MEMORANDUM FOR ALMAJCOM/SG

FROM: HQ USAF/SG3/5
7700 Arlington Boulevard, Suite 5158
Falls Church, VA 22042-5158

SUBJECT: Air Force 2015-2016 Seasonal Influenza Vaccination Program Guidance

This memo and the attached Air Force 2015-2016 Seasonal Influenza Vaccination Program Guidance provide implementation instructions for the 2015-2016 Air Force Influenza Immunization Program.

All military and health care personnel will be vaccinated against influenza in accordance with AFI 48-110_IP, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 Oct 2013. In addition, the influenza vaccine is recommended for all other persons greater than or equal to six months age. Adequate influenza vaccine supplies to immunize the DoD beneficiary population are expected to arrive at Military Treatment Facilities (MTFs) and Reserve/Guard medical units soon. While mission-critical military personnel, health care personnel and beneficiaries at high risk for influenza-related complications should be prioritized for early vaccination, this should not come at the expense of missed opportunities to vaccinate other eligible beneficiaries. The Air Force Medical Support Agency (AFMSA) will communicate updates and changes to Air Force influenza vaccine policy as needed.

Air Force Medical Service leadership at all levels should work to improve vaccination coverage and remove barriers to influenza vaccination of all healthcare workers. Medical staff and commanders should develop programs to improve vaccination rates among all Airmen and other MTF beneficiaries, particularly those who are at increased risk for influenza-related complications.

The AF/SG point of contact is Maj Ruth Brenner, 703- 681-6030, DSN 761 or ruth.brenner.mil@mail.mil.

ROOSEVELT ALLEN, JR.
Major General, USAF, DC
Director, Medical Operations & Research
Office of the Surgeon General

Attachment:
Air Force 2015-2016 Seasonal Influenza Vaccination Program Guidance
Air Force
2015-2016 Seasonal Influenza Vaccination Program Guidance

1. References:
   d. HA Policy: 08-005, Policy for Mandatory Seasonal Influenza Immunization for Civilian Health Care Personnel Who Provide Direct Patient Care in Department of Defense Military Treatment Facilities, 4 April 2008.
   e. Centers for Disease Control and Prevention, “Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)”, MMWR, 25 November 2011, 60 (RR07);1-45.

2. Purpose. This is to provide guidance for the Air Force (AF) 2015-2016 Seasonal Influenza Vaccination Program. Please disseminate this message to all Military Treatment Facility (MTF) commanders, immunization clinics, public health offices, pharmacy services, aid stations, medical logistics/supply sections, primary care managers, Reserve Medical Units (RMUs), Guard Medical Units (GMUs) and all Aeromedical Evacuation Squadrons (AESs), including Active Duty (AD), Air Force Reserve Command (AFRC), and Air National Guard (ANG).

3. Key Changes for the 2015-2016 Program:
   a. The virus strains used in this year’s vaccines are different from last year.
   b. For healthy children aged 2 through 8 years who have no contraindications or precautions, either Live Attenuated Influenza Vaccine (LAIV) or Inactivated Influenza Vaccine (IIV) is an appropriate option. No preference is expressed for LAIV or IIV for any person aged 2 through 49 years for whom either vaccine is appropriate.
4. **Summary.** Influenza is a highly contagious disease which has the potential to significantly degrade operational readiness. The most effective strategy to prevent an influenza infection is annual vaccination.

a. Annual influenza vaccination is mandatory for uniformed personnel and should be obtained through the service member’s assigned medical facility or contract provider. The goal for vaccination coverage is >90% of all service members immunized by 15 December 2015.

b. Annual influenza vaccination is mandatory for civilian healthcare personnel who provide direct patient care and highly recommended for all other hospital employees who work in DoD MTFs. See section 12 for specific requirements.

c. Annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. The updated influenza vaccine dosing flow diagram for children 6 months through 8 years is in Appendix 1.

