

Seasonal influenza immunization is recommended for all children 6 months and older. Healthy children 2 years and older can receive either IIV or LAIV. Particular focus should be on the administration of IIV for all children and adolescents with underlying medical conditions associated with an increased risk of complications from influenza, including the following:

- Asthma or other chronic pulmonary diseases, including cystic fibrosis.
- Hemodynamically significant cardiac disease.
- Immunosuppressive disorders or therapy.
- HIV infection.
- Sickle cell anemia and other hemoglobinopathies.
- Diseases that require long-term aspirin therapy, including juvenile idiopathic arthritis or Kawasaki disease.
- Chronic renal dysfunction.
- Chronic metabolic disease, including diabetes mellitus
- Any condition that can compromise respiratory function or handling of secretions or can increase the risk of aspiration, such as neurodevelopmental disorders, spinal cord injuries, seizure disorders, or neuromuscular abnormalities.

Although universal immunization for all people 6 months and older is recommended for the 2013–2014 influenza season, particular immunization efforts with either IIV or LAIV should be made for the following groups to prevent transmission of influenza to those at risk, unless contraindicated:

Household contacts and out-of-home care providers of children younger than 5 years of age and at-risk children of all ages (healthy contacts 2 through 49 years of age can receive either IIV or LAIV).

Any woman who is pregnant, is considering pregnancy, has recently delivered, or is breastfeeding during the influenza season (IIV only). Studies have shown that infants born to immunized women have better influenza-related health outcomes. However, according to Internet panel surveys conducted by the CDC, only 47% of pregnant women reported receiving an influenza vaccine during the 2011–2012 season, even though both pregnant women and their infants are at higher risk of complications. In addition, data from some studies suggest that influenza vaccination in pregnancy may decrease the risk of preterm birth as well as giving birth to infants who are small for gestational age. Pregnant women can safely receive the influenza vaccine during any trimester.

Children and adolescents of American Indian/Alaskan Native heritage.

HCP or health care volunteers. Despite the recent AAP recommendation for mandatory influenza immunization for all HCP,² many HCP remain unvaccinated. As of November 2012, the CDC estimated that only 62.9% of HCP received the seasonal influenza vaccine. The AAP recommends mandatory vaccination of HCP, because they frequently come into contact with patients at high risk of influenza illness in their clinical settings.

Close contacts of immunosuppressed people.