Protocol for Inactivated Influenza Vaccines (IIV), Recombinant Influenza Vaccines (RIV), Live Attenuated Influenza Vaccine (LAIV), and MRNA Influenza Vaccines

1. What's New

A. In September of 2025, the West Coast Health Alliance (WCHA) issued immunization recommendations for the 2025-2026 respiratory virus season. These recommendations were informed by trusted national medical organizations, including American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states.

B. The American Academy of Pediatrics (AAP) is scheduled to release its new recommendations for respiratory vaccines between early August and early September of 2026, starting with influenza and followed by respiratory syncytial virus (RSV) and COVID-19. Furthermore, seasonal respiratory updates from the American Academy of Family Physicians (AAFP) typically align closely with this late summer and early fall rollout from the AAP. Given the meeting schedules of these primary recommending bodies, we anticipate that the West Coast Health Alliance (WCHA) will not meet before late September of 2026.

C. Individuals 6 months of age and older should receive an age-appropriate influenza vaccination annually.

2. Immunization Protocol

A. Administer an FDA-approved dose, IM, of an appropriate influenza vaccine, to persons ≥ 6 months of age based on the patient's age and the formulation being used.

B. Administer an FDA-approved dose, Intranasally, if appropriate to persons ≥ 2 years of age.

C. May be given with all ACIP- and WCHA-recommended child and adult vaccinations, including COVID-19 vaccines.

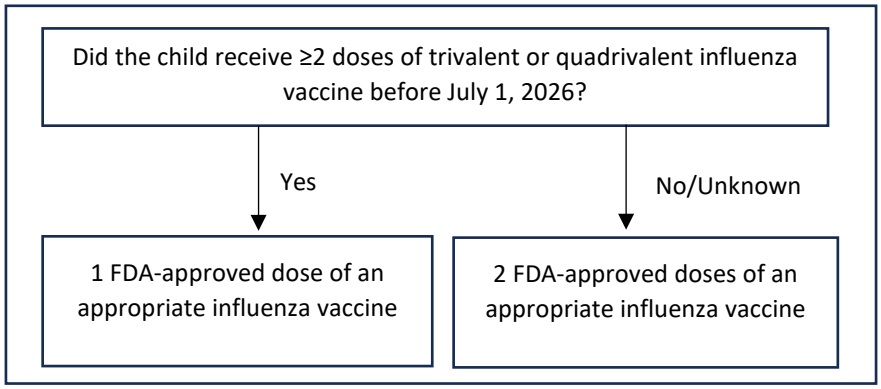
3. Vaccine Schedule

	Influenza vaccine
Children	All ≥ 6 months*
Pregnancy	All planning, pregnant, postpartum, and lactating
Adults	All ≥ 18 years

*See flow chart in Section 4 for determining whether 1 or 2 doses is appropriate.

4. Additional Considerations for Use [2]

A. Persons with immunocompromising conditions should receive an age-appropriate IIV or RIV, with the exception of solid organ transplant recipients.
B. Immune response to influenza vaccines might be blunted in persons with some conditions, such as persons with congenital immune deficiencies, persons receiving cancer chemotherapy, and persons receiving immunosuppressive medications.
C. Influenza vaccine should be administered beginning at least 6 months after Hematopoietic Stem Cell Transplant (HSCT), and annually thereafter for the life of the patient. A dose of vaccine can be given as soon as 4 months after the transplant, and a second dose should be considered in this situation. Do not use live influenza vaccine in this population.
D. Children < 9 years of age receiving flu vaccine for the first time need 2 doses, separated by at least 28 days. Children who receive the first dose at age 8 years and turn 9 during flu season should receive the 2nd dose in the same season.



5. Pregnancy and Lactation [2]

A. All planning, pregnant, postpartum, and lactating may receive an FDA-approved dose of an appropriate influenza vaccine.
B. See current prescribing information additional considerations regarding pregnancy and lactation.

6. Warnings and Precautions [2]

A. Severe allergic reaction (e.g., anaphylaxis) to a previous dose or to any vaccine component, including egg protein.
B. Persons with immunocompromising conditions should receive an age appropriate IIV or RIV4. Immune response to influenza vaccines might be blunted in persons with some conditions, such as persons with congenital immune deficiencies, persons receiving cancer chemotherapy, and persons receiving immunosuppressive medications.
C. Hematopoietic Stem Cell Transplant (HSCT) recipients: Influenza vaccine should be administered beginning at least 6 months after HSCT and annually thereafter for the life of the patient. A dose of vaccine can be given as soon as 4 months after the transplant, but a second dose should be considered in this situation. Do not use live influenza vaccine in this population.
D. See current prescribing information for more details about warnings, precautions, formulation, and contents.

7. Contraindications

A. If Guillain-Barré syndrome (GBS) has occurred after receipt of a prior influenza vaccine, especially within 6 weeks, the decision to give influenza vaccine should be based on careful consideration of the potential benefits and risks.

B. A history of severe allergic reaction to a previous dose of any influenza vaccine or any component of the vaccine, excluding egg protein. For persons with severe egg allergy, refer Section 6.

C. See current prescribing information for more details about contraindications.

8. Storage and Handling

A. Store all drugs at the proper temperature according to manufacturer's published guidelines (pursuant to FDA package insert).

B. See current prescribing information for more details about storage and handling.

C. 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).

9. References

1. West Coast Health Alliance 2025-2026 Recommendations for Respiratory Vaccines. Available at: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Documents/2025-26-Respiratory-Virus-Vaccine-Recommendations.pdf

2. Rubin LG, Levin MJ, Ljungman P, et al. 2013 IDSA Clinical practice guideline for vaccination of the immunocompromised host. Clin Infect Dis 2014; 58:e44– 100. Available at: https://academic.oup.com/cid/article/58/3/e44/336537