therapy (including long-term systemic corticosteroid therapy); diabetes mellitus; cochlear implants; congenital immunodeficiency; human immunodeficiency virus (HIV) infection; cerebrospinal fluid leaks; chronic cardiovascular disease (e.g., congestive heart failure or cardiomyopathy); chronic pulmonary disease (e.g., emphysema or cystic fibrosis, but not asthma); chronic liver disease (e.g., cirrhosis); or exposure to living environments or social settings in which the risk of invasive pneumococcal disease or its complications is very high (e.g., Alaskan Native, African-American, and certain Native American populations). The PCV13 vaccine may be administered in conjunction with all other immunizations in a separate syringe and at a separate intramuscular site.

The PPSV23 (pneumococcal polysaccharide [23-valent] vaccine) is not recommended for children younger than 24 months old who do not have one of the high-risk conditions described previously. One dose of PPSV23 is recommended in children older than 23 months old who have one of the high-risk conditions after primary immunization with PCV13.

Influenza

The influenza vaccine is recommended annually for children 6 months old to 18 years old. Influenza vaccine (inactivated influenza vaccine [IIV])* may be given to any healthy children 6 months old and older. The vaccine is administered in early fall before the flu season begins and is repeated yearly for ongoing protection. The intramuscular vaccine is administered as two separate doses 4 weeks apart in first-time recipients younger than 9 years old. The dose is 0.25 ml for children 6 to 35 months old and 0.5 ml for children 3 years old and older. An intradermal form of IIV has been licensed for persons 18 to 64 years old. The vaccine may be given simultaneously with other vaccines but in a separate syringe and at a separate site. The vaccine is administered yearly because different strains of influenza are used each year in the manufacture of the vaccine. The Advisory Committee on Immunization Practices (Grohskopf LA, Olsen SL, Sokolow LZ, et al, 2014b) recommends an assessment of the egg allergenic reaction—mild versus severe—prior to making a decision about the vaccine administration to children who have a history of egg allergy. Several options for administering the influenza vaccine are described in the literature,