Standing Order for the Administration of the Influenza Vaccine to Children and Adolescents 2015-2016

Purpose: To reduce morbidity and mortality from influenza by vaccinating children and adolescents 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 children and adolescent patients who meet the criteria below.

Procedure:

1. Identify children and adolescents aged 6 months and older who have not completed their influenza vaccinations for the current influenza season.

2. Screen all patients for contraindications and precautions to influenza vaccine:

   a. Contraindications:
   - A severe allergic reaction (e.g., anaphylaxis) after a previous dose of any influenza vaccine or to any component of any influenza vaccine (see table below).
   - Do not administer live attenuated influenza vaccine (LAIV) to:
     - Pregnant adolescents
     - Children under 2 years of age
     - Children age 2 through 4 yrs who have experienced wheezing or asthma within the past 12 mos, based on a healthcare provider's statement
     - Children who are immunosuppressed, including immunosuppression caused by medications or HIV
     - Children on long-term aspirin therapy
     - Close contacts of severely immunosuppressed persons during periods when the immunocompromised person requires a protective environment;
     - Children who have received antiviral therapy within the previous 48 hours
     - Children that have received any live non-oral virus vaccines in the last 28 days.

   b. Precautions:
   - Moderate or severe acute illness with or without fever;
   - History of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination.
   - For LAIV only, children or adolescents age 5 years or older with asthma
   - Children with medical conditions which might predispose them to higher risk for complications attributable to influenza (e.g., chronic pulmonary, cardiovascular [excluding isolated hyper-tension], renal, hepatic, neurologic, hematologic, or metabolic [e.g., 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.

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

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

6. Vaccine Administration

    a. Administration Schedule
    - Children who meet the below criteria should receive **2 doses** of seasonal influenza separated by at least 4 weeks, any combination of influenza vaccine may be used to complete the series:*
        - Children 6 months - 8 years receiving seasonal influenza vaccine for the first time
        - Children 6 months - 8 years whose vaccination status is unknown

    - Children who meet the below criteria should receive **1 dose** of seasonal influenza vaccine
        - Children 6 months – 8 years who have received two or more total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015.
        - Children and adolescents 9 – 18 years of age

** NOTE: See attached algorithm "2015 -16 Seasonal Influenza Vaccine Dosing Recommended for Children 6 months through 8 years" for further guidance.*

    b. Dosing
    - Administer **0.25 mL of IIV (Fluzone only)** for children 6–35 months of age. Administer intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children, and teens). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass. Always shake the syringe, single-dose vial and multi-dose vial before withdrawing and administering every dose of vaccine.

    - Administer **0.5 mL of IIV** for those 3 years of age and older**.** Administer intramuscularly in the deltoid muscle (for toddlers, children, and teens). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass. Always shake the syringe, single-dose vial and multi-dose vial before withdrawing and administering every dose of vaccine.

    - Administer **0.2 mL of intranasal LAIV**; to healthy children age 2 years and older without contraindications. While the patient is in an upright position, 0.1 mL is sprayed into each nostril. Do not have the patient "inhale or sniff" the mist; they should breathe normally during administration. Do not have the patient or their parents administer the vaccine; it is to be administered by a trained health care professional.

7. Document the immunization in AHLTA. Document 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, parent/guardian, or patient refusal, etc.

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.

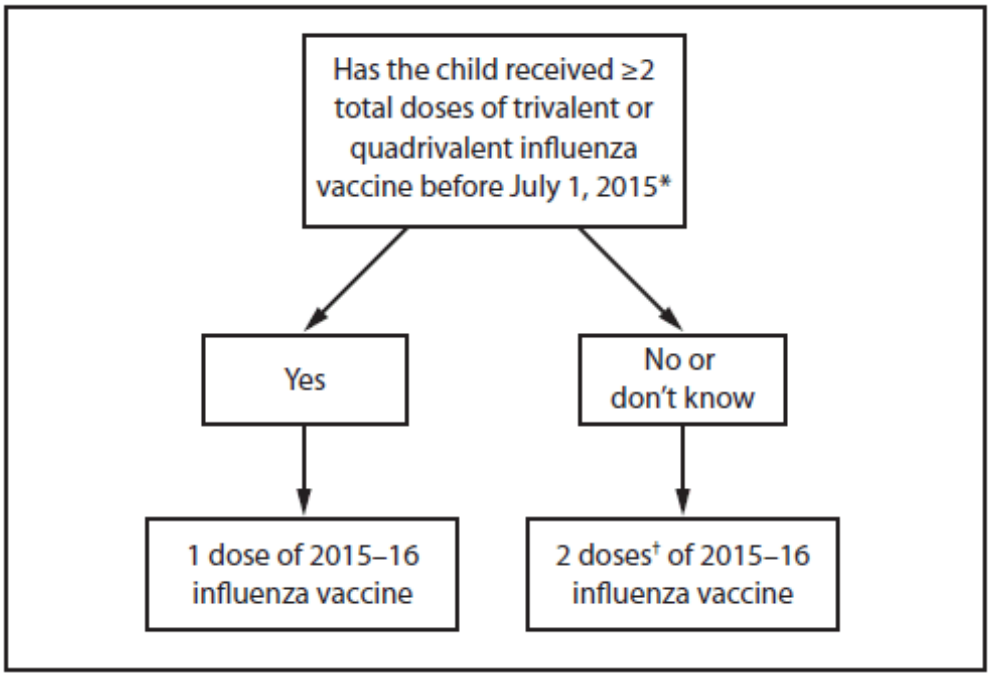
10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year, until rescinded, and/or upon a change in medical director, whichever is earlier.

Table: Vaccine Components*

IIV4: Fluzone - sanofi pasteur	Egg protein, formaldehyde, sodium phosphate-buffered isotonic sodium chloride, octylphenol ethoxylate, thimerosal (multi-dose vials)
IIV4: FluLaval - GSK	Egg protein, formaldehyde, sodium deoxycholate, polysorbate, tocopheral hydrogen succinate, thimerosal (multi-dose vials)
IIV4: Fluarix	Egg protein, octoxynol, tocopheryl hydrogen succinate, polysorbate, hydrocortisone, gentamician sulfate, ovalbumin, formaldehyde, sodium deoxycholate
IIV3: Afluria – CSL Biotherapies	Egg protein, sodium chloride, sodium phosphate, potassium phosphate, potassium chloride, calcium chloride, neomycin sulfate, polymyxin B, beta-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

2015–16 Seasonal Influenza vaccine dosing algorithm for children aged 6 months through 8 years



* The two doses need not have been received during the same season or consecutive seasons.
† Doses should be administered ≥4 weeks apart.

Medical Director's signature: _____ Effective date: _____

Printed Name and Title: _____