

Immunization Protocol (Interim)

Live Attenuated Influenza Vaccine (FluMist®)	
Last Reviewed	31 Jul 2025
Last Revised	31 Jul 2025
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1. What’s new

Live attenuated influenza vaccine for use in the 2025–2026 influenza season (Northern Hemisphere) contains the following²:

- A/Victoria/4897/2022 (H1N1)pdm09-like virus
- A/Croatia/Y10136RV/2023 (H3N2)-like virus (updated)
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus

See separate [protocol](#) for inactivated (IIV) and recombinant (RIV) influenza vaccines.

2. Oregon model immunization protocol:

- A. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine and any other vaccines. This is recommended, but not required, for influenza administration only.
- B. Screen clients for contraindications and precautions.
- C. Provide a current Vaccine Information Statement (VIS), answering any questions.
- D. Record all required data elements in the client's permanent health record.
- E. Give FluMist[®] Intranasally.
- F. May be given with all Advisory Committee on Immunization Practices (ACIP)-recommended child and adult vaccinations.
- G. Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration. Epinephrine hydrochloride solution (1:1,000) and other appropriate agents and equipment must be available for immediate use in case of anaphylactic or acute hypersensitivity reaction.

Health Officer Signature

Date

Health Officer Signature

Date

3. Vaccine schedule

Vaccine Schedule: Live Attenuated Influenza Vaccine (LAIV) Schedule for the 2025–2026 Flu Season ²			
Age Group	Dose	No. of Doses	Route
2–8 years	0.2 mL: 0.1 mL per nostril	1 or 2*	Intranasal
9–49 years	0.2 mL: 0.1 mL per nostril	1	Intranasal

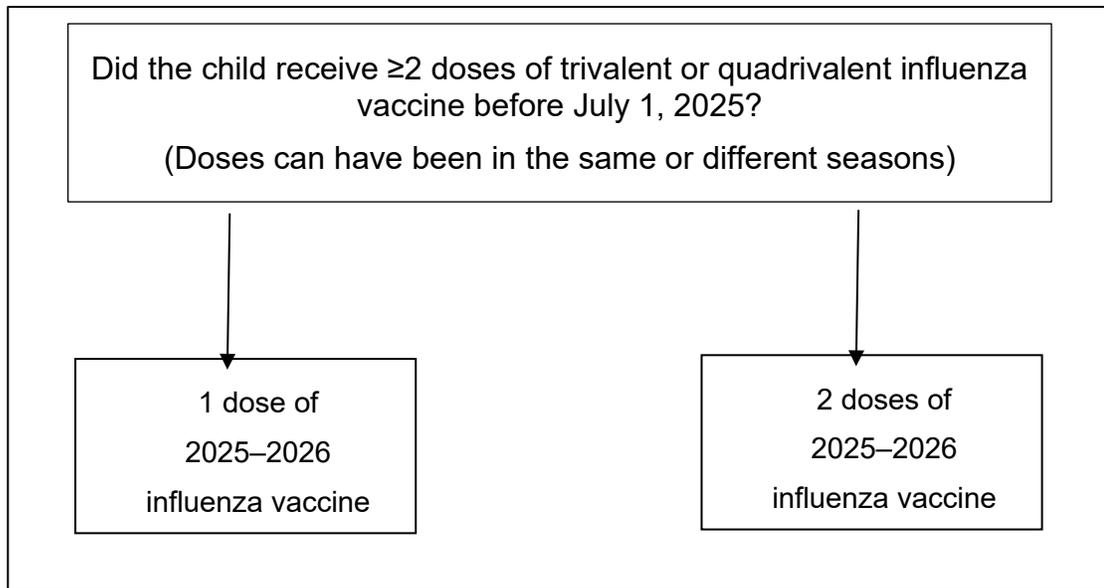
* Minimum spacing 28 days

4. Licensed influenza vaccine¹

Trade Name	Presentation	Acceptable Age Range	Thimerosal
FluMist® Trivalent	0.2-mL pre-filled intranasal sprayer	2–49 years	None

5. Recommendations for use^{2,3}

- A. All persons 2–49 years of age without contraindications.
- B. Children <9 years of age receiving flu vaccine for the first time need 2 doses. Doses should be separated by 28 days. Children who receive the first dose at age 8 years and turn 9 during flu season should still receive the 2nd dose in the same season.



- C. Considerations for timing of influenza vaccination include the following:
- For most adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible.
 - Children who require 2 doses should receive the first dose as soon as vaccine is available to allow the second dose to be received by the end of October.
 - Vaccination can be considered for children in July or August who have health care visits during those months if there might not be another opportunity to vaccinate them.
 - Providers should offer flu vaccination to unvaccinated persons by the end of October, if possible. Vaccination should continue to be offered as long as unexpired vaccine is available.
- D. Do not use LAIV in pregnant women.
- E. Egg allergy, regardless of severity, is no longer considered a contraindication to receipt of influenza vaccine. Persons with egg allergy should receive influenza vaccine unless another contraindication exists. Any age-appropriate influenza vaccine (egg-based or non-egg-based) may be used. No additional safety measures beyond those necessary for any vaccination are needed.

6. Contraindications^{1,3}

- A. A severe allergic reaction (requiring epinephrine or emergency medical attention) to a previous dose of influenza vaccine.

Vaccine	Potential allergen(s)
FluMist ^{®1} Trivalent	Monosodium glutamate, hydrolyzed porcine gelatin, arginine, sucrose, dibasic potassium phosphate, monobasic potassium phosphate, ovalbumin, gentamicin sulfate, ethylenediaminetetraacetic acid (EDTA).

