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GAVIN NEWSOM
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TO: Vaccines for Children (VFC) Providers

FROM: Robert Schechter, M.D., Chief, Immunization Branch
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SUBJECT: VFC 2023-2024 Seasonal Influenza Vaccine Information



Key takeaways from this letter:

- ✓ Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.
- ✓ For flu vaccination of persons with egg allergy, additional safety measures are no longer recommended: Use instead measures recommended for all vaccines.
- ✓ Flu vaccines can be co-administered with other vaccines.
- ✓ Summary of Advisory Committee on Immunization Practices (ACIP) recommendations for the 2023-2024 influenza season.

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SUMMARY

The California VFC Program has already begun shipping influenza vaccine. Begin immunizing your patients soon after you receive vaccine, before onset of influenza activity, and continue to offer vaccine as long as unexpired vaccine is available. Increasing flu vaccination coverage will decrease severe flu disease and its stress on the health care system this fall and winter.

The CDC Advisory Committee on Immunization Practices (ACIP) 2023-2024 influenza vaccine recommendations are summarized at www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm. The full recommendations of the ACIP are available at www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w.



KEY INFLUENZA VACCINATION RECOMMENDATIONS

- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.
- [Updated recommendations for influenza vaccination of persons with egg allergy](#)
 - All persons ages ≥ 6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.
 - Egg allergy necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
 - Severe and life-threatening reactions to vaccines can occur with any vaccine and in any vaccine recipient, regardless of allergy history. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.
- Children younger than 9 years of age who have not been previously immunized with at least two doses of influenza vaccine before July 1, 2023 need two doses of influenza vaccine this season for optimal protection. These children should receive their first dose as soon as vaccine is available in order to receive their second dose, administered ≥ 4 weeks later, ideally by the end of October.
- Children of any age who require only one dose for the season should also ideally be vaccinated by the end of October.
- Emphasis should be placed on vaccination of high-risk groups, including:
 - All children aged 6-59 months
 - American Indian or Alaska Native persons
 - Persons with chronic pulmonary conditions (including asthma); cardiovascular disease (excluding isolated hypertension); renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus and class 3 obesity); [immune compromise](#) due to any cause
 - [Persons who are or will be pregnant](#) during the influenza season
 - Children and adolescents receiving aspirin- or salicylate-containing medications and who might be at risk for Reye syndrome after influenza virus infection
 - Residents of nursing homes and other long-term care facilities
 - [Caregivers and contacts](#) of high-risk persons
- We encourage your practice to implement strategies to achieve high vaccination coverage, including patient reminders, tracking patients due for a second dose, and strategies described at [Flu Action Plan: 3 Habits of Highly Successful VFC Clinics](#).
- Influenza vaccination may serve as a catch-up opportunity for other pediatric and adolescent immunizations. [Flu vaccines can be coadministered with other vaccines](#), including COVID-19 vaccines. Administer all due or overdue vaccines in the same visit.
- If influenza vaccination is delayed due to acute illness, including due to [COVID-19 illness](#), patients should be reminded to return for influenza vaccination once they have recovered from their acute illness.

ELIGIBILITY FOR VFC-SUPPLIED SEASONAL INFLUENZA VACCINE

All VFC-eligible children aged 6 months through 18 years of age in your practice should be vaccinated according to ACIP recommendations. All doses of VFC-supplied vaccines, including influenza vaccine, may be used only for VFC-eligible children. Use in privately insured children or adult patients 19 years of age and older may constitute fraud or abuse of VFC-supplied vaccines. Underinsured children may receive VFC supplied vaccines ONLY at a Federally Qualified Health Center or Rural Health Center.

Eligibility screening and documentation of eligibility must occur at every immunization encounter (including special vaccination efforts, such as drive-up flu clinics or flu-only clinics). To meet VFC's vaccine accountability requirements, document and track administration of VFC-supplied vaccines using an Immunization Registry, Electronic Health Record, [VFC's Flu Usage Log](#). Or similar system. You are required to submit influenza vaccine usage as part of your routine vaccine ordering process, whether or not flu vaccine doses are ordered.

