# Influenza(IIV4 or LAIV4) CDC recommendations- tabular CDSS rules (optimal)

Updated on 2024-05-20

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **#** | **Age1** | **Age2** | **SpecialCondition** | **Immunization record** | | | **MedIndication1** | **MedIndication2** | **MedIndication3** | **Todo1** | **Todo2** | **Todo3** | **Todo4** | **Note-display** | **Note** |
|  |  |  |  |  | **Y/N** | **Dose** | **Adm date** |  |  |  |  |  |  |  |  |  |
| **IIV4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Minimal age: 6 mons (IIV4) |
| **Regular and catch-up schedule** | | | | | | | | | | | | | | | | |
|  | 1 | >= 6 mon | <= 8 yrs | Or influenza vaccination history is unknown | N |  |  |  |  |  | Admin 1 st dose annually | Schedule another dose >= 4 wks from 1st dose annually |  |  |  |  |
|  | 2 | >= 6 mon | <= 8 yrs |  | Y | <2 | <- July 1, 2021 (lifetime) |  |  |  | Admin 1 st dose annually | Schedule another dose >= 4 wks from 1st dose annually |  |  |  |  |
|  | 3 | >= 6 mon | <= 8 yrs |  | Y | >=2 | <- July 1, 2021 (lifetime) |  |  |  | Admin 1 dose annually | Schedule a dose next year |  |  |  |  |
|  | 4 | >= 9 yrs | <= 18 yrs |  |  |  |  |  |  |  | Admin 1 dose annually | Schedule a dose next year |  |  |  |  |
| **Influenza, egg-based inactivated injectable (IIV4): contraindications and precautions** | | | | | | | | | | | | | | | | |
|  | 5 |  |  |  |  |  |  | Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (any egg-based IIV, ccIIV, RIV, or LAIV of any valency) |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 6 |  |  |  |  |  |  | Severe allergic reaction (e.g., anaphylaxis) to any vaccine component (excluding egg) |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 7 |  |  |  |  |  |  | Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine |  |  | **Admin only if benefits outweigh risks for an adverse reaction** |  |  |  |  | Precaution |
|  | 8 |  |  |  |  |  |  | Egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention |  |  | **Admin only if benefits outweigh risks for an adverse reaction: any influenza vaccine appropriate for age and health status may be administered.** |  |  |  | **If egg-based IIV4, administer in a medical setting under the supervision of a health care provider who can recognize and manage severe allergic reactions; consult an allergist** | Precaution |
|  | 9 |  |  |  |  |  |  | Moderate or severe acute illness with or without fever |  |  | **Admin only if benefits outweigh risks for an adverse reaction** |  |  |  |  | Precaution |
| **LAIV4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Minimal age 2 yrs |
| **Regular and catch up schedule** | | | | | | | | | | | | | | | | |
|  | 10 | >=2 yr | <= 8 yrs | Or influenza vaccination history is unknown | N |  |  |  |  |  | Admin 1 st dose annually | Schedule another dose >= 4 wks from 1st dose annually |  |  |  |  |
|  | 11 | >= 2 yrs | <= 8 yrs |  | Y | <2 | <- July 1, 2021 (lifetime) |  |  |  | Admin 1 st dose annually | Schedule another dose >= 4 wks from 1st dose annually |  |  |  |  |
|  | 12 | >= 2 yrs | <= 8 yrs |  | Y | >=2 | <- July 1, 2021 (lifetime) |  |  |  | Admin 1 dose annually | Schedule a dose next year |  |  |  |  |
|  | 13 | >= 9 yrs | <= 18 yrs |  |  |  |  |  |  |  | Admin 1 dose annually | Schedule a dose next year |  |  |  |  |
| **Influenza, live attenuated (LAIV4, Flumist Quadrivalent): contraindications and precautions** | | | | | | | | | | | | | | | | |
|  | 14 |  |  |  |  |  |  | Pregnancy |  |  | **Do not administer** |  |  |  |  | Contraindication |
|  | 15 |  |  |  |  |  |  | Immunocompromised due to any cause, (including HIV infection and medications) |  |  | **Do not administer** |  |  |  |  | Contraindication |
|  | 16 |  |  |  |  |  |  | Close contacts or caregivers of severely immunosuppressed persons who require a protected environment |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 17 | >= 2 yrs | <= 4 yrs |  |  |  |  | Asthma or wheezing in the preceding 12 mon |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 18 |  |  |  |  |  |  | Active communication between the cerebrospinal fluid (CSF) and the oropharynx, nasopharynx, nose, ear or any other cranial CSF leak |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 19 |  |  |  |  |  |  | Cochlear implant |  |  | **Do not administer** |  |  |  |  | Contraindication |
|  | 20 |  |  |  |  |  |  | Anatomic or functional asplenia or persistent complement component deficiencies |  |  | **Do not administer** |  |  |  |  | Contraindication |