d. Optimally, influenza vaccination should occur before the onset of influenza in the local community. Influenza vaccination should begin as early in the season as is possible, preferably by October. Begin immunizing as soon as vaccine becomes available. Although mass immunization programs can be efficient, withholding immunizations until there is sufficient vaccine for such a campaign leads to delays in immunization.

e. Influenza is more likely to cause severe illness in pregnant women than in women who are not pregnant. Pregnant women with influenza have a greater chance for serious problems developing in their unborn baby, including premature labor and delivery. Inactivated influenza vaccine is recommended at any time during pregnancy; the live attenuated influenza vaccine is contraindicated.

f. Children aged 6 months through 8 years who require two doses should receive their first dose as soon as possible after vaccine becomes available, and the second dose ≥4 weeks later (Appendix 1).

g. To avoid missed opportunities for vaccination, MTF personnel should offer vaccination during routine health care visits and hospitalizations when vaccine is available.

5. **2015-2016 Seasonal influenza vaccines.**

a. The 2015-2016 trivalent influenza vaccine is made from the following three virus strains:
   i. A/California/7/2009 (H1N1)-like virus  
   ii. A/Switzerland/9715293/2013 (H3N2)-like virus  
   iii. B/Phuket/3073/2013-like virus (Yamagata lineage)

b. The quadrivalent influenza vaccine contains the following additional strain:
   i. B/Brisbane/60/2008-like virus (Victoria lineage)

c. The virus strains A/Switzerland and B/Phuket, used in this year’s vaccine, are new this influenza season.

d. For a table of DOD contracted influenza vaccines for the 2015-2016 season, see Appendix 2.

For the 2015-2016 influenza season, the Services requested 3.6 million doses of vaccine.

i. Defense Logistics Agency-Troop Support Medical (DLA-TSM) has contracted to receive shipments of influenza vaccine by the following projected dates:

<table>
<thead>
<tr>
<th>Product</th>
<th>28 Aug</th>
<th>30 Sep</th>
<th>30 Oct</th>
<th>15 Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIV - Injectable (6-36 months)</td>
<td>10%</td>
<td>40%</td>
<td>40%</td>
<td>10%</td>
</tr>
<tr>
<td>IIV- Injectable</td>
<td>83%</td>
<td>17%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

ii. These dates represent vaccine shipment to DLA-TSM and do not indicate when vaccine will be delivered to the MTF or operational units. Delivery to the MTF or operational units is based on logistics allocation strategy.

iii. Vaccine shipping schedule is Monday/Friday to OCONUS locations and Monday/Tuesday/Wednesday to CONUS locations to ensure receipt on the receiving end. DLA-TSM does not ship on holidays or weekends and will only ship on Thursdays on a case by case basis.

b. Ensure logistic and immunization personnel are registered for DoD Medical Materiel Quality Control Messages (MMQCs) to receive influenza vaccine updates. MMQCs may include information on the Flumist® (intranasal vaccine) replacement program, recalls, and destruction instructions throughout the season. Personnel who have recently migrated to Defense Enterprise Email should ensure their new address is registered to receive MMQCs. Personnel can go to the following website to register: www.usamma.amedd.army.mil/assets/apps/nala_qaweb/nala_index.cfm.

c. Receiving facilities will ensure logistic and immunization staffs are on hand and properly trained to receive and store vaccine upon arrival. Received vaccine quantity shall promptly be posted in facilities’ requisition processing system.

d. The following vaccine products have been licensed for use in the U.S. but have not been contracted for by the DoD for the 2015-2016 influenza season. MTFs may order Fluzone High-Dose®, Fluzone Intradermal® and FluBlok® through the DLA-TSM Direct Vendor Delivery (DVD) program, via MILSTRIP if they choose to do so.

