Prevention and Control of Influenza with Vaccines

Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010

Early Release July 29, 2010.

Excerpts from the full report:

1. **Routine influenza vaccination is recommended for all persons aged ≥6 months.** This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19--49 years and is supported by evidence that annual influenza vaccination is a safe and effective preventive health action with potential benefit in all age groups.

2. As in previous recommendations, all children aged 6 months--8 years who receive a seasonal influenza vaccine for the first time should receive 2 doses. **Children who received only 1 dose of a seasonal influenza vaccine in the first influenza season that they received vaccine should receive 2 doses, rather than 1, in the following influenza season.** In addition, **for the 2010--11 influenza season, children aged 6 months--8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010--11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months--8 years for whom the previous 2009--10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010--11 seasonal influenza vaccine.**

3. **Although LAIV (live attenuated influenza vaccine) is not licensed for use in persons with risk factors for influenza complications (including asthma),** certain studies have compared the efficacy of LAIV to TIV (trivalent inactivated virus) in these groups. **LAIV provided 32% increased protection in preventing culture-confirmed influenza compared with TIV in one study conducted among children aged ≥6 years and adolescents with asthma (*367*) and 52% increased protection compared with TIV among children aged 6--71 months with recurrent respiratory tract infections (*368*).**

4. Administration of TIV to persons receiving influenza antivirals for treatment or chemoprophylaxis is acceptable. The effect on safety and effectiveness of LAIV coadministration with influenza antiviral medications has not been studied. However**, because influenza antivirals reduce replication of influenza viruses, LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy. If influenza antiviral medications are administered within 2 weeks after receipt of LAIV, the vaccine dose should be repeated 48 or more hours after the last dose of antiviral medication. Persons receiving antivirals within the**

period 2 days before to 14 days after vaccination with LAIV should be revaccinated at a later date with any approved vaccine formulation (*246,331*).

5. LAIV is an option for vaccination of healthy nonpregnant persons aged 2--49 years without contraindications, including HCP (health care providers) and other close contacts of high-risk persons (excepting severely immunocompromised hospitalized persons who require care in a protected environment). The precaution regarding use of LAIV in protected environments is based upon a theoretic concern that the live attenuated vaccine virus could be transmitted to severely immunocompromised persons. However, no transmission of LAIV in health-care settings ever has been reported, and because these viruses are also cold-adapted (and cannot effectively replicate at normal body temperature) the risk for transmitting a vaccine virus to a severely immunocompromised person and causing severe infection appears to be extremely low. **HCP working in environments such as neonatal intensive care, oncology, or labor and delivery units can receive LAIV without any restrictions.**

6. No preference is indicated for LAIV or TIV when considering vaccination of healthy nonpregnant persons aged 2--49 years. Possible advantages of LAIV include its potential to induce a broad mucosal and systemic immune response in children, its ease of administration, and the possibly increased acceptability of an intranasal rather than intramuscular route of administration.

7. Limited data assessing the safety of LAIV use for certain groups at higher risk for influenza-related complications are available. LAIV was well-tolerated among adults aged ≥65 years with chronic medical conditions (*362*). These findings suggest that persons at risk for influenza complications who have inadvertent exposure to LAIV would not have significant adverse events or prolonged viral shedding and that persons who have contact with persons at higher risk for influenza-related complications may receive LAIV.

For the full report follow this link
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_e