

Live Attenuated Influenza Vaccine (LAIV) Screening Questions

Public Health Branch

Updated and Approved October 2016
Applicable to: All Immunization Providers

Vaccine Selection Recommendations:

Assuming there are no contraindications, use the table below to determine which influenza vaccine to offer clients.

Age	Flu Vaccine
6 months to 23 months	Inactivated influenza vaccine
24 months to 17 years	Live attenuated influenza vaccine or the Inactivated influenza vaccine
18+ years of age	Inactivated influenza vaccine

Screening Questions:

The following are questions to ask the individual who is receiving the LAIV or the parent/guardian of a child who is < 18 years of age prior to administering live attenuated influenza vaccine (LAIV).

CONTRAINDICATIONS

1. Has the person receiving the vaccine ever had an anaphylactic reaction to a previous dose of any type of influenza vaccine or to any component of LAIV?

LAIV is contraindicated for those with a history of anaphylactic reaction to a previous dose of any type of influenza vaccine or to any component of LAIV.

2. Does the person receiving the vaccine have severe asthma (on high dose inhaled or oral steroids) or experienced active/medically attended wheezing in the 7 days?

LAIV is contraindicated for individuals with severe asthma (as defined as currently on oral or high dose inhaled glucocorticosteroids or active wheezing) or medically attended wheezing in the 7 days prior to immunization. These individuals and those who cannot identify their current

dosage of glucocorticosteroids should be offered inactivated influenza vaccine. High dose inhaled glucocorticosteroids in pediatric patients are those treated with ≥ 200 ug/day fluticasone (or equivalent). High dose oral glucocorticosteroids are those treated with ≥ 2 mg/kg per day or ≥ 20 mg daily of prednisone for more than 14 days.

4. Is the person receiving the vaccine immunocompromised due to disease or treatment?

LAIV is contraindicated for individuals immunocompromised due to an underlying disease, therapy or both, as the vaccine contains live attenuated virus.. These individuals should be offered the inactivated influenza vaccine.

5. Is the person receiving the vaccine a health care worker (HCW) working with immunocompromised individuals?

NACI recommends that inactivated influenza vaccine, instead of LAIV, should be used for health care workers providing care to those with immune compromising conditions, due to the concern that in rare instances, shed vaccine viruses can be transmitted from vaccine recipients to unvaccinated persons causing an infection..

6. Is the person receiving the vaccine under 2 years old?

LAIV is not approved for children < 24 months of age. LAIV can be given to eligible healthy children 2 – 17 years of age.

7. Is the person receiving the vaccine pregnant or could become pregnant in the next month?

LAIV is contraindicated for pregnant women because of the lack of safety data at this time. These individuals should be offered the inactivated influenza vaccine.

8. Is the person receiving the vaccine < 18 years old and currently/has received Aspirin® containing therapy in the last 4 weeks?

LAIV is contraindicated for children <18 years of age receiving Aspirin[®]-containing therapy. They should be offered inactivated influenza vaccine. It is recommended that use of Aspirin[®]-containing products in children <18 years of age be delayed for 4 weeks after receipt of LAIV.

9. Does the person receiving the vaccine have a history of Guillain-Barré syndrome (GBS) within 6 weeks of receipt of a previous dose of influenza vaccine without another cause being identified?

LAIV is contraindicated for individuals with a history of GBS within 6 weeks of receipt of a previous dose of influenza vaccine without another cause being identified.

PRECAUTIONS

1. Does the person receiving the vaccine have a history of severe ocular-respiratory syndrome (ORS) after previous receipt of an influenza vaccine.

Individuals who have experienced ORS without lower respiratory tract symptoms may be safely re-immunized with influenza vaccine. Persons who experienced ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced ORS versus an IgE-mediated hypersensitivity immune response should seek advice.

2 Is the person receiving the vaccine in contact with someone who is severely immunocompromised and receiving care in hospital in a protected environment? (e.g. post bone marrow transplant)

LAIV is a vaccine that contains a weakened strain of influenza virus and could potentially be transmitted to another person through contact with respiratory secretions. An infection with this weakened virus could cause a serious infection in a small category of patients who are severely immunocompromised and receiving care in hospital in a protected environment. Both health care workers and close contacts of such patients should avoid contact with these patients for 2 weeks after getting LAIV. If such contact cannot be avoided they should be offered inactivated influenza vaccine.

SPECIAL CONSIDERATIONS

1. Has the person receiving the vaccine recently received a tuberculosis (TB) skin test that has not been read, or require one in the next 4 weeks?

Do TB skin testing on the same day as LAIV immunization, or delay TB skin testing ≥ 4 weeks to avoid having a false negative TB skin test result.

2. Is the person receiving the vaccine currently/has received anti-viral medications in the past 2 weeks?

LAIV should not be administered when taking antiviral agents because they interfere with the immune response to LAIV. They should be offered inactivated influenza vaccine. LAIV should not be administered to individuals while taking antiviral agents active against influenza (oseltamivir and zanamivir). If antiviral agents are administered from 48 hours before to 2 weeks after receipt of LAIV, revaccinate when antiviral agents have been discontinued for at least 48 hours.

References

BCCDC
PHAC - NACI
PHAC - CIG