State of Alaska Epidemiology **Bulletin**

Department of Health
Heidi Hedberg, Commissioner
Robert Lawrence, MD, MA, CMO

3601 C Street, Suite 540
Anchorage, Alaska 99503

Division of Public Health
Lindsey Kato, MPH, Director

https://health.alaska.gov/dph/Epi
24 Hour Emergency (800) 478-0084
Local (907) 269-8000

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

Bulletin No. 8
September 10, 2024

Influenza Vaccine Recommendations and Administration for the 2024–25 Season

General Recommendations for Vaccination[1]

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications (Table).
- High-dose or adjuvanted influenza vaccines are preferentially recommended for adults aged ≥65 years (RIV4, aIIV3, HD-IIV3).
- Adults ages 18–64 years who are solid organ transplant recipients receiving immunosuppressive medication regimens are recommended to receive HD-IIV3 and aIIV3, without a preference over other age-appropriate II3Vs or RIV3.
- Clinicians 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 to find a venue near you that offers influenza and/or COVID vaccines.

Timing of Vaccination[1]

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

- 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.
- 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.
- Flu vaccination should be given in the third trimester of pregnancy 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 Allergy[1]

- 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 Illness[1]

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);
- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection);
- Persons 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).

IIV3 or RIV3 (as appropriate for the recipient's age) are suitable for persons in all risk groups. LAIV3 is not recommended for some populations. Contraindications and precautions to the use of LAIV3 are noted (Table).

References

1. CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP — United States, 2024-25 Influenza Season. *MMWR* 2024;73(5);1-25. Available at: https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm?s_cid=rr7305a1_w
2. Alaska Epidemiology *Bulletin*. "Influenza Vaccines Available During the 2024–25 Season". No. 7, September 10, 2024. Available at: https://epi.alaska.gov/bulletins/docs/b2024_07.pdf

Note: This Bulletin provides summary information only. For complete information, consult the ACIP recommendations[1] and vaccine manufacturer package inserts, available at: http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833)

Table. Contraindications and Precautions[1]*

	Contraindications	Precautions
Egg-based IIV3	• History of severe allergic reaction to any component of the vaccine,† or to a previous dose of any influenza vaccine§	• Moderate or severe acute illness with or without fever • History Guillain-Barré syndrome (GBS) within 6 weeks of influenza vaccine
ccIIV3	• History of severe allergic reaction to a previous dose of any ccIIV or any component of ccIIV3§	• 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

RIV3	• History of severe allergic reaction to a previous dose of any RIV or any component of RIV3[§]	• 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
LAIV3	• 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[††]	• 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; ccIIV3 = cell culture–based inactivated influenza vaccine; CSF = cerebrospinal fluid; FDA = Food and Drug Administration; IIV3 = inactivated influenza vaccine, quadrivalent; LAIV3 = live-attenuated influenza vaccine, quadrivalent; RIV3 = recombinant influenza vaccine, quadrivalent.*

** Vaccination providers should check FDA-approved prescribing information for 2024–25 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 LAIV3. 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 ccIIV3 or RIV3 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 LAIV3 in context of influenza antivirals has not been studied; however, interference with activity of LAIV3 is biologically plausible, and this possibility is noted in the package insert for LAIV3. In the absence of data supporting an adequate minimum interval between influenza antiviral use and LAIV3 administration, the intervals provided are based on the half-life of each antiviral. The interval between influenza antiviral receipt and LAIV3 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 LAIV3 if initiated within 2 weeks after vaccination. Persons who receive antivirals during the period starting with the specified time before receipt of LAIV3 through 2 weeks after receipt of LAIV3 should be revaccinated with an age appropriate IIV or RIV3.

(Contributed by: Sarah Aho, MPH, Section of Epidemiology, and Sharon Liska, DNP, APRN, Section of Public Health Nursing.)