i. Fluzone High-Dose®: trivalent influenza vaccine licensed for persons 65 years of age and older. (NSN-6505016433903)

ii. Fluzone Intradermal®: quadravalent influenza vaccine for injection in the skin of the upper arm (and not the muscle), licensed for persons 18-64 years of age. (NSN-6505016432917)

iii. FluBlok®: trivalent recombinant influenza vaccine (RIV3), manufactured without using eggs, is licensed for persons 18 years and older. (NSN-6505016434300)

e. Air Force Medical Logistics Officer (AFMLO) is responsible for ordering and distributing influenza vaccine for AFMS activities.
i. AFMLO will notify units of the quantities ordered and the document numbers being used. Additional quantities required must be coordinated with AFMOA/SGALC, DSN 343-4170, Commercial 301-619-4170.

ii. Individual Mobilization Augmentees should be immunized at their first opportunity or by their supporting MTF and should be included in requirements for the MTF.

iii. Expired vaccine will be disposed of in accordance with local MTF policy. MTF immunization clinic staff will enter vaccine loss quantities in the ASIMS Vaccine Loss Report. Destroyed quantities should be entered in the Monthly Vaccine Inventory Module: https://medlog.us.af.mil/index.cfm?event=medlog.vacrepsys

iv. Questions or concerns should be directed to Ms. Jan Mitchell: Email: jan.mitchell@us.af.mil or Comm: 301-619-4170; DSN: 343-4170; Fax: 301-619-2557.

7. Operational considerations.

a. It is AF policy to follow ACIP recommendations, consistent with requirements and guidance of the Food and Drug Administration and with consideration for the unique needs of military populations. www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html

b. Aeromedical impact: no DNIF period is required after influenza immunization; however, access to medical care on the ground is recommended for a period of 4 hours for all personnel after immunization unless operational needs dictate otherwise IAW reference f.

c. Vaccination of all military members should be completed as soon as possible after receipt of sufficient vaccine supplies. The goal for vaccination coverage is >90% of all service members immunized by 15 December 2015.

d. Prioritization plans. In the event of a severe influenza epidemic, extreme vaccine shortage, or unforeseen distribution delays, target populations will be prioritized IAW reference a and current ACIP recommendations. If necessary, specific prioritization instructions will be provided by AFMSA/SG3PM.

8. Vaccine Administration.

a. Only appropriately trained and qualified medical personnel working within their scope of practice, upon the order of an appropriately privileged health care provider, will administer the influenza vaccine. A major component of implementation is education and training. The Defense Health Agency Immunization Healthcare Branch (DHA-IHB) provides online training for management of the influenza vaccine program to include proper vaccine screening, administration and cold chain management procedures. The online training may be incorporated into local or regional training programs and should be available in late August 2015 at: www.vaccines.mil/Training/Disease/Influenza_-_Seasonal

b. Standing order programs authorize the administration of immunizations based on approved protocols without a written physician order or referral from a primary care provider. Standing orders are intended for use by properly trained healthcare personnel
working within their scope of practice as determined by their license and each Service. Examples of a standing order for the administration of the influenza vaccine be found here: [www.vaccines.mil/Standing_Orders](http://www.vaccines.mil/Standing_Orders)

c. An example of an injectable or intranasal influenza vaccination competency form can be found here: [www.vaccines.mil/CAF](http://www.vaccines.mil/CAF)

d. See Appendix 1 for the pediatric dosing algorithm.

e. See Appendix 3 for contraindications to influenza vaccination.

f. See Appendix 4 for recommendations regarding influenza vaccination of persons who report allergy to eggs.

g. LAIV should not be administered by severely immunosuppressed personnel. However, LAIV may be administered by health care personnel (HCP) who are pregnant, older than 50, or who have underlying medical conditions such as asthma. [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm)


a. IAW reference b, proper documentation of an immunization includes: patient identification; the date the vaccine was administered; the vaccine name or code; the manufacturer and lot number; the dose administered, route and anatomic site of vaccination; the date the Vaccine Information Statement (VIS) was provided, and the VIS version date.

b. All vaccinations will be documented in ASIMS, at the point of service (POS) if possible. If POS electronic documentation is not possible, ASIMS will be updated no later than the next duty day. All data requested in ASIMS will be provided (i.e., manufacturing, lot etc.)

