



FAQ | Frequently Asked Questions

Influenza Vaccination

■ Who should get vaccinated against influenza?

Anyone wishing to reduce his or her risk for influenza should ask a health care professional about receiving an annual vaccination. Vaccination is the best way to prevent contracting the virus. Influenza vaccines are safe and effective and are the primary means for preventing influenza and its complications. Specifically, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for the following groups:

- All persons who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others
- All children from 6 months through 18 years of age
- Anyone 6 months of age and older with certain chronic medical conditions (e.g., diabetes, asthma, heart disease, compromised immune system) or with a condition that can compromise respiratory function
- Pregnant women
- People who live with, care for or come into close contact with persons at risk, including children younger than 6 months of age and individuals with chronic medical conditions or compromised immunity
- People 50 years of age and older
- Health care professionals
- Residents of nursing homes and other chronic-care facilities

■ What types of vaccines are available?

The injectable vaccine includes inactivated ("killed") influenza viruses and is given with a needle, usually in the arm. It cannot cause influenza and is approved for use in anyone at least 6 months of age, including healthy people, pregnant women and people with chronic medical conditions.

The nasal-spray vaccine includes live but weakened influenza viruses and is given by spraying into the nose. The nasal-spray vaccine does not cause influenza and is approved for use in healthy people 2 to 49 years of age. It cannot be used in pregnant women or people with certain underlying medical conditions, such as asthma.

■ **Who should not get vaccinated against influenza?**

Individuals who have had a severe reaction (e.g., anaphylaxis) to eggs or egg proteins, a previous influenza vaccine-associated allergic reaction or who have developed Guillain-Barré syndrome (GBS) within six weeks of getting an influenza vaccine previously, should avoid immunization. People with acute febrile illnesses (high fever) should usually wait until their symptoms subside; however, vaccination can proceed during minor illnesses, with or without fever.

Certain groups should not receive the nasal vaccine, including persons younger than 2 years of age, those 50 years and older, children or adolescents taking aspirin, pregnant women and individuals with certain underlying medical conditions, such as asthma, diabetes or immunocompromised.

■ **Where can individuals get vaccinated?**

Many health care professionals administer the vaccine. Local hospitals, health clinics, retail stores and even some employers may also hold vaccination clinics. To find a clinic, visit <http://flucliniclocator.org> or <http://aafa.org/flu.cfm>.

■ **When should individuals get vaccinated against influenza?**

In the United States, the influenza season may begin as early as October and end as late as May. The influenza season usually peaks around February, so getting immunized any time throughout the fall and winter is beneficial.

■ **How long does influenza vaccine protection last?**

The influenza vaccine is effective only for the current season, so it is important to get vaccinated every year.

■ **How many vaccinations are necessary to be protected?**

One vaccination a year is all that is needed to protect against influenza, except for children younger than 9 years of age who are receiving influenza vaccination for the first time. These children require two vaccine doses, at least one month apart for the injectable vaccine and at least six weeks apart for the nasal vaccine, to ensure the highest amount of protection. Visit the interactive Influenza Vaccine Algorithm on the *Coalition's* Web site to help determine the number (and timing) of influenza vaccine doses needed to protect patients 6 months to 9 years of age.

■ **Is the influenza vaccine the same every year?**

Circulating influenza viruses usually change from year to year. Because of this, a new vaccine is made each year to protect against the current strains. The influenza vaccine is effective only for the current season, so it is important to get vaccinated and to vaccinate patients every year.

■ **Will annual influenza vaccination protect individuals from avian influenza?**

The annual seasonal influenza vaccine does not provide protection against avian influenza. Seasonal influenza continues to pose a far greater danger to individuals in the United States than avian influenza.

■ **Can the influenza vaccine actually cause influenza?**

The injectable vaccine is made from an inactivated, or killed, virus and cannot transmit infection. This vaccine is licensed for use in all persons 6 months of age and older, regardless of health status.

The intranasal vaccine contains live, attenuated viruses and, therefore, has a potential to produce mild signs or symptoms related to influenza virus infection, but it does not cause influenza. The vaccine is licensed for use in healthy persons 2 to 49 years of age.

■ **Are there side effects to the influenza vaccine?**

The most frequent side effect of the injectable influenza vaccine is soreness at the injection site for one to two days. Occasionally, some people experience a period of mild fever and fatigue for a day or two, following immunization.

The most common side effect of the nasal vaccine is runny nose. Other side effects include cold-like symptoms, such as headache, cough, sore throat, tiredness or weakness, irritability and muscle aches.

Children and Vaccination

■ **Why is vaccinating children a priority?**

Influenza is a serious and potentially deadly disease that spreads very easily. Anyone can get influenza, but rates of infection are highest among children.

Widespread vaccination of children may interrupt influenza transmission to others, since influenza outbreaks usually begin in children and then move to the community at large.

■ **Is the influenza vaccine safe for use in infants and young children?**

Vaccination is safe and effective and currently recommended for children 6 months through 18 years of age.

■ **Should children with chronic medical conditions, like asthma or diabetes, receive an influenza vaccination?**

Vaccination can be especially beneficial to both children and adults with certain chronic conditions like asthma, diabetes, heart disease or are immune compromised because infection with influenza can exacerbate these conditions. In addition, individuals with chronic conditions are at increased risk for serious complications of influenza.

The injectable vaccine is approved for use in people at least 6 months of age, including healthy people, pregnant women and people with chronic medical conditions.

The intranasal vaccine is approved for use in healthy people 2 to 49 years of age who are not pregnant.

Childhood Influenza Immunization Coalition (CIIC)

■ **Why do we need the *Childhood Influenza Immunization Coalition*?**

Influenza immunization rates continue to be low among our nation's children despite recommendations from groups like the Centers for Disease Control and Prevention (CDC). This is of great concern to the medical community because children are at increased risk for influenza-related hospitalizations and death. Member groups of the *Childhood Influenza Immunization Coalition* are working together to advance the call for improved vaccination rates among children.

■ **What is the goal of the *Childhood Influenza Immunization Coalition*?**

The *Childhood Influenza Immunization Coalition's* mission is to protect infants, children and adolescents from influenza by communicating with "one strong voice" the need to make influenza immunization a national health priority.

■ **Who is part of the *Childhood Influenza Immunization Coalition*?**

The *Childhood Influenza Immunization Coalition* comprises more than 30 of the nation's leading public health, medical, patient and parent groups committed to protecting children's health and encouraging wellness.

■ **Who is leading the *Childhood Influenza Immunization Coalition*?**

Carol J. Baker, M.D., FAAP, FIDSA, National Foundation for Infectious Diseases (NFID) Immediate Past President and Professor of Pediatrics, Molecular Virology and Microbiology, Baylor College of Medicine, is the Chair of *CIIC*. Richard H. Carmona, M.D., M.P.H., FACS, 17th Surgeon General of the United States (2002-2006), President of the Canyon Ranch Institute and Distinguished Professor of Public Health, The University of Arizona Mel and Enid Zuckerman College of Public Health, is serving as Honorary Chair.

■ **Who is funding the *Childhood Influenza Immunization Coalition*?**

The *Childhood Influenza Immunization Coalition* initiatives are made possible through an unrestricted educational grant to NFID from sanofi pasteur.

■ **When was the *Childhood Influenza Immunization Coalition* established?**

The *Childhood Influenza Immunization Coalition* was established in 2007.

For more information on the *Childhood Influenza Immunization Coalition* or influenza, please visit www.PreventChildhoodInfluenza.org.