Massachusetts State-Supplied Influenza Vaccine Formulations
for the 2019-2020 Influenza Season

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| **Important Reminder for State-Supplied Inactivated Influenza Vaccine (IIV) Pediatric Dosing:** * Children aged 6 through 35 months may receive intramuscularly (IM):
* 0.5 mL of FluLaval Quadrivalent; **OR**
* Either0.25 mL or 0.5 mL of Fluzone Quadrivalent.

Care should be taken to administer the correct volume for each formulation as outlined below. Single dose vials and pre-filled syringes should have the complete dose volume administered.* Children aged 3 through 17 years should receive 0.5 mL IM of an age-appropriate IIV formulation.

**Please Note:** Children 6 months through 8 years who are receiving influenza vaccine for the 1st time or who have had a total of only 1 dose of influenza vaccine in any previous season will need 2 doses (of the appropriate dose volume for age and formulation) separated by >4 weeks. The two doses do not need to be the same influenza vaccine product. |

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| **Vaccine** | **Manufacturer** | **Packaging** | **Age Group** | **Dose** | **Mercury Content from Thimerosal (µg Hg/0.5mL)** |
| FluLaval Quadrivalent(IIV4) | ID Biomedical (distributed by GSK) | Pre-filled syringe | 6 months & older | 0.5 mL | 0 |
| 5.0 mL multi-dose vial\* | 6 months & older | 0.5 mL | <25 |
| Fluzone Quadrivalent (IIV4) | Sanofi Pasteur | Pre-filled syringe | 6 months & older | 0.5 mL | 0 |
| Single-dose vial | 6 months & older | 0.5 mL | 0 |
| 5.0 mL multi-dose vial\*\* | 6-35 months | 0.25 mL or 0.5 mL§ | 25 |
| 3 years & older | 0.5 mL |
| Flucelvax Quadrivalent(ccIIV4) | Seqirus | Pre-filled syringe | 4 years & older(please note different age range than other vaccines) | 0.5 mL | 0 |
| FluMist(LAIV4) | AstraZeneca | Intranasal Spray | 2 years & older | 0.2mL(Administer 0.1mL per nostril) | 0 |

\* Once entered, a multi-dose vial of FluLaval should be discarded after 28 days.

\*\* Only 10 doses can be withdrawn from the multi-dose vial of Fluzone. After the maximum number of doses has been withdrawn, the vial should be discarded, even if there is residual vaccine in the vial or the expiration date has not been reached.

§ No preference is expressed for either dose volume for Fluzone Quadrivalent for the 6-35 month age group.

The above table summarizes only the MDPH-supplied influenza vaccine formulations. An expanded version of all the influenza vaccine products for the 2019-2020 season can be found on the CDC [website](https://www.cdc.gov/flu/professionals/vaccines.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fprotect%2Fvaccine%2Fvaccines.htm).

The Advisory Committee on Immunization Practices’ (ACIP) 4-page [Summary of the 2019-2020 Recommendations for Influenza Vaccine](https://www.cdc.gov/flu/pdf/professionals/acip/acip-2019-20-summary-of-recommendations.pdf) for contains additional guidance influenza vaccine administration.

For questions about the influenza vaccine administration, please call the Immunization Division at 617-983-6800 and ask to speak to an immunization epidemiologist or nurse. For questions about state-supplied vaccine availability and ordering, please contact the Vaccine Management Unit at 617-983-6828.