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An Office of the Department of Health and Human Services
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Notes from the Field: Reports of Expired Live Attenuated Influenza Vaccine Being Administered — United States, 2007–2014

Annual influenza vaccination is recommended for all persons aged ≥6 months. Two vaccine types are approved in the United States, injectable inactivated influenza vaccine (IIV) and live attenuated influenza vaccine (LAIV), which is administered intranasally. Influenza vaccine typically becomes widely available beginning in late summer or early fall. IIV has a standard expiration date of June 30. In contrast, after release for distribution, LAIV generally has an 18-week shelf life (Christopher Ambrose, MedImmune, personal communication, 2014). Because of its relatively short shelf life, LAIV might be more likely than IIV to be administered after its expiration date. To assess that hypothesis, CDC analyzed reports to the Vaccine Adverse Event Reporting System (VAERS) of expired LAIV administered during July 1, 2007, through June 30, 2014.

Of the 4,699 LAIV reports, 866 (18.4%) involved administration of expired vaccine; 97.5% of these reports did not document any adverse health event. In 95.1% of expired LAIV reports, vaccination occurred after the first week in November, which is approximately 18 weeks from July 1. Historically, by early November, most vaccine has been administered for the season. In contrast, of the 49,695 IIV reports, only 96 (0.02%) involved administration of expired vaccine. VAERS is a national, passive surveillance system that accepts reports from anyone (including vaccine recipients, providers, and manufacturers); because of this, it is not possible to definitively conclude that LAIV is more likely to be administered after its expiration date. However, the magnitude of disproportional reporting for this error in expired LAIV use compared with IIV supports the hypothesis.

As a passive surveillance system, VAERS likely captures only a small fraction of expired LAIV administered, so this error might be more common than VAERS data indicate. Most reports had a vaccination date in November or later. Health care providers need to be aware of the short shelf life of LAIV and implement measures to avoid administering expired LAIV, especially from November and onward, when this error appears to be more common. Although data does not indicate that administration of expired LAIV poses a health risk, revaccination with a valid dose is advised. Replacement options for expired LAIV are available at http://www.flumistquadrivalent.com/hcp/ordering_and_returns.html.

AFIX Corner

Reminder-

A reminder is a tool that helps raise immunization levels in your practice and helps in preventing disease by improving the timeliness and completion of all recommended immunizations.

It is important for practices to use reminders as communication to an individual that he/she is due now or on a future date for immunization(s).

Maine Immunization Program—Frequently Asked Questions

Q: A 4-year-old's vaccine records show that she had 4 IPVs, given at 2m, 4m, 6m, and age 2. Should she have a booster dose?

A: Yes. In June, 2009, ACIP updated its recommendations to clarify that an additional dose must be given at age 4 -6 years, even if the child previously received 4 doses (either as IPV or as part of a combination vaccine containing IPV).

Q: I need to know how to catch-up a child who is 12 years old and received 1 dose of DTaP vaccine at age 2 years and 1 dose of Tdap at age 11 years.

A: This child needs to complete the primary series with 1 dose of Td, administered no earlier than 6 months after the Tdap dose given at age 11 years. After that, the child needs a booster dose of Td every 10 years. An easy way to determine how to catch up a child is to consult "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years, U.S." The schedule is approved by CDC, AAP, and AAFP and is released early in each calendar year. It includes a catch-up schedule for children who have fallen behind (see www.cdc.gov/vaccines/schedules/index.html).

Q: Can I give a tuberculin skin test (TST) on the same day as a dose of MMR vaccine?

A: A TST can be applied before or on the same day that MMR vaccine is given. However, if MMR vaccine is given on the previous day or earlier, the TST should be delayed for at least 28 days. Live measles vaccine given prior to the application of a TST can reduce the reactivity of the skin test because of mild suppression of the immune system.

Q: I have patients who claim to remember receiving MMR vaccine but have no written record, or whose parents report the patient has been vaccinated. Should I accept this as evidence of vaccination?

A: No. Self-reported doses and history of vaccination provided by a parent or other caregiver are not considered to be valid. You should only accept a written, dated record as evidence of vaccination.

If you have any questions, please contact the Maine Immunization Program at:
Phone (207) 287-3746 or (800) 867-4775