

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VACCINES TO PREVENT INFLUENZA

The purpose of this resolution is to update the table of inactivated influenza vaccines in the VFC program.

VFC resolution 2/18-1 is repealed and replaced by the following:

Inactivated Influenza Vaccine (IIV)

Eligible Groups

All children aged 6 months through 18 years.

Recommended Vaccination Schedule and Intervals

- 6 months through 8 years: 1 or 2 doses, as noted in the current ACIP recommendations
- 9 through 18 years: 1 dose

The table below lists the currently approved inactivated influenza vaccines in the VFC program, including the age indication for each vaccine.

Brand Name	Presentation	Age Indication
Afluria (Quadrivalent)	0.25mL pre-filled syringe	6 through 35 months
Afluria (Quadrivalent)	0.5 mL pre-filled syringe	>= 36 months
Afluria (Quadrivalent)	5.0mL multi-dose vial	>=6 months
Fluarix (Quadrivalent)	0.5 mL pre-filled syringe	>= 6 months
Flucelvax (Quadrivalent)	0.5 mL pre-filled syringe	>= 4 years
Flucelvax (Quadrivalent)	5.0mL multi-dose vial	>= 4 years
Flulaval (Quadrivalent)	0.5 mL pre-filled syringe	>= 6 months
Flulaval (Quadrivalent)	5.0 mL multi-dose vial	>= 6 months
Fluzone (Quadrivalent)	0.25mL pre-filled syringe	>= 6 through 35 months
Fluzone (Quadrivalent)	0.5mL prefilled syringe/single-dose vial	>= 6 months
Fluzone (Quadrivalent)	5.0mL multi-dose vial	>= 6 months

Note: The use of brand names is not meant to preclude the use of other comparable licensed vaccines.

Minimum Age: 6 months

Minimum interval between dose 1 and dose 2 (where applicable): 4 weeks

Recommended Dosage

Refer to product package inserts available at:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

Contraindications and Precautions

Contraindications:

1. History of severe allergic reaction to any component of the vaccine or after previous dose of any influenza vaccine. However, ACIP makes specific recommendations for the use of influenza vaccine in persons with egg allergy (see Influenza Vaccination of Persons with a History of Egg Allergy, in <https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm>).

Precautions:

1. Moderate or severe acute illness with or without fever
2. GBS within 6 weeks following a previous dose of influenza vaccine

Live Attenuated Influenza Vaccine (LAIV)

Eligible Groups

All healthy, non-pregnant children and adolescents (those who do not have an underlying medical condition that predisposes them to influenza complications) aged 2 through 18 years.

Recommended Vaccination Schedule and Intervals

- 2 years through 8 years: 1 or 2 doses, as noted in the current ACIP recommendations
- 9 through 18 years: 1 dose

Minimum Age: 2 years

Minimum interval between dose 1 and dose 2 (where applicable): 4 weeks

Recommended Dosage

Refer to product package insert.

Contraindications and Precautions

Contraindications and precautions can be found at:

<https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm>

[If an ACIP recommendation regarding influenza vaccination is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the URL.]

Adopted and Effective: June 27, 2019

This document can be found on the CDC website at:

<https://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html>