Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2021-22 Summary of Recommendations

For additional information: MMWR Recomm Rep 2021;70(No. RR-5), at https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html. This document is available in HTML format at https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm.

GROUPS RECOMMENDED FOR VACCINATION

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- If vaccine supply is limited, see priority groups for vaccination in the ACIP statement.

TIMING OF VACCINATION

- Vaccine should be ideally administered by the end of October, but should continue to be offered as long as influenza viruses are circulating locally and unexpired vaccine is available.
- Some children aged 6 months through 8 years require 2 doses of influenza vaccine (Figure, this page). These children should receive their first dose as soon as possible after vaccine becomes available, and the second dose ≥4 weeks later.
- Children needing 1 dose can be vaccinated soon after vaccine becomes available.
- Vaccination soon after vaccine is available may also be considered for pregnant persons in their third trimester.
- For non-pregnant adults, vaccination in July and August should be avoided, even if vaccine is available during these months, unless there is concern that later vaccination might not be possible.

APPROVED AGES AND DOSE VOLUMES

- Approved dose volumes vary by age and product. An ageappropriate vaccine should be used at an appropriate dose.
- Intramuscular influenza vaccines (IIV4s and RIV4) and their approved ages and dose volumes are:

Vaccine	Approved Ages	Dose volume
Afluria Quadrivalent	6 through 35 months	0.25 mL
	≥3 years	0.5 mL
Fluarix Quadrivalent	≥6 months	0.5 mL
FluLaval Quadrivalent	≥6 months	0.5 mL
Fluzone Quadrivalent	6 through 35 months	0.25 mL or 0.5 mL
	≥3 years	0.5 mL
Flucelvax Quadrivalent	≥2 years	0.5 mL
Flublok Quadrivalent	≥18 years	0.5 mL
Fluzone High-Dose	≥65 years	0.7 mL
Quadrivalent		
Fluad Quadrivalent	≥65 years	0.5 mL

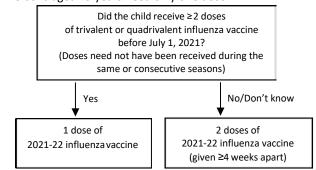
- If a dose less than the necessary volume is administered and the error is discovered immediately (before the recipient has left the vaccination setting), administer the remaining additional volume needed. Alternatively, if it is difficult to measure the remaining needed volume, or if the error is discovered later (after the recipient has left the vaccination setting), administer a repeat full dose.
- Healthy non-pregnant persons aged 2 through 49 years may alternatively receive 0.2 mL of LAIV4, 0.1 mL per nostril, using the supplied intranasal sprayer (*Table 3*, page 4)

INFLUENZA VACCINATION IN PREGNANCY

- Persons who are pregnant or who might be pregnant during the influenza season should receive influenza vaccine.
- Any age-appropriate IIV4 or RIV4 may be given in any trimester.
- LAIV4 should not be used during pregnancy but can be used postpartum.

NUMBER OF DOSES FOR AGES 6 MONTHS THROUGH 8 YEARS

- Determine the number of doses needed based on child's age at time of first dose of 2021–22 influenza vaccine and number of doses of influenza vaccine received in previous seasons (Figure).
 - O Children in this age group who previously received ≥2 doses of trivalent or quadrivalent influenza vaccine ≥4 weeks apart before July 1, 2021 need 1 dose of 2021-22 influenza vaccine. The two previous doses need not have been received in the same or consecutive influenza seasons.
 - O Children in this age group who have not previously received ≥2 doses of trivalent or quadrivalent influenza vaccine ≥4 weeks apart before July 1, 2021 or whose vaccination history is unknown need 2 doses of 2021-22 influenza vaccine, given ≥4 weeks apart.
- For children aged 8 years who require 2 doses, both doses should be administered even if the child turns age 9 years between dose 1 and dose 2.
- Persons aged ≥9 years need only one dose.



ADULTS AGED ≥65 YEARS

- Persons aged ≥65 years may receive any age-appropriate IIV4 or RIV4. Vaccination should not be delayed to find a particular product if an appropriate one is already available.
- Data support greater benefit of HD-IIV3, RIV4, or allV3 relative to standard-dose unadjuvanted IIVs in this age group, but comparisons of these vaccines with one another are limited.
- HD-IIV3, the most well studied, was more effective than IIV3 in a large two-season randomized trial. However, HD-IIV3 and alIV3 have been replaced by HD-IIV4 and alIV4. Data comparing benefits of these newer formulations to standard-dose unadjuvanted IIV4s are limited.