2023-2024 INFLUENZA VACCINE COMPOSITION AND FORMULATIONS

The California VFC Program is offering quadrivalent influenza vaccines containing an:

- Influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus^{1,2}
- Influenza A/Darwin/9/2021 (H3N2)-like virus³
- Influenza B/Austria/1359417/2021 (Victoria lineage)-like virus
- Influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus

¹A/Wisconsin/67/2022(H1N1)pdm09-like virus for cell culture-based or recombinant vaccines.

²Change in strain from the 2022-2023 formulation.

³A/Darwin/6/2021 (H3N2)-like virus for cell culture-based or recombinant vaccines.

VFC Program products for the 2023-2024 influenza season include:

Products	Dose Volume	Minimum Age in California	CPT
Fluarix [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90686
Flucelvax [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90674
FluLaval [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90686
Fluzone [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90686
FluMist [®] pre-filled syringes	0.2 mL	2 years	90672

*According to [California law](#), pregnant persons and children younger than 3 years old should only receive vaccine doses with no more than trace levels of mercury [Health and Safety Code Section 124172]. Instead of multi-dose vials of influenza vaccine, VFC single-dose influenza vaccine formulations should be used for VFC-eligible children < 3 years of age and pregnant teens < 19 years of age.

A visual guide to 2023-2024 influenza vaccine products is at eziz.org/assets/docs/IMM-859.pdf.

DOSAGE AND ADMINISTRATION

Avoid errors by double-checking doses and administering the entire syringe contents of the age-appropriate formulation.

- The dosage of injectable VFC influenza vaccines, regardless of age, is 0.5 mL.
- The dosage for FluMist[®] nasal spray in children 2 years of age and older is 0.2 mL.

The vaccine syringe or vial should be shaken well before administration. Vaccine should be inspected visually for particulate matter and discoloration prior to administration. If either of these conditions exists, the vaccine should not be administered.

When administering vaccines:

- **DO NOT** access more than one dose from a single-dose vial.
- **DO NOT** use half of a 0.5 mL syringe for infants 6-35 months of age and waste the rest.
- **DO NOT** split a 0.5 mL syringe into two 0.25 mL doses for ages 6-35 months.

Inactivated influenza vaccine should be administered intramuscularly in the anterolateral aspect of the thigh for infants and young children. Older children and adults should be vaccinated in the deltoid muscle.

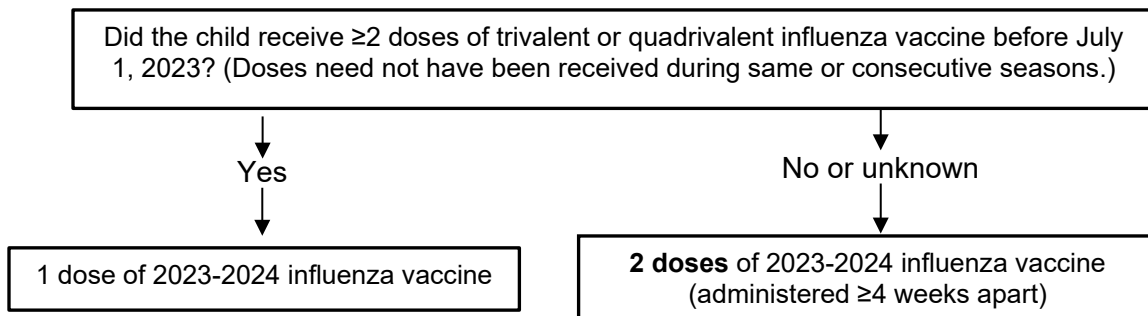
Vaccine Type

ACIP makes does not recommend for children the use any one influenza vaccine product over another when more than one age-appropriate vaccine is available. Do not delay vaccination to procure a specific vaccine preparation.

Number of doses of 2023-2024 seasonal influenza vaccine by age

Children 9 years and older: One dose.

Children 6 months through 8 years of age:



From: https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w

ACIP Recommendations for Influenza Vaccination of Persons with COVID-19

Vaccination of moderately or severely ill persons should be deferred until recovery from the acute illness. For persons who are mildly ill or asymptomatic, deferral might be considered to avoid confusing illness symptoms with vaccine reactions. Other considerations include current influenza activity, the recipient's risk of severe influenza illness, use of immunosuppressive agents that might blunt immune response, and risk of exposing others in the vaccination setting.