c. Service members who receive influenza vaccinations from non-military facilities should provide immunization data to their unit’s Immunization Tracking System (ITS) point of contact for transcription no later than close of business the next duty day following vaccination. All available information to include date administered, product, manufacturer and lot number should be transcribed. Contract providers will enter into ITS directly as applicable.

d. Service members who receive care through TRICARE-Overseas Remote programs (e.g. DAO, embassy support/security staff, etc.), should provide their record of vaccination to their servicing military medical support staff for entry into their Service electronic medical record no later than the next duty day following vaccination.

e. Beneficiaries who receive vaccination from civilian providers should provide documentation of vaccination to their servicing MTF as soon as is practical.

f. Entities utilizing contracted support to administer and document vaccinations are responsible for ensuring that documentation of the immunization includes all required vaccine identifier information, as outlined in section 9a.

g. Only appropriate medical exemptions for seasonal influenza vaccine should be utilized for uniformed personnel. Exemption codes “Medical, immune” (MI), “Medical, assumed (MA)”, Medical, declined (MD)”, and “Not required” (NR) are not acceptable to defer annual influenza vaccination. Due to the wide variety of influenza vaccines available
each year “Medical, permanent (MP)” exemptions should expire annually and be renewed each year.

h. Service members who self-identify as allergic to the vaccine or its components are required to be evaluated by a physician (allergist). If determined to be allergic, exemption code Medical Reactive will be entered into ASIMS for that member.


a. VIS and Patient Information: IAW reference b, the current CDC published influenza VIS (Inactivated/Recombinant, Injectable or Live, Intranasal) shall be provided to any individual receiving a vaccine or, in the case of children, to the child's legal representative (i.e., parents or guardians). Additionally, reasonable effort to ensure the patient or legal representative understands the material presented is expected. All VISs are available at www.cdc.gov/vaccines/hcp/vis/current-vis.html and are also available in 40 languages on the CDC partner site, www.immunize.org/vis

b. VAERS Reporting: all vaccine-related adverse events must be reported through VAERS. Additionally, healthcare professionals should promptly report all clinically significant adverse events after vaccination of children, even if the healthcare professional is not certain the vaccine caused the event. The VAERS form is available at: http://vaers.hhs.gov/esub/index

11. Vaccine cold chain management.

a. All TempTales received in influenza vaccine shipments will be returned to DLA-TSM as soon as possible after receipt. This applies both to the green-labeled refrigerated TempTales that accompany injectable shipments and to the blue frozen TempTales enclosed with FluMist shipments. The instructions provided with shipping containers should be completely filled out and returned with each TempTale. Use the POC information on the neon orange label on the shipping container to contact DLA-TSM if paperwork is not present in the container.
   i. No Alarm TempTales - The material is released for immediate use. Disposition is not needed from DLA - TSM, but the TempTale must be returned for audit purposes.
   ii. Alarmed TempTales - Facility will immediately suspend use of the vaccine and place in refrigeration, return TempTale to DLA-TSM, and await disposition instructions.
   iii. Un-started or malfunctioning TempTales - Facility will treat the shipment as alarmed.

b. Facilities with the TempTale hardware and software should send TempTale data and information from the instruction sheet to DLA-TSM via email. Facilities without this capability will use the pre-paid/pre-addressed FedEx materials provided with shipping containers to physically return the TempTales to DLA-TSM. In all cases, if TempTales appear to be malfunctioning, they should be physically returned.
c. Vaccine Temperature Compromise. If influenza vaccine is not stored correctly within the temperature parameters of 2° - 8°C (36° - 46°F), the vaccine may lose potency. If temperature compromise is suspected after receipt:
   i. Vaccine should be placed immediately in a working refrigerator and marked as "DO NOT USE".
   ii. Notify your DHA-IHB Immunization Healthcare Specialist and complete the Potentially Compromised Vaccine/Temperature Sensitive Medical Products (TSMP) response worksheet located on the DHA-IHB website. The worksheet must be submitted online to DLA-TSM and USAMMA-DOC, and to your local medical logistics directorate.
   iii. Do not assume the vaccine is unusable, and do not discard potentially compromised vaccine until directed to do so by DLA-TSM and/or USAMMA-DOC. The worksheet and submission information can be accessed here: www.vaccines.mil/documents/PC-TSMPWorksheet.pdf

d. Vaccine disposal procedures. Posted destruction codes and information can be found at: http://phc.amedd.army.mil/topics/envirohealth/wm/Pages/MIDI.aspx

