



Influenza and Children

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Influenza and Children

- Influenza is typically far more serious for children than is the common cold, especially for those <5 years of age.
- Severe complications including hospitalization are most common in children < 2 years of age.

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- Children with certain chronic health problems, such as cystic fibrosis, have much higher rates of immunization than others, such as asthma.

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- Reducing influenza virus transmission among children who attend child care or school decreases the burden of childhood influenza and transmission to all ages.
- To date, only 2 states have enacted influenza immunization requirements for child care attendees. Vaccine coverage for those 6 months to 59 months rose from 68% to 84% in one state.

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- The American Academy of Pediatrics strongly believes that health care for children should be provided in the child's medical home.
- Influenza vaccine should be administered at any visit to the medical home during influenza season when not contraindicated.
- We must address barriers to immuniation for children in foster care, refuge and immigrant children and those children who are homeless.

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- For children immunized outside the medical home (alternative venue), a system of record transfer to ensure accurate immunization records is needed.
- Barcoding should help facilitate more efficient and accurate documentation.

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- School-located vaccination clinics (SLVC) have been shown to be effective in delivering seasonal influenza vaccine.
- Social norms and convenience influence both parents and adolescents attitudes about SLVC for influenza vaccine.

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- Based upon research conducted in GA with those 11-18 years of age, parents identified strongly with a perceived benefit for influenza vaccine, but perceived susceptibility to influenza (or other vaccine-preventable diseases) was low.

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- Recent data from Australia show the average effectiveness of partial or complete trivalent influenza vaccination was 65% over 4 seasons. Vaccine was particularly effective in children <2 years of age (85.8% 95% CI 37.9 – 96.7%)

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- Need to ensure all members of households with infants <6 months of age are vaccinated.
- Recent changes in policy concerning egg-allergy and influenza vaccine should help increase immunization rate for both children and adults.

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- Healthy children 2 years or older can receive either IM-administered inactivated influenza vaccine (IIV), trivalent or quadrivalent (IIV3 or IIV4) or live-attenuated influenza vaccine (LAIV). Only IIV should be given to those 6-23 months , and those with underlying medical conditions.