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Influenza Vaccine Recommendations and Administration for the 2023–24 Season

General Recommendations for Vaccination¹

- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications (Table).
- Except for vaccination for adults aged ≥ 65 years, ACIP makes no preferential recommendation for one influenza vaccine product over another.
- High-dose or adjuvanted influenza vaccines are preferentially recommended for adults aged ≥ 65 years (RIV4, aIIV4, HD-IIV4).
- Health care providers should consider observing all patients for 15 minutes after administration of any vaccine to decrease the risk for injury should syncope occur.¹
- Visit [Vaccines.gov](https://www.vaccines.gov) to find a venue near you that offers influenza and/or COVID vaccines. Influenza vaccines can generally be given at the same time as other vaccines. Talk to your provider or pharmacist for more information.

Timing of Vaccination¹

September and October are the best times for most people to get vaccinated against influenza.

- Children who need two doses of flu vaccine should get their first dose as soon as vaccine becomes available. The second dose should be given at least 4 weeks after the first.
- Children aged 6 months through 8 years who have never received a flu vaccine or who have only received one dose total in the past should receive two doses this season.
- Individuals in their third trimester of pregnancy should get a flu vaccine as soon as vaccine is available.
- Vaccination should continue to be offered as long as influenza is circulating and unexpired vaccine is available.

Recommendations for Persons with an Egg Allergy¹

- Persons with a history of egg allergy are recommended to receive influenza vaccine.
- Egg allergy alone necessitates no additional precautions other than those recommended for administration of any vaccine to any individual, regardless of severity of previous reaction to egg.
- Any licensed, recommended influenza vaccine that is appropriate for the recipient’s age and health status can be used, including egg-based vaccines.
- All vaccines should be administered in settings with the ability to rapidly recognize and treat acute hypersensitivity (anaphylactic) reactions.
- A history of anaphylaxis to egg-based vaccine is a contraindication to receiving an egg-based vaccine.

Guidance for Persons at Increased Risk for Severe Illness¹

Vaccination to prevent influenza is particularly important for persons who are at increased risk for severe illness and complications from influenza and for influenza-related outpatient, emergency department, or hospital visits. These persons include the following (note: no hierarchy is implied by order of listing):

- All children aged 6 months through 4 years;
- All persons aged ≥ 50 years;
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Person who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection);
- Individuals who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months through 18 years) receiving aspirin- or salicylate-containing medications who might be at risk for experiencing Reye syndrome after influenza virus infection;
- Residents of nursing homes or long-term care facilities;
- American Indian or Alaska Native people; and
- Persons who are extremely obese (body mass index ≥ 40 for adults).

An IIV4 or RIV4 (as appropriate for the recipient’s age) is suitable for persons in all risk groups. LAIV4 is not recommended for some populations. Contraindications and precautions to the use of LAIV4 are noted (Table).

References

1. CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP — United States, 2023–24—Influenza Season. *MMWR* 2023;72(2);1-25. Available at: https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w
2. Alaska Epidemiology *Bulletin*. “Influenza Vaccines Available during the 2023–24 Season”. No. 11, August 30, 2023. Available at: https://epi.alaska.gov/bulletins/docs/b2023_11.pdf

Note: This Bulletin provides summary information only. For complete information, consult the ACIP recommendations¹ and vaccine manufacturer package inserts, available at: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833>)

Table. Contraindications and Precautions^{1*}

	Contraindications	Precautions
Egg-based IIV4	<ul style="list-style-type: none"> • History of severe allergic reaction to any component of the vaccine,[†] or to a previous dose of any influenza vaccine[§] 	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever • History Guillain-Barré syndrome (GBS) within 6 weeks of influenza vaccine
ccIIV4	<ul style="list-style-type: none"> • History of severe allergic reaction to a previous dose of any ccIIV or any component of ccIIV4[§] 	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever • History GBS within 6 weeks of influenza vaccine • History of severe allergic reaction to a previous dose of any other influenza vaccine

RIV4	<ul style="list-style-type: none"> History of severe allergic reaction to a previous dose of any RIV or any component of RIV4[§] 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS within 6 weeks of influenza vaccine History of severe allergic reaction to a previous dose of any other influenza vaccine
LAIV4	<ul style="list-style-type: none"> History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine[†] or to a previous dose of any influenza vaccine[§] Concomitant aspirin or salicylate-containing therapy in children and adolescents[§] 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 Children and adults who are immunocompromised due to any cause, including but not limited to immunosuppression caused by medications, congenital or acquired immunodeficiency states, HIV infection, anatomic asplenia, or functional asplenia (e.g., due to sickle-cell anemia) Close contacts and caregivers of severely immunosuppressed persons who require a protected environment Pregnancy Persons with active communication between the CSF and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak^{**} Persons with cochlear implants Receipt of influenza antiviral medication within the previous 48 hours for oseltamivir and zanamivir, previous 5 days for peramivir, and previous 17 days for baloxavir^{††} 	<ul style="list-style-type: none"> Moderate or severe acute illness with or without fever History of GBS within 6 weeks of receiving an influenza vaccine Asthma in persons aged ≥ 5 years 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])

Abbreviations: ACIP = Advisory Committee on Immunization Practices; cIIIV4 = cell culture–based inactivated influenza vaccine; CSF = cerebrospinal fluid; FDA = Food and Drug Administration; IIV4 = inactivated influenza vaccine, quadrivalent; LAIV4 = live-attenuated influenza vaccine, quadrivalent; RIV4 = recombinant influenza vaccine, quadrivalent.

* Vaccination providers should check FDA-approved prescribing information for 2023–24 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at: <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>

[†] History of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of most egg-based IIV and LAIV4. However, ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status. Those who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention should be vaccinated in an inpatient or outpatient medical setting (including, but not necessarily limited to, hospitals, clinics, health departments, and physician offices), if a vaccine other than cIIIV4 or RIV4 is used. Vaccine administered should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.

[§] Labeled contraindication noted in package insert.

[¶] If administered, vaccination should occur in a medical setting and should be supervised by a health care provider who can recognize and manage severe allergic reactions. Providers can consider consultation with an allergist in such cases, to assist in identification of the component responsible for the allergic reaction.

^{**} Age-appropriate injectable vaccines are recommended for persons with cochlear implant due to the potential for CSF leak, which might exist for some period after implantation. Providers might consider consultation with a specialist concerning risk for persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used.

^{††} Use of LAIV4 in context of influenza antivirals has not been studied; however, interference with activity of LAIV4 is biologically plausible, and this possibility is noted in the package insert for LAIV4. In the absence of data supporting an adequate minimum interval between influenza antiviral use and LAIV4 administration, the intervals provided are based on the half-life of each antiviral. The interval between influenza antiviral receipt and LAIV4 for which interference might potentially occur might be further prolonged in the presence of medical conditions that delay medication clearance (e.g., renal insufficiency). Influenza antivirals might also interfere with LAIV4 if initiated within 2 weeks after vaccination. Persons who receive antivirals during the period starting with the specified time before receipt of LAIV4 through 2 weeks after receipt of LAIV4 should be revaccinated with an age appropriate IIV or RIV4.