

PEDIATRIC INFLUENZA VACCINE
Available from the Idaho Immunization Program
for the 2014-2015 Season*

VACCINE	TRADE NAME	MANUFACTURER	PRESENTATION	MERCURY CONTENT (mcg Hg/0.5mL dose)	AGE GROUP	NUMBER OF DOSES	ROUTE	NDC	CPT CODE	CVX CODES (for electronic exports)
IIV4	Fluzone® Quadrivalent	Sanofi Pasteur	0.25mL pre-filled syringe	0	6-35 months	1 or 2	IM**	49281-0514-25	90685	161
			0.5mL pre-filled syringe	0	≥ 36 months	1 or 2	IM**	49281-0414-50	90686	150
			0.5mL single dose vial	0	≥ 36 months	1 or 2	IM**	49281-0414-10	90686	150
			5.0mL multi-dose vial	25	≥ 6 months	1 or 2	IM**	49281-0621-15	90688	158
IIV4	Fluarix® Quadrivalent	GlaxoSmithKline	0.5mL pre-filled syringe	0	≥ 3 years	1 or 2	IM**	58160-0901-52	90686	150
	FluLaval® Quadrivalent		5.0mL multi-dose vial	<25	≥ 3 years	1 or 2	IM**	58160-0891-11	90688	158
LAIV4	FluMist® Quadrivalent§	MedImmune	0.2mL sprayer	0	2-49 [‡] years	1 or 2	IN	66019-0301-10	90672	149

Abbreviations: IIV4=Inactivated Influenza Vaccine, Quadrivalent; LAIV4=Live-attenuated Influenza Vaccine; IM=intramuscular injection; IN=intranasal.

* Immunization providers should check Food and Drug Administration--approved prescribing information for 2014--15 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, and precautions. Package inserts for US-licensed vaccines are available at

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>

** For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Specific guidance regarding site and needle length for intramuscular administration may be found in the ACIP General Recommendations on Immunization (available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>).

§ FluMist® is shipped refrigerated and stored in the refrigerator at 35°F--46°F (2°C--8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Healthcare providers should consult the medical record, when available, to identify children aged 2--4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2--4 years should 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 or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist®.

‡ The IIP supplies FluMist® for patients 2 through 18 years of age.