

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Live Attenuated Influenza Vaccine (LAIV)</p> <p>FluMist® MedImmune Inc.</p>	<p>Children 2 through 8 years of age:</p> <p>First¹: 0.2 mL Intranasally (0.1 mL in each nostril)</p> <p>Second:² 0.2 mL Intranasally (0.1 mL in each nostril) at least 4 weeks later</p> <p>Persons 9 through 49 years of age:</p> <p>First: 0.2 mL Intranasally (0.1 mL in each nostril)</p> <p>¹ In order 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 asthma or who had a wheezing episode noted in the medical record during the preceding 12 months should not receive LAIV. Use inactivated influenza for children with asthma or wheezing.</p> <p>² Children aged younger than 9 years who are receiving seasonal influenza vaccine for the first time or who received seasonal influenza vaccine for the first time during the previous influenza season but only received 1 dose administer 2 doses (separated by at least 4 weeks).</p> <p>In addition, for the 2010-11 influenza season, children aged 6 months-8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous seasonal influenza vaccination history.</p> <p>Children aged 6 months-8 years for whom the previous 2009-10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010-11 seasonal influenza vaccine. For all children, the second dose of a recommended 2-dose series should be administered ≥4 weeks after the initial dose.</p>	<p>Yearly booster of influenza vaccine prepared for current flu season</p> <p>(0.2 mL intranasally [i.e., 0.1 mL in each nostril])</p>	<p>LAIV can be used to immunize healthy persons 2 through 49 years of age. Currently the vaccine is not licensed for use in persons who are at high-risk for influenza complications, including pregnant women. High-risk persons should receive inactivated influenza vaccine. See Influenza Virus Vaccine Subviron “Comments and Contraindications” column for listing of persons considered high-risk for influenza complications.</p> <p>Sneezing after vaccine administration: If the vaccine recipient sneezes immediately after administration, the dose should not be repeated.</p> <p>Nasal congestion: if nasal congestion is present that might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration should be considered until resolution of the illness, or TIV should be administered instead. No data exist about concomitant use of nasal corticosteroids or other intranasal medications.</p> <p>Contacts of hematopoietic stem cell transplant patients while they are in isolation: Healthcare workers and others who have contact with hematopoietic stem cell transplant patients while they are in isolation should <u>not</u> receive LAIV because of theoretical risk that the attenuated vaccine might be transmitted to the severely immunosuppressed person and cause disease. Persons who receive LAIV should refrain from contact with persons in isolation for hematopoietic stem cell transplant for 7 days.</p> <p>Adverse Reactions: Cough, runny nose, nasal congestion, sore throat, chills. Rarely hypersensitivity reactions.</p> <p>Contraindications & Precautions:</p> <ul style="list-style-type: none"> • Persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs; • Children aged <2 years, because of an increased risk for hospitalization and wheezing observed in clinical trials; • Children aged 2–4 years 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; • Persons with asthma; • Persons aged ≥50 years; • Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders; • Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); • Children or adolescents aged 6 months–18 years receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection); or • Pregnant women • A moderate or severe illness with or without fever is a precaution • GBS within 6 weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines. • LAIV should not be administered to close contacts of immunosuppressed persons who require a protected environment