

Pediatric Pharmacy Advocacy Group Position Statement Regarding Influenza Vaccination of Children

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Over the past couple of years, the United States (U.S.) has had an unstable vaccine supply. Due to the unpredictable nature of vaccine supply, the Advisory Committee on Immunization Practices (ACIP) releases their guidelines for influenza vaccination prior to the start of each flu season.¹

The current ACIP guidelines recommend the following priority groups be first to receive the inactivated influenza vaccine during the flu season:¹

- All children 6 through 59 months of age, including school-aged children who want to reduce the risk of becoming ill with influenza or transmitting influenza to others
- All adults 59 years and older
- Adults and children with underlying chronic medical conditions (e.g. diabetes, pulmonary disease, heart disease, HIV, coagulopathy disorders, etc.)
- All women who will be pregnant during the influenza season
- Residents of nursing homes and long-term care facilities
- Children 6 months through 18 years of age on chronic aspirin therapy
- Adults and children with immunosuppression
- Adults and children who have any condition (e.g. cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or handling of respiratory secretions or that can increase the risk of aspiration
- Health-care workers involved in direct patient care
- Household contacts and out-of-home caregivers of children under 6 months of age

In the event of a shortage of influenza vaccine, priority should be given to all children 6 through 23 months of age and other high-risk groups because they are at greatest risk for hospitalization. Persons who do not fall into the above priority groups should be asked to forgo or defer vaccination until the end of October or early November in order to ensure there are adequate supplies of vaccine for those patients who are at highest risk (i.e. those in the priority groups) for flu complications.³

The intranasal live attenuated influenza vaccine remains a viable alternative for all healthy patients between the ages of 2 and 49 years. The intranasal influenza vaccine, however, should not be utilized in the following groups: health-care workers who provide direct patient care, immunosuppressed patients, pregnant women, and household or other close contacts of immunosuppressed patients.¹

The Pediatric Pharmacy Advocacy Group (PPAG) supports the guidelines for influenza vaccination recently released by the ACIP. Children 6 through 59 months of age, household contacts and out-of-home caregivers of children under 6 months and children 6 months through 18 years on chronic aspirin therapy, as well as, other priority groups, should continue to receive the inactivated influenza vaccine during October and November to assure optimal protection from the flu. In addition, PPAG strongly recommends healthy children older than 2 years of age be offered the intranasal live attenuated influenza vaccine in lieu of the intramuscular injection, when appropriate, to maintain a supply of the inactivated vaccine for those who are at highest risk of morbidity and mortality from contracting influenza. The ACIP also reiterates that children 6 months to 8 years of age who have not been vaccinated previously or who were vaccinated for the first time during the previous season with only 1 dose of vaccine should receive 2 doses of the influenza vaccine.¹ Finally, PPAG also supports the Centers for Disease Control and Prevention's recommendations to reduce the spread of influenza by avoiding sick contacts; restricting your child's attendance at school, daycare, and extracurricular activities during a respiratory illness; reinforcing appropriate hand washing; and covering the mouth and nose during coughs or sneezes.⁴

References

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