Standing Orders for Administering Influenza Vaccine to Adults 2017-2018

Purpose

To reduce morbidity and mortality from influenza by vaccinating all 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 2017-2018 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.

> **Note:** Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2017–18 influenza season.

Procedure

1. **Assess Adults for Need of Vaccination against influenza**
   - All adults are recommended to receive influenza vaccination each year.
   - Pregnant women are recommended to receive influenza vaccination each year. Administer inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) to pregnant women in any trimester.
   - People who do not recall whether they received influenza vaccine this year should be vaccinated.

2. **Screen for Contraindications and Precautions**

   Contraindications for use of all influenza vaccines

   Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert or go to https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

   Precautions for use of all influenza vaccines

   - Moderate or severe acute illness with or without fever
   - History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination

   Note regarding patients with eggs allergy: People with egg allergy of any severity can receive any licensed and recommended influenza vaccine (i.e., any IIV or RIV) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, the selected vaccine should be administered in a medical setting (e.g., health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3. **Provide Vaccine Information Statements**

   Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non- English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at https://www.cdc.gov/vaccines/hcp/vis/index.html. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4. **Prepare to Administer Vaccine**

   For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the following chart:

Gender and weight of patient	Needle gauge	Needle length	Injection site
Female or male less than 130 lbs	22-25	5/8-1"	Deltoid muscle of arm
Female or male 130-152 lbs	22-25	1"	Deltoid muscle of arm
Female 153-200 lbs	22-25	1-1½"	Deltoid muscle of arm
Male 153-260 lbs	22-25	1-1½"	Deltoid muscle of arm
Female 200+ lbs	22-25	1½"	Deltoid muscle of arm
Male 260+ lbs	22-25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

For vaccine that is to be administered intradermally, prepare the vaccine according to directions in the package insert.

5. **Administer Influenza Vaccine** according to the criteria and guidance in the table below:

Type of vaccine	Age group	Dose	Route	Instructions
Inactivated influenza vaccine (IIV)	All ages (age range may vary by vaccine)	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-intradermal	18 through 64 years	0.1 mL:	Intradermal (ID)	Insert needle of the microinjection system at a 90-degree angle in the deltoid area.
IIV-high dose	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine (aIIV)	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell culture-based IIV (ccIIV)	4 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.

6. **Document Vaccination**
   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)).

7. **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.**

8. 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.

9. DoD Approved Vaccines

DoD Categories	Name	Manufacturer	Presentation	Formulation	Approved use in ages
6 - 35 months	Flulaval®	GSK	PFS (0.5 mL)	Quad	≥ 6 months
3 years and older	Flulaval®	GSK	MDV (5 mL)	Quad	≥ 6 months
	Fluarix®	GSK	PFS (0.5 mL)	Quad	≥ 3 years
9 years & older and 18 years & older	Flucelvax ®	Seqirus	PFS (0.5 mL)	Quad	≥ 4 years
	Flucelvax ®	Seqirus	MDV (5 mL)	Quad	≥ 4 years

* MDV = Multi-Dose Vial, PFS = Prefilled Syringe; MDVs contain thimerosal as a preservative.

All flu vaccines require refrigeration between 2-8° C; do not freeze.

2017-2018 Influenza Vaccine Composition:

- Trivalent Vaccines:
  - A/Michigan/45/2018 (H1N1)pdm09-like virus (updated)
  - A/Hong Kong/4801/2014 (H3N2)-like virus
  - B/Brisbane/60/2008-like virus (Victoria lineage)
- Quadrivalent vaccines:
  - Above three, plus B/Phuket/3073/2013-like virus (Yamagata lineage)

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____
Nameofpracticeorclinic

Effective_____until rescinded or until_____.
Date Date

Medical Director_____/ _____ _____
Print Name Signature Date