Live Attenuated Influenza Vaccine (FluMist®)

Vaccine Description Dose & Route	 Brand: FluMist Quadrivalent[®] Live virus, nasally administered influenza vaccine, contains egg protein, gelatin, and gentamicin. See package insert. It is important to review CDC/ACIP guidelines for LAIV use before each flu season. Dose: 0.2 mL (administered as 0.1 mL per nostril) See package insert for administration guidance. Healthy non-pregnant persons 2 through 49 years of age 		
	 NOT indicated for immunization of people younger than 2 years or older than 49 years, nor for treatment of influenza, nor will it protect against infection and illness caused by infectious agents other than the included influenza A or B viruses 		
Administration Schedule	Age Groups	Vaccination Status	Dosage/ Schedule
	Children ages 2 years through 8 years	Not previously vaccinated against influenza or did not receive 2 or more doses since July 1, 2010	2 doses (0.2 mL each) 4 weeks apart
	Children ages 2 years through 8 years	Previously vaccinated against influenza and received 2 or more doses since July 1, 2010	1 dose (0.2 mL) <u>per</u> season
	Children and Adults ages 9 through 49 years	Not applicable	1 dose (0.2 mL) <u>per</u> season
Contraindications	Do not give influenza vaccine to a child or adolescent (2 to 17 years of age) who has: • Experienced an anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, go to https://www.cdc.gov/vaccines/pubs/ pinkbook/downloads/appendices/B/excipient-table-2.pdf or refer to the manufacturer's package insert at https://health. mil/fluresourcecenter. (continues on next page)		

Live Attenuated Influenza Vaccine (Continued)

Contraindications (continued)	 Chronic aspirin or salicylate-containing medication therapy because of the risk for Reye syndrome FluMist should not be administered to children < 5 years of age with recurrent wheezing (or asthma, reactive airway disease, or other chronic pulmonary disease) because of the potential for wheezing post vaccination Known or suspected immune-deficiency diseases, such as combined immunodeficiency, agamma-globulinemia, and thymic abnormalities, or leukemia, lymphoma or malignancy Immune suppression or immune compromised due to treatment with systemic corticosteroids, alkylating drugs, antimetabolites, radiation, or other immune suppressing therapies Pregnancy Received influenza antivirals (e.g., oseltamivir and zanamivir within the previous 48 hours; peramivir within the previous 5 days; or baloxavir within the previous 17 days) or will possibly receive them within 14 days after vaccination Children aged 2-4 years diagnosed with asthma or whose caregivers report a wheezing episode w/i the past 12 months Persons with active communication between the CSF and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak Persons with cochlear implants 	
Precautions	 Moderate or severe acute illness (including nasal congestion) History of Guillain-Barré Syndrome within 6 weeks of a previous influenza vaccine receipt Chronic conditions that place children at high risk for complications from influenza illness (e.g., heart disease, diabetes, renal disease, sickle cell anemia) 	
Special Considerations	 Give inactivated influenza vaccine (IIV) instead of LAIV to individuals who are in close contact with others who are severely immune-compromised LAIV may be given at the same time as other live injectable vaccines, including MMR or varicella. But if two live vaccines are not given on the same day, they should be given at least 4 weeks apart. Defer administration if nasal congestion might prevent LAIV from reaching nasopharyngeal mucosa See Storage and Handling section 	
VIS: <u>http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html</u> Additional education may be found at <u>www.health.mil/flu</u>		