Acip voted that intranasal LAIV should not be used in any setting. Acip meets again in October, influenza vaccination programs are in full swing.

As explained in the March 2016 NAVP Immunizations Newsletter, ACIP generally recommends the strains for the next influenza season. Acip meets three times each year, in February, June, and October. Acip also considered that 55% of children vaccinated in school-based programs have historically received LAIV. Two vaccine offerings are presented to ACIP by CDC staff; one alternative stated that LAIV could be used “in settings where otherwise an injectable IIV product at this time, injectable IIV is off of the market, and quantities of LAIV could be caught short and have no alternative path for obtaining the injectable IIV product at this time.”

For those who wonder how ACIP reaches its decisions, the meeting provides an inside look at the group in action. Responding at its June 2016 meeting to information on wide variety of influenza vaccine effectiveness, ACIP revised its recommendations for the 2015–16 influenza season. The VE for LAIV was 3% (95% CI, –49% to 37%) against any influenza virus in children 2 to 17 years of age. IIV formulations intramuscularly administered live attenuated influenza vaccine (LAIV). The influenza season was relatively mild with a good match of circulating strains and vaccine antigens. Activity peaked late, in March 2016.

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The overall vaccine effectiveness (VE) of all 2015–16 influenza vaccines was 49%, with 41% VE against influenza A(H1N1)pdm09 and questionable efficacy against influenza A(H3N2) and influenza B. The overall VE of LAIV was 3% against any influenza virus in children 2 to 17 years of age. The VE for LAIV was 3% against influenza A(H3N2) and 5% against influenza B strains.

In the group aged 65 years or older, influenza vaccine effectiveness was estimated to be 55% overall, with 49% VE against influenza A(H1N1)pdm09. In the group aged 65 years or older, influenza vaccine effectiveness was estimated to be 55% overall, with 49% VE against influenza A(H1N1)pdm09. In the group aged 65 years or older, influenza vaccine effectiveness was estimated to be 55% overall, with 49% VE against influenza A(H1N1)pdm09.