



Position statement

Influenza Vaccine: An Updated Position Statement of the Society for Adolescent Health and Medicine

Society for Adolescent Health and Medicine

Globally each year, 5%–10% of adults and 20%–30% of children experience influenza infections [1]. During the 2009–2010 H1N1 influenza pandemic, these rates were higher and children and adolescents were disproportionately affected [2]. Specifically, in the United States this pandemic was estimated to have caused 86,000 hospitalizations and 1,280 deaths among children 0–17 years of age [2]. Worldwide, it is estimated that there were 44,500 deaths among youth 0–17 years attributable to pandemic influenza infection [3].

Most adolescents with influenza experience a self-limited illness characterized by fever, cough, headache, sore throat, and body aches. However, among adolescents who are pregnant or morbidly obese, as well as those with chronic medical problems, including asthma and diabetes, influenza can result in a more severe disease course. In addition, school-aged children and adolescents serve as reservoirs for spreading influenza within their communities. The economic burden of influenza infection (during pandemic and non-pandemic years) has been substantial owing to days missed from school, parental absenteeism from work, and costs associated with over-the-counter medications, clinician visits, and hospitalizations. Furthermore, for young adults, other important benefits of influenza vaccination include preventing absenteeism from college, training, and work.

Initially, influenza vaccination policy used a targeted approach, focusing on populations at higher risk for influenza-related morbidity and mortality. However, these strategies were not effective in preventing widespread disease. In 2008, the Advisory Committee on Immunization Practices (ACIP) recommended that all adolescents up through age 18 years receive annual influenza vaccination. Starting in 2009, these recommendations were further expanded to include vaccination of everyone ≥ 6 months of age [4]. The Society for Adolescent Health and Medicine (SAHM) suggests that health care providers adhere to their country-specific policies or the broader World Health Organization guidelines regarding influenza [1]. SAHM strongly supports the broad ACIP recommendations and urges all United States–based providers to

recommend and offer yearly influenza immunization to all adolescent and young adult patients before and throughout the influenza season. In addition, SAHM strongly supports vaccination of health care workers to further prevent transmission and protect vulnerable populations.

Vaccination remains the most effective method for reducing influenza-related illness and outbreaks, even in years in which the vaccine is not well matched to circulating viral strains [5–7]. Both inactivated and live attenuated influenza vaccines are licensed and available for use in adolescents and young adults. However, only the inactivated influenza vaccine is recommended for pregnant adolescents and young adults, a high-priority group for vaccination efforts. The inactivated vaccine is given primarily as an intramuscular injection and can be administered to all adolescents and young adults, with the exception of those with a previous, severe allergic reaction to the influenza vaccine. The Advisory Committee on Immunization Practices has modified recommendations regarding the safety of influenza vaccines for patients with egg allergies [4]. These guidelines should be reviewed before administering the inactivated influenza vaccine to a patient with egg allergy.

Over time, several new influenza vaccines have been developed. In 2013, quadrivalent inactivated and live attenuated influenza vaccines were introduced. The quadrivalent vaccines provide protection against two influenza A strains and two influenza B strains. An intradermal inactivated influenza vaccine was introduced in 2011 that uses a small needle, and thus may be preferred by patients ≥ 18 years of age who are needle-phobic. The live, attenuated vaccine is administered intranasally and is ideal for youth who do not want an injection. Use of the live attenuated influenza vaccine should be limited to healthy, nonpregnant adolescents and young adults. Please review ACIP guidelines for the full list of indications and contraindications related to specific influenza vaccines, because these may change over time [4].

To improve influenza immunization rates among teens, the Society for Adolescent Health and Medicine strongly encourages the following strategies:

- The use of standing orders for influenza vaccine
- Vaccine reminder/recall systems

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- The use of alternative sites for immunization delivery, including schools
- Offering extended office hours during the influenza season

Along with administering the influenza vaccine, clinical providers should remind patients and their parents or guardians that washing hands, staying home when ill, and covering the nose and mouth with a tissue when coughing or sneezing are important ways to reduce further the spread of influenza. Please consult <http://www.cdc.gov> for the most current information regarding the appropriate use of antiviral medications and to track influenza activity. For additional information regarding implementation of adolescent immunizations, please see “Adolescent Immunizations: A Position Paper of the Society for Adolescent Medicine” http://www.adolescenthealth.org/PositionPaper_Immunization.pdf.

Author Disclosures

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