaccine **before** July 1, 2010 ***and*** one or more doses of seasonal influenza vaccine **since** July 1, 2010	• Has an unknown influenza vaccination history; **or** • Does not meet any of the conditions listed in the first column of this table

All vaccines should be administered in settings where personnel and equipment for rapid recognition and treatment of anaphylaxis are available.

Recommendations for Persons with an Egg Allergy[1]

- Persons able to eat lightly cooked (e.g., scrambled) eggs without reaction should be vaccinated per usual protocol.
- Persons who have experienced only hives after egg exposure should still be vaccinated; however, because relatively little data are available regarding the use of live attenuated influenza vaccine (LAIV) in this setting, inactivated influenza vaccine (IIV) or recombinant hemagglutinin influenza vaccine (RIV) should be used.[1,2] Such persons should be observed for reactions for 30 minutes after vaccination.
- Two options exist for vaccinating persons who 1) are suspected of being egg-allergic on the basis of previously performed allergy tests; *or* 2) report a history of reactions to eggs such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; *or* 3) have required epinephrine or another emergency medical intervention due to egg exposure.
  - Option 1: administer RIV if they are aged 18–49 years and no other contraindications apply.[1,2]
  - Option 2: refer the patient to a physician with expertise in the management of allergic conditions.[1,2]
- A previous severe allergic reaction (e.g., anaphylaxis) to any influenza vaccine is a contraindication for influenza vaccination, regardless of the vaccine component that was suspected to be responsible for the reaction.[1]

References

1. CDC. Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP – United States, 2013–14. Available at: http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm
2. Alaska Section of Epidemiology, Influenza Vaccines for the 2013-14 Season. *Bulletin* No. 24. Available at: http://www.epi.alaska.gov/bulletins/docs/b2013_24.pdf

Table 2. Alaska State-Supplied Influenza Vaccines for the 2013–14 Influenza Season[1,2]

Vaccine	Trade Name	Manufacturer	Presentation	Age-Group	Mercury content µg /0.5 mL dose	Ovalbumin content* µg /0.5 mL dose	# of Doses†	Route
IIV3±	**Fluzone®**	Sanofi Pasteur	0.25 mL prefilled syringe	6–35 months	0	**	1 or 2	IM††
IIV4±±	**Fluarix® Quadrivalent**	GlaxoSmithKline	0.5 mL prefilled syringe	≥3 years	0	≤0.05	1 or 2	IM††
LAIV±±	**FluMist® Quadrivalent*****	MedImmune	0.2 mL intranasal sprayer	2–49 years	0	<0.24	1 or 2	IN

***Data on maximum ovalbumin content are supplied in package inserts of certain vaccines. Persons with a history of mild allergy to egg (specifically, those who experience hives) should receive IIV or RIV with additional precautions (see above).*

†*Table 1 describes the decision criteria for determining the number of doses needed for children aged 6 months through 8 years.*

±*IIV3=Inactivated Influenza Vaccine, Trivalent; will contain an A/California/7/2009(H1N1)-like virus, an A/Victoria/361/2011(H3N2)-like virus, and a B/Massachusetts/2/2012-like virus.*

***Information not included in package insert but is available upon request from Sanofi Pasteur by telephone 1-800-822-2463 or e-mail MIS.Emails@sanofipasteur.com*

††*IM=Intramuscular. The recommended vaccination site is the deltoid muscle for adults and older children, and the anterolateral aspect of the thigh for infants and young children.*

±±*IIV4=Inactivated Influenza Vaccine, Quadrivalent and LAIV=Live-Attenuated Influenza Vaccine; will contain trivalent viruses with the addition of a B/Brisbane/60/2008-like virus.*

****FluMist is shipped refrigerated and, after receipt at the shipping destination, is stored in the refrigerator at 35–46°F (2–8°C). The dose is 0.2 mL, divided equally between each nostril (IN=Intranasal). FluMist should not be administered to persons with asthma. Providers should carefully screen children for asthma or wheezing. FluMist is indicated for healthy, non-pregnant persons aged 2–49 years. Persons who care for severely immunosuppressed persons who require a protective environment should not receive FluMist due to theoretical risk for transmission of the live-attenuated virus in the vaccine.*

(Note: This Epidemiology Bulletin provides summary information only. For complete information, consult the Advisory Committee on Immunization Practices (ACIP)[1] recommendations and vaccine manufacturer package inserts, available at: http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833)[1]