



Influenza (LAIV4)
Live Attenuated Influenza – FluMist Quadrivalent™

Pathophysiology	Virus Highly contagious Respiratory transmission Virus shed in respiratory secretions for 3-10 days
Vaccine Description	Live, attenuated, cold-adapted, 0.2ml intranasal quadrivalent vaccine composed of 4 virus strains - two type A and two type B
Dose & Route	0.2 mL dose (0.1 mL per nostril), sprayed into each nostril. If the vaccine recipient sneezes after administration, the dose should not be repeated. However, 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 IIV should be administered instead.
Brand Information	FluMist® AstraZeneca Approved for persons 2 years – 49 years of age
Recommendations	<ul style="list-style-type: none"> Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. LAIV should be used for healthy children aged 2 through 8 years who have no contraindications or precautions.
Contraindications	<ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Concomitant use of aspirin or salicylate- containing medication in children and adolescents LAIV4 should not be administered to persons who have taken oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days.(h) Pregnancy Children aged 2 through 4 years who 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. Persons with active cerebrospinal fluid/oropharyngeal communications/leaks. Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. Persons with cochlear implants (due to the potential for CSF leak, which might exist for some period of time after implantation. Providers might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used). Altered Immunocompetence Anatomic or functional asplenia (e.g. sickle cell disease)
Precautions	<ul style="list-style-type: none"> GBS <6 weeks after a previous dose of influenza vaccine Asthma in persons aged 5 years old or older Medical conditions which might predispose to higher risk of complications attributable to influenza(g) Moderate or severe acute illness with or without fever
Special Considerations	<ul style="list-style-type: none"> The best time to give influenza vaccine is October - November, however, influenza vaccine can be administered through May. https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm Immunity from influenza vaccine rarely exceeds 1 year and the vaccine virus strains may vary each year