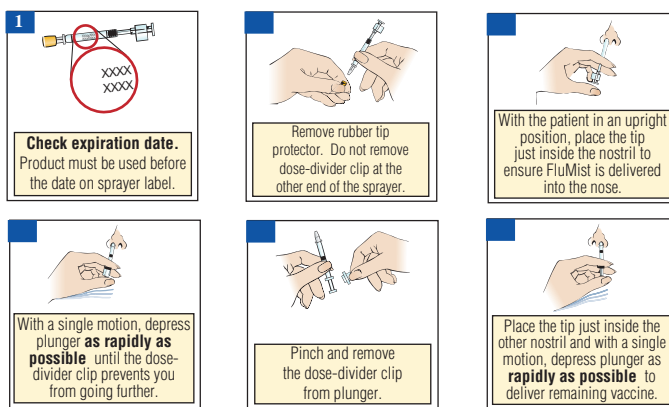


considering the use of the LAIV in children aged 2 to 4 years, health care providers should consult the medical record, when available, to identify children in this age group with recurrent wheezing that might indicate asthma. Parents should also be asked, “In the past 12 months, has a health care provider ever told you that your child had wheezing or asthma?” Children whose parents respond “yes” to the question or demonstrate an asthmatic or wheezing episode noted in the medical record within the last 12 months should not receive FluMist, and the injective TIV should be administered instead.

FluMist must be used cautiously and never administered parenterally. Patients with a history of anaphylactic reactions to eggs should not generally receive this vaccine. Children and adolescents receiving chronic aspirin therapy, because of the risk of Reye syndrome, and patients with a history of Guillain-Barré syndrome should not receive FluMist. Pregnant women should not receive FluMist. Whenever the nasal vaccine is administered, epinephrine injection should be available in case of an anaphylactic reaction. The most common adverse effects encountered with FluMist are nasal congestion, runny nose (45%), sore throat

(28%), cough (14%), and chills (9%). Serious adverse events occurred at similar rates in healthy children aged 60 to 71 months receiving FluMist and those receiving the placebo dosage form. It is important that suspected adverse events be reported by telephone to the VAERS (1-800-822-7967). Three other changes in the use of FluMist and its 2007 to 2008 formulation should be noted: the amount of vaccine administered, the temperature at which FluMist is shipped and stored after delivery to the end user, and the minimum interval between doses have changed compared with the 2006 to 2007 influenza-season formulation. FluMist is now supplied in a prefilled, single-use sprayer containing 0.2 mL of vaccine instead of the previous 0.5-mL dose. Those administering the FluMist should spray 0.1 mL (i.e., one half of the total sprayer contents) into the first nostril while the recipient is in the upright position. The attached dose-divider clip should then be removed from the sprayer and the second half of the dose administered into the second nostril (Fig. 16.1). Previously, FluMist was shipped and stored frozen. It is now approved to be shipped to end users at 35°F to 46°F (2°C to 8°C). The product should be stored within this temperature range upon receipt and up to the time the expiration date



DO NOT INJECT. DO NOT USE A NEEDLE.

Note: Active inhalation (i.e., sniffing) is not required by the patient during FluMist administration

Figure 16.1 Instructions for intranasal administration of FluMist, live attenuated influenza vaccine. (Courtesy of MedImmune, LLC.)