12. Influenza Vaccination Requirements and Recommendations.

   a. Active/Reserve members. Influenza vaccination is mandatory IAW reference c.
   b. Civilian HCP. Influenza vaccination is required for all who provide direct patient care in DoD MTFs as a condition of employment, unless there is a documented medical or religious reason not to be immunized, in accordance with reference d. Note: Contractor HCP will be vaccinated in accordance with the terms of their specific contract.
   c. Service POCs will provide Service-level HCP compliance reports to DHA-IHB no later than January 8, 2016. DHA-IHB will provide the consolidated HCP compliance report to ASD(HA) no later than February 1, 2016.
   d. Services may also consider offering influenza vaccine to HCP according to 2011 ACIP recommendations reference g. The ACIP expands upon the DoD definition of HCP, by recommending annual influenza vaccination for all paid and unpaid persons working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. According to the ACIP, HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients. Because of their contact with patients or infective material from patients, many HCP are at risk for exposure to (and possible transmission of) vaccine-preventable diseases. Employers and HCP have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to
patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases.

e. Facilities may utilize the National Healthcare Safety Network (NHSN) Surveillance for HCP Influenza Vaccination Module to report facility vaccination compliance through the influenza season. Information on the NHSN can be found at the following website: www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html


a. Active Duty and Reserve Component personnel on full-time military status should receive their vaccines through the MTF when possible. Reserve Component Individual Mobilization Augmentees (IMAs) should also be vaccinated through the MTF supporting the assigned unit, provided such vaccination is timely and poses no undue burden to the IMA.

b. Geographically separated Service members or those in part-time military status (Reserve or National Guard) should follow local policy for receiving their vaccination.

c. All other beneficiaries are encouraged to receive their influenza immunization from their local MTF. However, to enhance vaccination coverage, TRICARE providers and network retail pharmacies are authorized to administer seasonal influenza vaccine at no cost to TRICARE beneficiaries.

d. Federal employees and their families enrolled in the FEHB Program can be immunized through their health plans with no out-of-pocket cost. Many health plans will cover influenza vaccine administered in pharmacies and other convenient community locations.
Appendix 1. Influenza vaccine dosing algorithm for children aged 6 months through 8 years - ACIP, United States, 2015–2016 influenza season (Reference g)

Has the child received 2 or more total doses of trivalent or quadrivalent influenza vaccine before 1 July 2015*?

Yes

Administer 1 dose of the 2015-2016 seasonal influenza vaccine.

No or don’t know

Administer 2 doses of the 2015-2016 seasonal influenza vaccine. Doses should be administered ≥4 weeks apart.

* The two doses need not have been received during the same season or consecutive seasons.
Appendix 2: Influenza vaccines procured by DoD for 2015-2016

