Overview

- ACIP influenza vaccine recommendations
- Co-administration of influenza vaccine with other vaccines
ACIP Influenza Vaccine Recommendations

Revisions to the ACIP Influenza Vaccine Recommendations 2021-2022

- 2021-2022 strains
- Formulation information
- Timing of vaccination
- Contraindications and precautions - allergy
2021-2022 Strains

**Egg-based Vaccine**
- A/Cambodia/e0826360/2020 (H3N2-like)
- A/Victoria/2570/2019 (H1N1-like)
- B/Washington/2/2019 (Victoria)
- B/Phuket/3073/2013 (Yamagata)

**Cell-culture and Recombinant Vaccine**
- A/Cambodia/e0826360/2020 (H3N2-like)
- A/Wisconsin/588/2019 (H1N1-like)
- B/Washington/2/2019 (Victoria)
- B/Phuket/3073/2013 (Yamagata)

**Formulation Updates**
- Flucelvax (ccIIV4) the cell culture inactivated vaccine
  - Previously approved for persons 4 years old and older
  - Now approved for persons 2 years old and older
**Timing of Influenza Vaccination**

- Influenza vaccine usually becomes available in July.
- Optimal vaccination – vaccinated by the end of October
- Certain persons should be vaccinated earlier rather than later.
  - Children 2 – 8 years of age who require 2 doses of influenza vaccine
  - Persons who are in the third trimester of pregnancy
- Continue vaccinating throughout influenza season.

**Contraindications/Precautions to Influenza Vaccine**

- These now vary by brand of influenza vaccine
- Contraindication – based on a safety concern, vaccine should be withheld
- Precaution – based on a milder safety concern, a concern with vaccine effectiveness, or a concern with diagnosis of a new-onset medical condition – a risk benefit analysis should occur.
Contraindications to Egg-based Influenza Vaccines

- History of severe allergic reaction (e.g. anaphylaxis) to any component of the vaccine (any valency) or to a previous (or prior) dose of any influenza vaccine (IIV, ccIIV, RIV, LAIV) (any valency).

Contraindications to Cell-culture Influenza Vaccine

- History of severe allergic reaction (e.g. anaphylaxis) to a previous (or prior) dose of any cell-culture vaccine (any valency) or any component of cell-culture vaccine (any valency).
Contraindications to Recombinant Influenza Vaccine

- History of severe allergic reaction (e.g. anaphylaxis) to a previous (or prior) dose of any recombinant influenza vaccine (any valency) or any component of recombinant influenza vaccine (any valency).

Contraindications to Live-attenuated Influenza Vaccine

- History of severe allergic reactions (e.g. anaphylaxis) to any component of the vaccine (any valency) or to a previous (or prior) dose of any influenza vaccine (any valency)
- Concomitant aspirin or salicylate-containing therapy in children and adolescents
- Being a child aged 2-4 years and have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months
- Altered immunocompetence
- Anatomic and functional asplenia (e.g. sickle cell disease)
- Close contacts and caregivers of persons requiring care in a protected environment
- Pregnancy
- CSF leak
- Receipt of influenza antiviral medications within the previous 48 hours (oseltamivir/zanamivir), 5 days (peramivir), 17 days (baloxavir)
Precautions to Egg-based Influenza Vaccines

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine

Precautions to Cell-culture Influenza Vaccine

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
- History of severe allergic reaction to a previous (a prior) dose of any other influenza vaccine (IIV, RIV, or LAIV) (any valency)
Precautions to Recombinant Influenza Vaccine

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
- History of severe allergic reaction to a previous (a prior) dose of any other influenza vaccine (IIV, ccIIV, or LAIV) (any valency)

Precautions to Live-attenuated Influenza Vaccine

- Moderate or severe acute illness with or without fever
- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
- Asthma in persons 5 years old and older
- Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g. chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])
Influenza Co-administration

Standards for Adult Immunization Practices | CDC

Immunizing Adult Patients: Standards for Practice

Make all patients aware of influenza vaccination benefits, risks, and contraindications. Discuss the indications and contraindications before administration. Discuss the benefits and risks of influenza vaccination with all patients. Discuss the indication for influenza vaccination with all adults. Discuss the risks of influenza vaccination with all adults.

ACIP General Best Practice Guidelines for Immunization | CDC
 Timing and Spacing of Vaccine Doses

- General Best Practices: two different vaccines may be given simultaneously (same clinic day)
  - Some exceptions for certain vaccines and certain risk groups
    - PCV13 and Menactra (asplenia, HIV infection)

- General Best Practices: two different vaccines may be given at any interval
  - Some exceptions for certain vaccines and certain risk groups
    - Menactra and DTaP (asplenia, HIV infection, complement component deficiency)
    - Most injectable live vaccine pairs need to be separated by 28 days
    - LAIV and another live vaccine needs to be separated by 28 days
    - Yellow fever and another live vaccine (including LAIV) needs to be separated by 30 days

Best Practices for Multiple Injections

- Label each syringe.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccine and vaccines that may be more likely to cause a local reaction in different limbs, if possible.

https://www.cdc.gov/vaccines/hcp/admin/resource-library.html
**Vaccines Most Likely to Cause a Local Reaction**

- Adjuvanted vaccines: HepB, DTaP, Tdap, Td, IIV (Fluad), HPV, Zoster (RZV), MenB, Pentacel, Pediarix, Quadracel, Kinrix, Twinrix, Vaxelis
- High-dose influenza vaccine
- Tetanus-toxoid containing vaccines (all are adjuvanted as above)
- In making your limb decision....use your clinical experience about other vaccines that might be reactogenic (e.g. IPV, PPSV23, HepA).
- Don’t miss an opportunity to vaccinate!

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**Communication with Patients**

[Image: https://www.cdc.gov/vaccines/howirecommend/index.html]
Communication Resources

- COVID-19 Vaccine Recipient Education: https://www.cdc.gov/vaccines/covid-19/hcp/index.html
- #HowIRecommend videos: https://www.cdc.gov/vaccines/howirecommend/index.html
- How Nurses and Medical Assistants Can Foster a Culture of Immunization in the Practice: https://www.cdc.gov/vaccines/ed/courses.html#foster-culture