VACCINATION OF PERSONS WITH COVID-19

- Persons in isolation for COVID-19 or in quarantine for known or suspected exposures should not be vaccinated if vaccination will pose an exposure risk to others in the vaccination setting.
- For persons who are moderately or severely ill, vaccination should be deferred until they have recovered. Moderate or severe acute illness with or without fever is a general precaution to vaccination.
- Persons who are mildly ill may be vaccinated; alternatively, vaccination may be deferred until recovery to avoid confusing COVID-19 illness symptoms with post-vaccination reactions.
 PERSONS WITH CHRONIC MEDICAL CONDITIONS
- LAIV4 is not recommended for persons with some chronic medical conditions (*Table 3,* page 4).

IMMUNOCOMPROMISED PERSONS

- Immunocompromised persons should receive an age-appropriate IIV4 or RIV4. LAIV4 should not be used.
- Immune response might be reduced or minimal in persons on certain medications, chemotherapy, or transplant regimens.
- Timing influenza vaccination relative to a specified period before or after interventions that compromise immunity may be appropriate. The Infectious Diseases Society of America (IDSA) has published guidance concerning the timing of vaccination in relation to such interventions (see Further Information, this page).

CAREGIVERS AND CONTACTS OF HIGH-RISK PERSONS

- Caregivers and contacts (including those of immunosuppressed persons) may receive any age-appropriate IIV4 or RIV4.
- LAIV4 may be given to caregivers and contacts of persons who are not severely immunocompromised (i.e., who do not require a protected environment).
- Health care personnel or hospital visitors who receive LAIV4 should avoid providing care for severely immunosuppressed persons who require a protected environment for 7 days after vaccination.

PERSONS WITH EGG ALLERGY

- Persons who have experienced only hives after exposure to egg may receive any licensed, recommended influenza vaccine appropriate for their age and health status (i.e., IIV4, RIV4, or LAIV4).
- Persons reporting symptoms other than hives after exposure to egg (such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention) may also receive any licensed, recommended influenza vaccine that is otherwise appropriate.
 - o If a vaccine other than ccIIV4 or RIV4 is selected, it should be administered in an inpatient or outpatient medical setting, supervised by a health care provider who can recognize and manage severe allergic reactions.

PREVIOUS SEVERE ALLERGIC REACTIONS TO INFLUENZA VACCINES

- Previous severe allergic reaction (e.g., anaphylaxis) to any influenza vaccine (any egg-based IIV, ccIIV, RIV, or LAIV of any valency) is a contraindication to all egg-based IIV4s and LAIV4.
- Previous severe allergic reaction to ccIIV of any valency or to any component of ccIIV4 is a contraindication to ccIIV4. Previous severe allergic reaction to any other influenza vaccine (any eggbased IIV, RIV, or LAIV of any valency) is a precaution to ccIIV4.
- Previous severe allergic reaction to RIV of any valency or any component of RIV4 is a contraindication to RIV4. Previous severe allergic reaction to any other influenza vaccine (any egg-based IIV, ccIIV, or LAIV of any valency) is a precaution to RIV4.
- Each vaccine is also contraindicated for those with a history of severe allergic reaction to any component of that vaccine (other than egg).
- See *Table 3* and *Table 4* on page 4 for more information. VACCINATION ISSUES FOR TRAVELERS
- Travelers who wish to reduce risk for influenza should consider vaccination, preferably ≥ 2 weeks before departure.
- Persons at higher risk for complications of influenza who were not vaccinated during the preceding fall or winter should consider influenza vaccination before departure, if planning to travel to the tropics, with organized tourist groups, on cruise ships, or to the Southern Hemisphere during April-September.
- Southern Hemisphere influenza vaccines might differ in viral composition from Northern Hemisphere formulations.
- Vaccination with Southern Hemisphere influenza vaccine prior to Southern Hemisphere travel may be reasonable; however, these formulations are generally not available in the U.S.

VACCINATION AND INFLUENZA ANTIVIRAL MEDICATIONS

- IIV4 and RIV4 may be administered to persons receiving influenza antiviral medications.
- Influenza antivirals might reduce effectiveness of LAIV4, if given before or after LAIV4. Persons who receive influenza antivirals during the following periods should be revaccinated with an age-appropriate IIV4 or RIV4 (intervals may be longer in conditions where medication clearance is delayed):

Influenza Antiviral	Estimated window for potential LAIV interference (based upon half-life reported in package insert)
Oseltamivir and Zanamivir	48 hours before to 2 weeks after LAIV4
Peramivir	5 days before to 2 weeks after LAIV4
Baloxavir	17 days before to 2 weeks after LAIV4

ADMINISTRATION OF INFLUENZA VACCINES WITH OTHER VACCINES

- IIV4s and RIV4 may be administered concurrently or sequentially with other live or inactivated vaccines.
- Providers should refer to current CDC/ACIP recommendations and guidance for the use of COVID-19 vaccines for up to date information on administration of these vaccines with other vaccines.
- Injectable vaccines given simultaneously should be administered at separate anatomicsites.
- LAIV4 may be administered simultaneously with other inactivated or live vaccines. If not given simultaneously, then ≥4 weeks should pass between administration of LAIV4 and another live vaccine.
- Immunogenicity and safety of simultaneous or sequential administration of two vaccines containing non-aluminum adjuvants has not yet been evaluated.

VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS)

- VAERS is the national vaccine safety monitoring system comanaged by CDC and FDA which serves as an early warning system to detect possible safety problems with U.S. vaccines.
- Health care providers are required to report to VAERS any adverse event listed by the vaccine manufacturer as a contraindication to further doses of vaccine and adverse events listed here: https://vaers.hhs.gov/docs/VAERS Table of Reportable Events Following Vaccination.pdf
- For information on how to report to VAERS, go the VAERS website at https://vaers.hhs.gov

FURTHER INFORMATION

CDC Influenza Information (for more, call 800-232-4636)

- General influenza page:www.cdc.gov/flu
- FluView (weekly U.S. surveillance): www.cdc.gov/flu/weekly
- Influenza Antiviral Guidance: https://www.cdc.gov/flu/professionals/antivirals/summary -clinicians.htm
- COVID-19 vaccination recommendations: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-<u>specific/covid-19.html</u>
- Vaccine Storage and Handling Toolkit: https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/ index.html

American Academy of Pediatrics (AAP) Guidance:

https://redbook.solutions.aap.org/selfserve/sspage.aspx?selfservec ont entid=influenza-resources

IDSA Guidance for vaccination of immunocompromised hosts: https://academic.oup.com/cid/article/58/3/e44/336537

Manufacturer package inserts for U.S.-licensed vaccines:

https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccineslicensed-use-united-states

Available Influenza Vaccines, Age indications, and Administration: 2021-22 Influenza Season

Frade name Manufacturer	Available presentations	Approved age indications	Volume per dose by age group
Manufacturer			
			5 μg HA per virus component in 0.25 mL)
Afluria Quadrivalent Seqirus	0.25 mL prefilled syringe 0.5 mL prefilled syringe 5.0 mL multidose vial*	6 through 35 mos ≥3 yrs ≥6 mos (needle/syringe) 18 through 64 yrs (jet injector)	6 through 35 mos—0.25 mL ≥3 yrs—0.5 mL
Fluarix Quadrivalent GlaxoSmithKline	0.5 mL prefilled syringe	≥6 mos	≥6 mos—0.5 mL
FluLaval Quadrivalent GlaxoSmithKline	0.5 mL prefilled syringe	≥6 mos	≥6 mos—0.5 mL
Fluzone Quadrivalent Sanofi Pasteur	0.5 mL prefilled syringe 0.5 mL single-dose vial 5.0 mL multidose vial*	≥6 mos ≥6 mos ≥6 mos	6 through 35 mos—0.25 mL or 0.5 mL ≥3 yrs—0.5 mL
Quadrivalent IIV (ccIIV4)—Stand	ard-dose—Cell culture-based	(15 μ g HA per virus component in 0.	-
Flucelvax Quadrivalent Seqirus	0.5 mL prefilled syringe 5.0 mL multidose vial*	≥2 yrs ≥2 yrs	≥2 yrs—0.5 mL
Quadrivalent IIV (HD-IIV4)—High	n-dose—Egg-based (60 µg HA	per virus component in 0.7 mL)	
Fluzone High-Dose Quadrivalent Sanofi Pasteur	0.7 mL prefilled syringe	≥65 yrs	≥65 yrs—0.7 mL
Adjuvanted quadrivalent IIV4 (al	IV4)—Standard-dose with MI	F59 adjuvant—Egg-based (15 μg HA p	er virus component in 0.5 mL)
Fluad Quadrivalent Seqirus	0.5 mL prefilled syringe	≥65 yrs	≥65 yrs—0.5 mL
Quadrivalent RIV (RIV4)—Recom	ibinant HA (45 μg HA per viru	s component in 0.5 mL)	
Flublok Quadrivalent Sanofi Pasteur	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL

- IIVs and RIV4 are administered intramuscularly (IM). For adults and older children, the deltoid is the preferred site. For infants and younger children, the anterolateral thigh is the preferred site. Detailed guidance for administration sites and needle length is available in the Best Practice Guidelines of the Advisory Committee on Immunization Practices (ACIP) at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Afluria Quadrivalent is licensed for IM administration via the Pharmajet Stratis jet injector for ages 18 through 64 years only.
- RIV4 is licensed for persons aged ≥18 years and should not be used for children and adolescents aged <18 years.

