

During the 2014–2015 influenza season, multiple formulations of influenza vaccine will be available from a variety of manufacturers, including live attenuated and inactivated vaccines, trivalent and quadrivalent vaccines, and vaccines produced using egg-based, cell culture and recombinant methods. At its June 2014 meeting, the Advisory Committee on Immunization Practices (ACIP) recommended a preference for the use of Live Attenuated Influenza Vaccines (LAIV) for children ages 2 through 8 years. Studies indicate that live and inactivated influenza vaccines perform differently relative to each other in children, young adults and older adults. ACIP currently does not recommend a preference for live or inactivated influenza vaccine in older children or adults.

**The Washington State Vaccine Advisory Committee provides the following clinical guidance to providers on the use of flu vaccine when multiple types of vaccine are available. Nothing in this guidance is intended to supersede the recommendations from the ACIP.** Providers should review the complete [CDC guidance](#) for use of seasonal influenza vaccines for additional details regarding available vaccine products and indications, including use of vaccines in patients with egg-allergies.

All individuals six months of age and older should receive influenza vaccine. Influenza vaccination should not be delayed to get a specific vaccine preparation if an appropriate one is already available.

#### Live Attenuated Vaccine (LAIV – Trade name: FluMist) vs. Inactivated Vaccine (IIV):

Both IIV and LAIV have been demonstrated to be effective in children and adults. Several studies have demonstrated superior efficacy of LAIV in children. However, most comparative studies in adults have demonstrated either that LAIV and IIV were of similar efficacy or IIV was more efficacious.

- LAIV should be used for healthy children aged **2 through 8 years** who have no contraindications or precautions.
- If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed in order to get LAIV.

#### Quadrivalent vs. Trivalent Vaccine:

Quadrivalent flu vaccine includes an additional B strain of the flu virus. **This provides additional protection against the flu when the additional influenza B strain is circulating in the community.** It is not possible to predict in advance which influenza strains will be in circulation.

- If both quadrivalent and trivalent vaccine is available, a provider should consider using quadrivalent vaccine for anyone for whom the vaccine is indicated.
- Vaccination should not be delayed if only trivalent vaccine is available.

## Standard vs. High-Dose Flu Vaccine for Adults 65 Years of Age and Older:

High-Dose Flu Vaccine is approved for immunization of persons 65 years of age and older. The high-dose vaccine produces better antibody responses in older adults. There are currently no published studies comparing clinical efficacy of standard vs. high-dose influenza vaccines. Data from a clinical trial presented to ACIP indicated superior efficacy of the high dose vaccine in healthy adults (primarily due to protection against influenza A), but the study has yet to be published and peer reviewed.

[<http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-oct-2013/04-Fluzone-Greenberg.pdf>]

- At this time, ACIP expresses no preference for the use of standard or high-dose flu vaccine in adults 65 years and older.
- The safety profile of high-dose vaccine is similar to that of regular flu vaccines. Some adverse events (which are also reported after regular flu vaccines) have been reported more frequently after vaccination with high-dose vaccine. The most common adverse events have been mild and temporary, and include pain, redness and swelling at the injection site, headache, muscle aches, fever and malaise. Most people had minimal or no adverse events after receiving the high-dose vaccine.

### For more information:

- Morbidity and Mortality Weekly Report: “Prevention and Control of Influenza with Vaccines: Interim Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2013”  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6218a3.htm>
- CDC Website: “People at High Risk of Developing Flu-Related Complications”  
[http://www.cdc.gov/flu/about/disease/high\\_risk.htm](http://www.cdc.gov/flu/about/disease/high_risk.htm)
- CDC Statement: “Flu Vaccine Effectiveness: Questions and Answers for Health Professionals”  
<http://www.cdc.gov/flu/professionals/vaccination/effectivenessqa.htm#compare>
- ACIP – “Systematic Review of Effectiveness of Live Attenuated vs. Inactivated Vaccines for Health Children.”  
<http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-oct-2012/04-influenza-prutsky-lopez.pdf>