Influenza Vaccines for Different Age Groups --- United States, 2015-2016 Season*

*(DOD contracted vaccines are shaded in yellow)*

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Manufacturer</th>
<th>Presentation</th>
<th>Mercury (from thimerosal) µg/0.5 mL</th>
<th>Ovalbumin µg/0.5 mL</th>
<th>Latex</th>
<th>Age Indications</th>
<th>Route§</th>
<th>CVX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivated Injectable Influenza Vaccine, trivalent (IIV3), standard dose</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Contraindications*: Severe allergic reaction to any vaccine component, including egg protein, or after previous dose of any influenza vaccine.</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Precautions*: Moderate to severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Afluria</strong></td>
<td>bioCSL</td>
<td>0.5 mL single-dose prefilled syringe</td>
<td>0.0</td>
<td>&lt; 1</td>
<td>No</td>
<td>≥ 9 yrs***</td>
<td>IM</td>
<td>140</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 mL multi-dose vial</td>
<td>24.5</td>
<td>&lt; 1</td>
<td>No</td>
<td>≥ 9 yrs***</td>
<td>IM</td>
<td>141</td>
</tr>
<tr>
<td><strong>Fluvirin</strong></td>
<td>Novartis Vaccines and Diagnostics</td>
<td>0.5 mL single-dose prefilled syringe</td>
<td>≤ 1</td>
<td>≤ 1</td>
<td>Yes†</td>
<td>≥ 4 yrs</td>
<td>IM</td>
<td>140</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 mL multi-dose vial</td>
<td>25.0</td>
<td>≤ 1</td>
<td>No</td>
<td>≥ 4 yrs</td>
<td>IM</td>
<td>141</td>
</tr>
<tr>
<td><strong>Fluzone</strong></td>
<td>Sanofi Pasteur</td>
<td>5 mL multi-dose vial</td>
<td>25.0</td>
<td>§§</td>
<td>No</td>
<td>≥ 6 mos</td>
<td>IM</td>
<td>141</td>
</tr>
<tr>
<td>Inactivated influenza vaccine, trivalent (IIV3), high dose</td>
<td></td>
<td></td>
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<tr>
<td>Contraindications*: Severe allergic reaction to any vaccine component, including egg protein, or after previous dose of any influenza vaccine.</td>
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<tr>
<td>Precautions*: Moderate to severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.</td>
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</tr>
<tr>
<td><strong>Fluzone High-Dose</strong></td>
<td>Sanofi Pasteur</td>
<td>0.5 mL single-dose prefilled syringe</td>
<td>0.0</td>
<td>§§</td>
<td>No</td>
<td>≥ 65 yrs</td>
<td>IM</td>
<td>135</td>
</tr>
<tr>
<td>Recombinant Influenza Vaccine, trivalent (RIV3), standard dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Contraindications*: Severe allergic reaction to any vaccine component.</td>
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<td></td>
</tr>
<tr>
<td>Precautions*: Moderate to severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.</td>
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</tr>
<tr>
<td><strong>FluBlok</strong></td>
<td>Protein Sciences</td>
<td>0.5 mL single-dose vial</td>
<td>0.0</td>
<td>0.0</td>
<td>No</td>
<td>≥ 18 yrs</td>
<td>IM</td>
<td>155</td>
</tr>
</tbody>
</table>
### Inactivated Influenza Vaccine, trivalent cell-culture-based (ccIIV3), standard dose

*Contraindications*: Severe allergic reaction to any vaccine component, including egg protein, or after previous dose of any influenza vaccine.

*Precautions*: Moderate to severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Manufacturer</th>
<th>Dose</th>
<th>Package Size</th>
<th>Risk</th>
<th>Age Requirement</th>
<th>Route</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flucelvax®</td>
<td>Novartis Vaccines and Diagnostics</td>
<td>0.5 mL single-dose prefilled syringe</td>
<td>0.0 ††</td>
<td>Yes †</td>
<td>≥ 18 yrs</td>
<td>IM</td>
<td>153</td>
</tr>
</tbody>
</table>

### Inactivated Injectable Influenza Vaccine, quadrivalent (IIV4), standard dose

*Contraindications*: Severe allergic reaction to any vaccine component, including egg protein, or after previous dose of any influenza vaccine.