|  | 21 |  |  |  |  |  |  | Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, or RIV, LAIV of any valency) |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 22 |  |  |  |  |  |  | Severe allergic reaction (e.g., anaphylaxis) to any vaccine component (excluding egg) |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 23 | >= 6 mon | <= 18 yrs |  |  |  |  | Receiving aspirin or salicylate-containing medications |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 24 |  |  |  |  |  |  | Receiving influenza antiviral medications oseltamivir or zanamivir <= 48 hrs, peramivir <= 5 days, baloxavir <= 17 days |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 25 |  |  |  |  |  |  | Cardiovascular disease (except for isolated hypertension) | Chronic lung disease |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 26 |  |  |  |  |  |  | Kidney failure, end-stage renal disease, or on hemodialysis |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 27 |  |  |  |  |  |  | Chronic liver disease |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 28 |  |  |  |  |  |  | Metabolic disorders, including diabetes |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 29 |  |  |  |  |  |  | Chronic pulmonary, hepatic, neurologic, hematologic disorders (persons with underlying medical conditions that might predispose to complications after wild-type influenza virus infection) |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 30 |  |  |  |  |  |  | Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 31 | >= 5 yrs |  |  |  |  |  | Asthma |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 32 |  |  |  |  |  |  | Egg allergy with symptoms other than hives (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention |  |  | **Admin only if benefits outweigh risks for adverse reaction: any influenza vaccine appropriate for age and health status may be administered** |  |  |  | **if egg-based LAIV4, administered in a medical setting under the supervision of a health care provider who can recognize and manage severe allergic reactions; consult an allergist** | Precaution |
|  | 33 |  |  |  |  |  |  | Moderate or severe acute illness with or without fever |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
| **ccIIV4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Minimal age: 2 yrs |
| **Influenza, cell culture-based inactivated injectable [(ccIIV4), Flucelvax, Quadrivalent]: contraindications and precautions** | | | | | | | | | | | | | | | | |
|  | 34 |  |  |  |  |  |  | Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component of ccIIV4 |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 35 |  |  |  |  |  |  | Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 36 |  |  |  |  |  |  | History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, RIV, or LAIV of any valency. |  |  | **Admin only if benefits outweigh risks for adverse reaction;** |  |  |  | **if using ccIIV4, administer in a medical setting under the supervision of a health care provider who can recognize and manage severe allergic reactions; consult an allergist** | Precaution |
|  | 37 |  |  |  |  |  |  | Moderate or severe acute illness with or without fever |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
| **RIV4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Minimal age: 18 yrs |
| **Regular and catch-up schedule** | | | | | | | | | | | | | | | | |
|  | 38 | >=18 yrs |  |  |  |  |  |  |  |  | Admin 1 dose annually | Schedule 1 dose next year |  |  |  |  |
| **Influenza, recombinant injectable [(RIV4), Flublok Quadrivalent]: contraindications and precautions** | | | | | | | | | | | | | | | | |
|  | 39 |  |  |  |  |  |  | Severe allergic reaction (e.g., anaphylaxis) to any RIV of any valency, or to any component of RIV4 |  |  | **Do not administer** |  |  |  |  | Contradiction |
|  | 40 |  |  |  |  |  |  | Guillain-Barre syndrome (GBS) within 6 weeks after a previous dose of any type of influenza vaccine |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |
|  | 41 |  |  |  |  |  |  | History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, ccIIV, or LAIV of any valency. |  |  | **Admin only if benefits outweigh risks for adverse reaction;** |  |  |  | **if using RIV4, administer in a medical setting under the supervision of a health care provider who can recognize and manage severe allergic reactions; consult an allergist** | Precaution |
|  | 42 |  |  |  |  |  |  | Moderate or severe acute illness with or without fever |  |  | **Admin only if benefits outweigh risks for adverse reaction** |  |  |  |  | Precaution |