

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT INFLUENZA

The purpose of this resolution is to add live attenuated influenza vaccine (LAIV) to the VFC program.

VFC resolution 6/17-1 is repealed and replaced by the following:

A. Inactivated Influenza Vaccine (IIV)

Eligible Groups

All children aged 6 months through 18 years.

Recommended Vaccination Schedule

- 6 months through 8 years: 1 or 2 doses, as noted in the current ACIP recommendations
- 9 through 18 years: 1 dose

The table below lists the currently approved inactivated influenza vaccines in the VFC program, including the age indications for each vaccine.

Brand Name	Presentation	Age Indication
Afluria (Trivalent)	0.5 mL pre-filled syringe	>= 5 years
Afluria (Trivalent)	5.0mL multidose vial	>= 5 years
Afluria (Quadrivalent)	0.5 mL pre-filled syringe	>= 5 years
Afluria (Quadrivalent)	5.0mL multidose vial	>=5 years
Fluarix (Quadrivalent)	0.5 mL pre-filled syringe	>= 6 months
Flucelvax (Quadrivalent)	0.5 mL pre-filled syringe	>= 4 years
Flulaval (Quadrivalent)	0.5 mL pre-filled syringe	>= 6 months
Flulaval (Quadrivalent)	5.0 mL multidose vial	>= 6 months
Fluvirin (Trivalent)	0.5 mL pre-filled syringe	>= 4 years
Fluvirin (Trivalent)	5.0 mL multidose vial	>= 4 years
Fluzone (Quadrivalent)	0.25mL pre-filled syringe	>= 6 through 35 months
Fluzone (Quadrivalent)	0.5mL prefilled syringe/vial	>= 36 months
Fluzone (Quadrivalent)	5.0mL multidose vial	>= 6 months

Note: The use of brand names is not meant to preclude the use of other comparable licensed vaccines.

Recommended Intervals

Minimum Age: 6 months

Minimum interval between dose 1 and dose 2 (where applicable): 4 weeks

Recommended Dosage

Refer to product package insert.

Contraindications and Precautions

Contraindications:

1. History of severe allergic reaction to any component of the vaccine or after previous dose of any influenza vaccine. However, ACIP makes specific recommendations for the use of influenza vaccine in persons with egg allergy (see Influenza Vaccination of Persons with a History of Egg Allergy, in <https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm>).

Precautions:

1. Moderate or severe acute illness with or without fever
2. GBS within 6 weeks following a previous dose of influenza vaccine

B. Live Attenuated Influenza Vaccine (LAIV)

Eligible Groups

All healthy, non-pregnant children and adolescents (those who do not have an underlying medical condition that predisposes them to influenza complications) aged 2 through 18 years.

Recommended Vaccination Schedule

- 2 years through 8 years: 1 or 2 doses, as noted in the current ACIP recommendations
- 9 through 18 years: 1 dose

Recommended Intervals

Minimum Age: 2 years

Minimum interval between dose 1 and dose 2 (where applicable): 4 weeks

Recommended Dosage

Refer to product package insert.

Contraindications and Precautions

Contraindications and precautions can be found at:

<https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm>

[If an ACIP recommendation regarding influenza vaccination is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the URL.]

Adopted and Effective:

This document can be found on the CDC website at: <https://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html>