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**Breaking News**

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## ACIP: Use LAIV in healthy 2- to 8-year olds; IIVs also safe, effective

A federal advisory panel last week recommended that clinicians with both live attenuated vaccine (LAIV) and inactivated flu vaccines (IIVs) should use LAIV for healthy children 2 through 8 years. Experts noted, however, that both types are safe and effective.

Vaccination should **not** be delayed due to lack of LAIV, they said.

The recommendation was made during a meeting of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). An ACIP influenza working group developed the recommendation based on several studies showing “moderate to high evidence” that LAIV (FluMist) was more effective in young children.

Most offices already have submitted their influenza vaccine orders for next season. “Pediatricians should administer which ever age-appropriate vaccine that they have,” said Michael T. Brady, M.D., FAAP, chair of the AAP Committee on Infectious Diseases.

While the Academy’s 2014-’15 flu policy statement won’t be released until Sept. 1, 2014, current policy (<http://bit.ly/1iysJc3>) does not reflect a preference for one type of vaccine. The new policy will acknowledge the evidence that was presented and discussed at ACIP relating to LAIV, according to Dr. Brady. However, given that pediatricians may not have adequate supplies of LAIV to provide LAIV to all healthy children 2 through 8 years of age, the policy stresses the importance of immunization with any safe and effective influenza vaccine as being more important than which vaccine is administered.

Last year was the first season inactivated influenza vaccines became available in both trivalent (IIV3) and quadrivalent (IIV4) formulations.

The abbreviation IIV replaced TIV because inactivated influenza vaccines now contain either three or four virus strains. The trivalent live attenuated influenza vaccine (LAIV) was replaced by the quadri-

valent LAIV formulation (LAIV4).

LAIV should not be given to 2- to 4-year-olds who have had a wheezing episode or asthma within the past 12 months; immunosuppressed persons; those with egg allergy, children 2-17 years old who are on aspirin therapy; patients who have had severe allergic reactions to the vaccine or its components; pregnant women; those who have taken antivirals within the previous 48 hours; and anyone under 2 or older than 49 years.

Routine annual influenza vaccination continues to be advised for everyone 6 months and older. In addition, the same vaccine strain selection is being recommended for the upcoming season as was used last year. This will have implications for immunization of children less than 9 years of age. The policy statement will provide a helpful algorithm.

The ACIP influenza work group’s recommendations must be approved by the CDC director and, if adopted, are published as official recommendations in the *Morbidity and Mortality Weekly Report*, which is expected.

### RESOURCES

- Information on ACIP, <http://www.cdc.gov/vaccines/acip/index.html>
- AAP 2013-’14 influenza policy, <http://bit.ly/1pEjF3L>
- October 2013 *AAP News* article, “AAP updates policy on flu prevention, treatment,” <http://bit.ly/TAQlkm>
- Current Immunization Schedule for children up to 18 years, [www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf](http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf)
- *Red Book Online* Influenza Resource Page, <http://aapredbook.aappublications.org/site/flu/>