Standing Order for the Administration of the Influenza Vaccine to Adults 2015-2016

Purpose: To reduce morbidity and mortality from influenza by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DOD).

Policy: Under these standing orders, and with documented 2015-2016 seasonal influenza vaccination training, eligible nurses and other healthcare professionals working within their scope-of-practice may vaccinate adult patients who meet the criteria below.

Procedure:

1. Provide influenza vaccine for all persons ≥18 years who do not have contraindications and have no history of influenza vaccination for the current influenza season.

2. Screen all patients for contraindications and precautions to influenza vaccine:
    a. **Contraindications**:
        - Serious systemic or anaphylactic reaction to prior dose of the vaccine or to any of its components (see table below).
        - Do not give live attenuated influenza vaccine (LAIV: nasal spray) to a person who:
            - has a history of an anaphylactic allergy to eggs
            - is pregnant
            - is immunosuppressed (including that caused by medications or HIV)
            - is age 50 years or older
            - has received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours
            - has received any live non-oral vaccines in the last 28 days
            - cares for a severely immunosuppressed person who requires a protective environment
    b. **Precautions**:
        - Moderate or severe acute illness with or without fever
        - History of Guillain Barre syndrome within 6 weeks of a previous influenza vaccination
        - Immunocompromised individuals or those on immunosuppressive therapies that may have a reduced immune response to the vaccination
        - For LAIV only, an adult with a medical condition which might predispose the adult to higher risk of complications attributable to influenza (e.g., chronic pulmonary [including asthma], cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic [including diabetes] disorders

3. To distinguish an allergy to eggs from an allergy to influenza vaccine, vaccine healthcare providers should use the egg allergy screening algorithm found in the annual ACIP recommendation on prevention and control of influenza with vaccines, to determine the correct vaccination procedures for these individuals. Provision of influenza vaccines safe for egg-allergic individuals (FluBlok or Flucelvax) should be considered when egg allergy is known or suspected.

4. Medication reconciliation for LAIV4 (FluMist Quadrivalent) is recommended.

5. Provide all patients with a copy of the most current Vaccine Information Statement (VIS) for IIV or LAIV. If available, provide non-English speaking patients with a VIS copy in their native language, found at www.cdc.gov/vaccines/pubs/vis.

6. Vaccine Administration

    a. Administer 0.5 mL injectable inactivated vaccine (IIV) intramuscularly in the deltoid muscle. Use a 22-25g, 1-1 ½" needle. Always shake the syringe and multi-dose vial before withdrawing and administering every dose of vaccine.

    b. Administer 0.2 mL of intranasal LAIV4 to individuals without contraindications (section 2a); 0.1 mL is sprayed into each nostril while the patient is in an upright position. Do not have the patient "inhale or sniff" the mist; they should breathe normally during administration. Do not have the patient self-administer the vaccine; it is to be administered by a trained health care professional.

7. Document immunizations for service members in AHLTA and the Service Immunization Tracking System (MEDPROS, ASIMS, SAMS, or MRRS). Use AHLTA for beneficiaries. Document required immunization information including: the name of the vaccine, the date vaccine was administered, the manufacturer, lot number, the dosage, VIS version date, and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine (e.g., medical contraindication, patient refusal, medical temporary exemption (MT)).

8. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year, until rescinded, and/or upon a change in medical director, whichever is earlier.

Table: Vaccine Components*

IIV4: FluLaval - GSK	Egg protein, formaldehyde, sodium deoxycholate, polysorbate, tocopheral hydrogen succinate, thimerosal (multi-dose vials)
IIV4: Fluarix - GSK	Egg protien, octoxynol, tocopheryl hydrogen succinate, polysorbate, hydrocortisone, gentamician sulfate, formaldehyde, sodium deoxycholate
IIV3: Afluria – CSL Biotherapies	Egg protein, sodium chloride, sodium phosphate, potassium phosphate, potassium chloride, calcium chloride, neomycin sulfate, sodium taurodeoxycholate, polymyxin B, beta-propiolactone, thimerosal (multi-dose vials)
RIV3: FluBlok – Protein Sciences	sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate, polysorbate 20, residual baculovirus and *Spodoptera frugiperda* cell proteins, and Triton X-100
ccIIV3: Flucelvax – Novartis	phosphate buffered saline, residual amounts of MDCK cell protein, polysorbate 80, cetyltrimethlyammonium bromide, and β-propiolactone
LAIV4: FluMist - MedImmune	Egg proteins, monosodium glutamate, porcine gelatin, arginine, sucrose, potassium phosphate, gentamicin sulfate, and ethylenediaminetetraacetic acid

* References: CDC Epidemiology and Prevention of Vaccine-Preventable Diseases, "Pink Book," Appendix B, 2015; 2015 manufacturer package inserts

Medical Director's signature:_____Effective date: _____

Printed Name and Title: _____