ACIP Recommendations for Adults ≥ 65 Years (Ineligible for VFC doses):

[ACIP continues to recommend that adults aged ≥65 years preferentially receive](#) any one of the following higher dose or adjuvanted influenza vaccines:

- Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
- Quadrivalent recombinant influenza vaccine (RIV4), or
- Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

Reporting of Suspected Vaccine Reactions or Errors

Providers should report suspected adverse events to influenza vaccine or any other vaccine to the Vaccine Adverse Events Reporting System (VAERS) at 800-822-7967 (toll-free) or <http://vaers.hhs.gov>.

Providers should report any vaccine administration error and associated contributing factors to the National Vaccine Errors Reporting Program (VERP) at [Healthcare Practitioner's Vaccine Error Reporting Form | Institute For Safe Medication Practices \(ismp.org\)](#). As a part of the report, providers can make recommendations to prevent errors. This surveillance program aims to prevent errors by identifying trends, creating targeted education, and changing product labeling and design.

VACCINE INFORMATION STATEMENTS (VISs)

The most current version of the Vaccine Information Statement (VIS) must be provided to a parent or guardian before the child receives each dose of influenza vaccine. Each time a VIS is provided, the following information must be included in the patient's permanent medical record:

- (1) Edition date of the current Vaccine Information Statement that was provided.
- (2) Date that the VIS was provided.

Copies of the latest [Inactivated Influenza Vaccine VIS \(8/6/21\)](#) and [Live Attenuated Influenza Vaccine VIS \(8/6/21\)](#) are enclosed. There has been no change in the VIS since last season.

VACCINE STORAGE AND HANDLING

Influenza vaccines must be stored at a temperature range of 36°F to 46°F (2°C to 8°C). Vaccine doses deemed spoiled due to exposure to out-of-range temperatures may not be readily replaced.

- Do not freeze or expose vaccines to out-of-range temperatures. Vaccine that has been frozen or deemed non-viable by a vaccine manufacturer may not be used and should be returned to the VFC program according to established guidelines.
- Single-dose vials should not be accessed for more than one dose.
- Vaccines should not be used after the expiration date on the label.

BILLING INFORMATION

Child Health and Disability Prevention Program (CHDP)

Please refer to relevant [CHDP Provider Information Notices](#) on influenza vaccines and any relevant Medi-Cal Bulletin Newsflashes. CHDP providers with additional questions are advised to contact their [County CHDP Program](#).

Medi-Cal Managed Care

- **Managed Care:** Please contact the specific Medi-Cal managed care health plan for information on immunization billing and reimbursement.
- **Fee for Service (FFS):** To bill Medi-Cal for administration of VFC-supplied influenza vaccines, use the appropriate CPT-4 code followed by the "-SL" modifier. Providers will be reimbursed only for the administration fee when using VFC vaccines.
- For specific information and details on Medi-Cal billing, please refer to the [Medi-Cal provider manual on VFC](#). Providers with questions on Medi-Cal billing policies and

procedures and Provider manual information may call the Telephone Service Center (TSC) at 1-800-541-5555.

CPT Codes

Please see <http://www2a.cdc.gov/vaccines/IIS/IISStandards/vaccines.asp?rpt=cpt>.

QUESTIONS?

If you have any questions, please contact your VFC Field Representative, or call the VFC Program at 877-243-8832 (877-2GET-VFC), or visit www.eziz.org.

Resources

- [AAP Influenza Implementation Guidance and links to Resources](#)
- [CDC Summary: ACIP 2023-2024 Influenza Vaccine Recommendations](#)
- [ACIP 2023-2024 Recommendations: Prevention and Control of Seasonal Influenza with Vaccines](#)

Enclosures

- [Influenza Vaccine Identification Guide \(IMM-859, 8/23\)](#)
- [Flu Usage Log \(IMM-1053F, 8/22\)](#)
- [VFC's Flu Action Plan: 3 Habits of Highly Successful VFC Clinics \(IMM-1274, 7/21\)](#)
- [Inactivated Influenza Vaccine VIS \(8/6/21\)](#)
- [Live Attenuated Influenza Vaccine VIS \(8/6/21\)](#)