\*Updated 8/2024

Influenza (LAIV3) Live Attenuated Influenza - FluMist<sup>™</sup>

	Live Attenuated Influenza - FluMist <sup>™</sup>		
Pathophysiology	Virus		
	Highly contagious		
	Respiratory transmission		
	Virus shed in respiratory secretions for 3-10 days		
Vaccine	Live, attenuated, cold-adapted, 0.2ml intranasal quadrivalent vaccine composed of 4		
Description	virus strains - two type A and 1 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	FluMist® MedImmune		
Information	Approved for persons 2 years – 49 years of age		
Recommendations	<ul> <li>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.</li> <li>LAIV should be used for healthy children aged 2 through 8 years who have no contraindications or precautions.</li> </ul>		
Contraindications	<ul> <li>Moderate or severe acute illness with or without fever.</li> <li>History of GBS within 6 weeks of previous influenza vaccination.</li> <li>Receipt of specific antivirals (i.e., amantadine, rimantadine, zanamivir, or oseltamivir) 48 hours before vaccination. Avoid use of these antiviral drugs for 14 days after vaccination.</li> <li>Persons aged &lt;2 years or &gt;49 years</li> <li>Those with contraindications listed in the package insert</li> <li>Children aged 2 through 17 years who are receiving aspirin or aspirin-containing products</li> <li>Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine</li> <li>Pregnant women</li> <li>Immunosuppressed persons</li> <li>Persons with a history of egg allergy</li> <li>Asthma in persons aged 5 years and older.</li> <li>Children aged 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months</li> <li>Persons who have taken influenza antiviral medications within the previous 48 hours.</li> </ul>		
	<ul> <li>Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.</li> </ul>		

Precautions	<ul> <li>Persons of any age with asthma might be at increased risk for wheezing after administration of LAIV</li> <li>Persons with other underlying medical conditions that might predispose them 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] has not been established. These conditions, in addition to asthma in persons aged ≥5 years, should be considered precautions for the use of LAIV.</li> </ul>
Special	• The best time to give influenza vaccine is October - November, however,
Considerations	influenza vaccine can be administered through May.
	http://www.cdc.gov/flu/pdf/freeresources/general/take3_step_vac.pdf
	• Immunity from influenza vaccine rarely exceeds 1 year and the vaccine virus
	strains may vary each year