

It's OK to use nasal spray flu vaccine again, US panel says

February 21 2018, by Mike Stobbe



In this Oct. 4, 2005 file photo, Amanda Klopfer reacts as she is given a FluMist influenza vaccination in St. Leonard, Md. On Wednesday, Feb. 21, 2018, a federal panel says it's OK for doctors to start using the kid-friendly nasal spray flu vaccine again. (AP Photo/Chris Gardner, File)

It's OK for doctors to start using a kid-friendly nasal spray flu vaccine again, a federal panel said Wednesday.

Two years ago, the advisory group pulled its recommendation for FluMist vaccine after research found it wasn't working against swine flu, the kind of flu that was making most people sick then. But the Advisory Committee of Immunization Practices voted 12-2 Wednesday to recommend the [nasal spray](#) as an option for next winter's flu season.

An official from AstraZeneca, the company that makes FluMist, said the problem with the vaccine has been identified and corrected. But panel members noted there's still not good proof that FluMist works well against the swine flu bug.

"This is not an easy decision. It's always a challenge to make a decision with incomplete data," said one panel member, Dr. Edward Belongia of the Wisconsin-based Marshfield Clinic Research Foundation.

The panel makes its recommendations to the Centers for Disease Control and Prevention, which usually accepts the advice and sends it along as guidance to doctors, hospitals and health insurers.

FluMist is the only spray-in-the-nose vaccine on the market. It was first licensed in 2003 and is approved for healthy people ages 2 to 49. Unlike shots made from a killed virus, it is made from a live but weakened [flu virus](#).

The AstraZeneca product was once considered the best childhood flu vaccine on the market and accounted for about a third of all child vaccinations. But in 2016, the committee rescinded its recommendation of FluMist after federal study results showed it provided no protection from the 2009 swine flu strain that made most people sick the previous year. It remained on the market, but for the past two winters federal officials have not been recommending that doctors give it.

AstraZeneca has changed the way it tests and selects strains for the

[vaccine](#), said Dr. Raburn Mallory, a company official, speaking at the panel meeting in Atlanta. It's been difficult for researchers to check how well the revised product works, in part because in the last two years another type of flu—not swine flu—has caused most of each season's illnesses.

Studies have suggested that while FluMist fell down against swine flu, it has been effective against other types of flu.

That makes it better than nothing, panel members said. And FluMist is appealing because it is easier to give to kids who fear needles.

Some experts at the meeting worried the panel's decision could further damage public confidence in flu vaccines. If FluMist should fail to protect children during a bad [flu season](#) in the future, "that's a potential disaster," said Dr. Sean O'Leary of the Pediatric Infectious Diseases Society.

Last week, a government study found the [flu shot](#) was doing a poor job this winter. The [flu vaccine](#) changes from year to year, depending on what flu bugs are going around.

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Citation: It's OK to use nasal spray flu vaccine again, US panel says (2018, February 21) retrieved 7 May 2024 from

<https://medicalxpress.com/news/2018-02-nasal-flu-vaccine-panel.html>

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