*Precautions*: Moderate to severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Manufacturer</th>
<th>Dose</th>
<th>Package Size</th>
<th>Risk</th>
<th>Age Requirement</th>
<th>Route</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluarix®</td>
<td>GlaxoSmithKline</td>
<td>0.5 mL single-dose prefilled syringe</td>
<td>0.0 ≤0.05</td>
<td>No</td>
<td>≥ 3 yrs</td>
<td>IM</td>
<td>150</td>
</tr>
<tr>
<td>FluLaval®</td>
<td>ID Biomedical Corp of Quebec (distributed by GlaxoSmithKline)</td>
<td>5 mL multi-dose vial</td>
<td>&lt;25.0 ≤0.3</td>
<td>No</td>
<td>≥ 3 yrs</td>
<td>IM</td>
<td>158</td>
</tr>
<tr>
<td>Fluzone®</td>
<td>Sanofi Pasteur</td>
<td>0.25 mL single-dose prefilled syringe</td>
<td>0.0 §§</td>
<td>No</td>
<td>6-35 mos</td>
<td>IM</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.5 mL single-dose prefilled syringe</td>
<td>0.0 §§</td>
<td>No</td>
<td>≥ 36 mos</td>
<td>IM</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.5 mL single-dose vial</td>
<td>0.0 §§</td>
<td>No</td>
<td>≥ 36 mos</td>
<td>IM</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 mL multi-dose vial</td>
<td>25.0 §§</td>
<td>No</td>
<td>≥ 6 mos</td>
<td>IM</td>
<td>158</td>
</tr>
<tr>
<td>Fluzone®</td>
<td>Sanofi Pasteur</td>
<td>0.1 mL prefilled microinjection system</td>
<td>0.0 §§</td>
<td>No</td>
<td>18-64 yrs</td>
<td>ID ††</td>
<td>166</td>
</tr>
<tr>
<td>Intradermal¶</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Live Attenuated Influenza Vaccine, quadrivalent (LAIV4)

- **Contraindications**: Severe allergic reaction to any vaccine component, including egg protein, or after previous dose of any influenza vaccine. Concomitant use of aspirin or aspirin-containing medications in children and adolescents.

- In addition, ACIP recommends LAIV4 not be used for pregnant women, immunosuppressed persons, persons with egg allergy, and children aged 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months.

- LAIV4 should not be administered to persons who have taken influenza antiviral medications within the previous 48 hours.

- Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV4, or should avoid contact with such persons for 7 days after receipt.

- **Precautions**: Moderate to severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine; asthma in persons aged 5 years and older; medical conditions which might predispose to higher risk for complications attributable to influenza.

### FluMist**

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Formulation</th>
<th>Dosage</th>
<th>Safety</th>
<th>Age</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedImmune</td>
<td>0.2 mL single-dose prefilled intranasal sprayer</td>
<td>0.0</td>
<td>&lt; 0.24 (per 0.2 ml)</td>
<td>No</td>
<td>2-49 yrs</td>
</tr>
</tbody>
</table>

**Abbreviations**: IIV = inactivated influenza vaccine; IIV3 = inactivated influenza vaccine, trivalent; ccIIV3 = cell culture-based inactive influenza vaccine, trivalent; IIV4 = inactivated influenza vaccine, quadrivalent; RIV3 = recombinant hemagglutinin influenza vaccine, trivalent; LAIV4 = live, attenuated influenza vaccine, quadrivalent.

**LAIV, IIV, and RIV** denote vaccine categories; numeric suffix specifies the number of influenza virus antigens contained in the vaccine.

**IM** = intramuscular; **ID** = Intradermal; **IN** = intranasal
Immunization providers should check Food and Drug Administration approved prescribing information for 2015-16 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S. licensed vaccines are available at www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm.

§ For adults and older children, the recommended site for intramuscular influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Specific guidance regarding site and needle length for intramuscular administration may be found in the ACIP General Recommendations on Immunization, available at www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm

§§ Available upon request from Sanofi Pasteur (1-800-822-2463 or MIS.emails@sanofipasteur.com).

¶ Quadrivalent inactivated vaccine, Intradermal: a 0.1-mL dose contains 9 µg of each vaccine antigen (36 µg total).

††† The preferred injection site is over the deltoid muscle. Fluzone Intradermal Quadrivalent is administered using the delivery system included with the vaccine.

¶¶ Trivalent inactivated vaccine high-dose: a 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).