- B. Concomitant aspirin or salicylate-containing therapy in children and adolescents through age 17 years of age.
- C. Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months.

- D. Children and adults who are immunocompromised due to any cause (including immunosuppression caused by medications, congenital or acquired immunodeficiency states, anatomic or functional asplenia or by HIV infection).
- E. Close contacts and caregivers of severely immunosuppressed persons who require a protected environment.
- F. Pregnancy.
- G. Persons with cerebrospinal fluid leak or cochlear implants.
- H. Receipt of influenza antiviral medication (see §8D below).

7. Warnings and precautions³

- A. Persons with moderate or severe illnesses with or without fever should delay immunization until illness has resolved. However, mild acute illness (with or without fever) does not contraindicate use of influenza vaccine.
- B. Persons with a history of Guillain-Barré Syndrome (GBS) within 6 weeks following influenza vaccination have a substantially greater likelihood of subsequently developing GBS than persons without such a history. Whether influenza vaccination might be causally associated with this risk for recurrence is not known. Consult with an individual's health care provider and consider avoiding a subsequent influenza vaccination in persons known to have developed GBS within **6 weeks** of a previous influenza vaccination. Experts believe that the benefits of influenza vaccination justify yearly vaccination for most persons who have a history of GBS and who are at risk for severe complications from influenza.
- C. Asthma in persons ≥ 5 years of age.
- D. Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders including diabetes mellitus).

8. Other considerations

- A. **Immunocompromising conditions:** ACIP recommends that LAIV3 not be used for immunocompromised persons because of the uncertain but biologically plausible risk for disease attributable to the live vaccine virus.³
- B. **Lactation:** FluMist is not absorbed systemically by the mother following intranasal administration and breastfeeding is not expected to result in exposure of the child to FluMist.¹
- C. **Immunity:** Adults have antibody protection against influenza virus about 2

weeks after vaccination.³

- D. **Influenza Antiviral Medications:** May reduce the effectiveness of FluMist[®]. If antiviral agents and FluMist[®] are given concomitantly, revaccination should be considered.³

Antiviral Drug	Potential interference interval
Baloxavir	17 days before – 2 weeks after
Peramivir	5 days before – 2 weeks after
Oseltamivir or Zanamivir	48 hours before – 2 weeks after

- E. **Coadministration with other live virus vaccines:** LAIV may be given concomitantly with other live virus vaccines. Live vaccines not given on the same day must be separated by at least 28 days.³
- F. **Shedding Vaccine Virus:** Nasopharyngeal secretions or swabs collected from vaccines may test positive for influenza virus for up to three weeks post immunization. In rare instances, shed vaccine viruses can be transmitted from vaccine recipients to unvaccinated persons. Persons who care for severely immunosuppressed persons who require a protective environment should not receive FluMist[®] given the theoretical risk of transmission of the live, attenuated vaccine virus.¹
- G. **Administering LAIV:** Severely immunosuppressed persons should not administer LAIV. However, other persons at high risk from influenza complications may administer LAIV. These include persons with underlying medical conditions placing them at high risk, including pregnant women, persons with asthma and persons ≥50 years of age.³

9. Side effects and adverse reactions¹

Live attenuated influenza vaccine	
Nasal congestion	Up to 58% of recipients
Low grade fever, headache, sore throat	5%–20%
Allergic reactions	Less than 1%

10. Storage and handling

All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 971-673-4VFC (4823).

Vaccine	Temp	Storage Issues	Notes
FluMist®1 Trivalent	2°–8°C (35- 46°F)	Do not freeze Keep enclosed in outer carton to protect from light	A single temperature excursion up to 25°C (77°F) for 12 hours has been shown to have no adverse impact on the vaccine. No further excursions are allowed. Once administered or expired, the sprayer should be disposed of according to the standard procedures for medical waste (e.g., sharps container or biohazard container)

11. Adverse events reporting

Report suspected adverse events to the Vaccine Adverse Events Reporting System (VAERS) online at <https://vaers.hhs.gov/reportevent.html>.

VAERS Reporting Table: <https://vaers.hhs.gov/resources/infoproviders.html>

Event and interval from vaccination

- A. Anaphylaxis or anaphylactic shock within 7 days;
- B. Vasovagal syncope within 7 days;
- C. Guillain-Barré Syndrome within 42 days;
- D. Any acute complication or sequelae (including death) of above events;
- E. Any event described in the manufacturer's package insert as a contraindication to additional doses of vaccine.

12. References

1. FluMist® Trivalent 2025–2026 package insert. Available at: <https://www.fda.gov/media/180697/download?attachment>. Accessed 24 Jul 2025.
2. Dugan V. 2024-25 Influenza Season Update and Seasonal Influenza Vaccine Recommendations for the 2025-26 U.S. Influenza Season. Presentation to the Advisory Committee on Immunization Practices, June 26, 2025. Available at:

<https://www.cdc.gov/acip/downloads/slides-2025-06-25-26/04-dugan-influenza-508.pdf>. Accessed 24 Jul 2025.

3. Grohskopf L, Blanton L, Ferdinands J, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States 2024–25 Influenza Season. MMWR 2024;73(No. RR-5):1–25. Available at: <https://www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm>. Accessed 24 Jul 2025.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 971-673-0300 and 711 for TTY. For other questions, consult with the vaccine recipient's primary health care provider or a consulting physician.

Electronic copy of this immunization protocol is available at:

www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/immunizationproviderresources/pages/stdgordr.aspx