Table 2: Live Attenuated Influenza Vaccine (LAIV4)				
Trade name Manufacturer	Available presentations	Approved age indication	Volume per dose	
Quadrivalent LAIV (LAIV4)—Eg	g-based (contains 10 ^{6.5-7.5} fluorescent fo	cus units/0.2 mL)		
FluMist Quadrivalent AstraZeneca	0.2 mL prefilled single-use intranasal sprayer	2 through 49 yrs	0.1 mL each nostril (0.2 mL total)	

Administration of LAIV4

- LAIV4 is administered intranasally using the supplied prefilled, single-use sprayer containing 0.2 mL of vaccine.
 - Half of the total sprayer contents is sprayed into the first nostril while the recipient is in the upright position.
 - o The attached divider clip is removed and the second half of the dose administered into the other nostril.
- If the vaccine recipient sneezes immediately after administration, the dose should not be repeated.
- If nasal congestion is present that might interfere with delivery of the vaccine to the nasopharyngeal mucosa, deferral should be considered, or another age-appropriate vaccine should be administered

	3: Influenza Vaccine Contraindications and Pi	recautions			
Egg-	Contraindications:				
based	 History of severe allergic reaction (e.g., anaphy 	ylaxis) to any component of the v	accine (other than egg), or to	o a previous dose of any	
IIV4s	influenza vaccine (any egg-based IIV, ccIIV, RIV	I, or LAIV of any valency).			
	Precautions:				
	 Moderate or severe acute illness with or with 	out fever.			
	 History of Guillain-Barré syndrome within 6 we 		P		
ccIIV4	Contraindications:				
cenv4	 History of severe allergic reaction (e.g., anaph 	wlaxis) to ccllV of any valency, or	to any component of collV/4		
	Precautions:		to any component of cenv4.		
	 Moderate or severe acute illness with or without 				
	 History of Guillain-Barré syndrome within 6 we 	eeks of receipt of influenza vaccin	e.		
	 History of severe allergic reaction to a previou 	s dose of any other influenza vaco	cine (any egg-based IIV, RIV,	or LAIV of any valency).	
RIV4	Contraindications:				
	 History of severe allergic reaction (e.g., anaphy 	vlaxis) to RIV of any valency, or to	any component of RIV4		
	Precautions:				
	Moderate or severe acute illness with or with	out fever			
	History of Guillain-Barré syndrome within 6 we		e		
	 History of severe allergic reaction to a previou 			, or LAIV of any valency).	
LAIV4	Contraindications:				
	 History of severe allergic reaction (e.g., anaphy 	vlavis) to any component of the w	accina (athor than agg) or to	a provious doso of any	
				a previous dose of any	
	influenza vaccine (i.e, any egg-based IIV, ccIIV,				
	 Concomitant aspirin or salicylate-containing the 				
	 Children aged 2 through 4 years who have record 	eived a diagnosis of asthma or wh	ose parents or caregivers re	port that a health care	
	provider has told them during the preceding 1	2 months that their child had whe	eezing or asthma or whose m	nedical record indicates a	
	wheezing episode has occurred during the pre	ceding 12 months			
	Children and adults who are immunocompron	nised due to any cause, including	but not limited to medication	ns, congenital or acquired	
	immunodeficiency states, HIV infection, anato	mic asplenia, or functional asplen	ia (e.g., due to sickle-cell and	emia)	
	 Close contacts and caregivers of severely imm 				
	 Pregnancy 		·····	-	
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	Persons with active communication between t				
	 Persons with cochlear implants (due to potent 	ial for CSF leak, which might exist	for some period of time afte	er implantation. Providers	
	might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant				
		oncerning risk of persistent CSF le			
	vaccine cannot be used).		eak if an age-appropriate inac	ctivated or recombinant	
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	vaccine cannot be used).	n the previous 48 hours for oselta	eak if an age-appropriate inac	ctivated or recombinant	
	vaccine cannot be used).Receipt of influenza antiviral medication withi	n the previous 48 hours for oselta	eak if an age-appropriate inac	ctivated or recombinant	
	 vaccine cannot be used). Receipt of influenza antiviral medication withi for baloxavir (see <i>Vaccination and influenza a</i> 	n the previous 48 hours for oselta ntiviral medications , page 2, for a	eak if an age-appropriate inac	ctivated or recombinant	
	 vaccine cannot be used). Receipt of influenza antiviral medication withi for baloxavir (see <i>Vaccination and influenza a</i> Precautions: Moderate or severe acute illness with or witho 	n the previous 48 hours for oselta <i>ntiviral medications</i> , page 2, for a put fever	eak if an age-appropriate inac mivir and zanamivir, 5 days f additional guidance).	ctivated or recombinant	
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