*** Age indication per package insert is ≥ 5 years; however, ACIP recommends Afluria® not be used in children aged 6 months through 8 years because of increased risk of febrile reactions noted in this age group with bioCSL’s 2010 Southern Hemisphere IIC3. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5 - 8 years who has a medical condition that increases the child’s risk for influenza complications, Afluria® can be used; however, providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria® before administering this vaccine. Afluria® may be used in persons aged ≥ 9 years.

† Syringe tip cap may contain natural rubber latex.

†† Information not included in package insert. Estimated to contain <50 femtograms (5x10^-8 µg) of total egg protein (of which ovalbumin is a fraction) per 0.5 mL dose of Flucelvax.

** FluMist is shipped refrigerated and stored in the refrigerator at 35°F–46°F (2°C–8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2-4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2-4 years should be asked: “In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?” Children whose parents or caregivers answer “yes” to this question and children who have or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist.
Appendix 3: Contraindications to Influenza Vaccination (Reference g)

1. Persons with an allergy to any component of influenza vaccine should not be vaccinated.

2. People with a history of Guillain-Barre Syndrome should consult with a physician prior to receiving influenza vaccine.

3. Persons with moderate-to-severe acute febrile illness should not be vaccinated with either IIV or LAIV until their symptoms have abated.

4. Persons who report a history of egg allergy should be managed according to Reference g.

5. Contraindications to receiving LAIV:
   a. Persons aged <2 years or >49 years
   b. Those with contraindications listed in the package insert:
      1. Children aged 2 through 17 years who are receiving aspirin or aspirin-containing products.
      2. Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine.
   c. Pregnant women.
   d. Immunocompromised persons.
   e. Persons with a history of egg allergy.
   f. Children aged 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months. For persons aged ≥5 years with asthma, recommendations are described in item 6 of this list.
   g. Persons who have taken influenza antiviral medications within the previous 48 hours.

6. In addition to the groups for whom LAIV is not recommended above, the "Warnings and Precautions" section of the LAIV package insert indicates persons of any age with asthma might be at increased risk for wheezing after administration of LAIV. The package insert also notes the safety of LAIV in persons with other underlying medical conditions that might predispose them to complications after wild-type influenza virus infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]), has not been established. These conditions, in addition to asthma in persons aged ≥5 years, should be considered precautions for the use of LAIV.

7. Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for
seven days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus to close contacts.

8. HCP who are severely immunosuppressed should not be administering the LAIV vaccine to patients. However, LAIV may be administered by HCP who are pregnant, older than 50, or who have underlying medical conditions such as asthma.
Appendix 4. Recommendations regarding influenza vaccination of persons who report allergy to eggs - ACIP, United States, 2015–16 influenza season (Reference g)

Can the person eat lightly cooked egg (e.g., scrambled egg) without reaction?*†

Yes

Administer vaccine per usual protocol

No

After eating eggs or egg-containing foods, does the person experience ONLY hives?

Yes

Administer RIV3 if patient is ≥ 18 years

OR

Administer IIV;
Observe for reaction for at least 30 minutes after vaccination.

No

After eating eggs or egg-containing foods, does the individual experience other symptoms such as:

Cardiovascular changes (e.g., hypotension)
Respiratory distress (e.g., wheezing)
Gastrointestinal (e.g., nausea or vomiting)
Reaction requiring epinephrine
Reaction requiring emergency medical attention

Yes

Administer RIV3, if patient is ≥ 18 yrs

OR

If RIV3 is not available, or if the patient is aged < 18 yrs, IIV should be administered by a physician with experience in the recognition and management of severe allergic conditions

Observe for at least 30 minutes after vaccination.

Abbreviations: IIV = inactivated influenza vaccine, trivalent or quadrivalent; RIV3 = recombinant influenza vaccine, trivalent.

* Persons with egg allergy may tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.

† For persons who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained before vaccination. Alternatively, RIV3 may be administered if the recipient is ≥18 years.