Standing Order for Administering Influenza Vaccine
Northern & Southern Hemisphere (Adult)

Purpose: To reduce morbidity and mortality from influenza by vaccinating all individuals who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DOD).

Policy: Under this standing order, eligible healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals ≥ 18 years of age who do not have a documented dose of an appropriate influenza vaccine during the current season.

2. Using DHA Form 116, screen all patients for contraindications and precautions to influenza vaccine:

   Contraindications (IIV, aIIV, ccIIV, RIV):

   - History of a severe allergic reaction (e.g., anaphylaxis) or diagnosed allergy to a previous dose or component of any influenza vaccine is a contraindication to that same influenza vaccine type/ platform (e.g., egg-based [IIV, aIIV], cell culture-based [ccIIV], recombinant [RIV], or live attenuated [LAIV]). Per ACIP recommendations, other flu vaccine types may be considered with appropriate precautions.

   Precautions (IIV, aIIV, ccIIV, RIV):

   - Moderate or severe acute illness with or without fever.
   - History of Guillain-Barré syndrome within 6 weeks of receipt of any influenza vaccine.
   - History of a severe allergic reaction to a previous dose of one type of influenza vaccine is a precaution to use of the others.
   - Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g., 15-minute observation after administration) and to restore cerebral perfusion following syncope.
   - For information on vaccine components, refer to the appropriate package insert or The CDC Pink Book Appendix B.
   - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222 or DSN 312-761-4245.

3. Prior to vaccine administration, provide all patients (or their parent/legal representative) with a copy of the current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide vaccine as follows:
   - Administer influenza vaccine intramuscularly (IM) according to Tables 1 & 2.
   - Individuals may receive both Northern and Southern Hemisphere formulations if they will be present

for ≥ 14 days during that hemisphere's influenza season. Northern and Southern Hemisphere influenza vaccines should be separated by ≥ 30 days.

- Live attenuated influenza vaccine (LAIV3, FluMist) is not addressed in this standing order as it will not be utilized in the DOD for the 2024-2025 season. Individuals may choose to receive LAIV3 from a non-DOD provider if appropriate.

TABLE 1. IM Needle Length and Injection Site Guide		
Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age		
Patient Age	**Needle Length**	**Injection Site**
Children/Adolescents (11-18 years)	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm†
	1-1.5 inches (25-38 mm)	Anterolateral thigh
Adults (≥ 19 years)		
Men and women (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm†
Men and women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (260 lbs)	1.5 inches (38 mm)	
Women (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
* If skin is stretched tightly and subcutaneous tissues are not bunched.
† Preferred site.

TABLE 2. Influenza Vaccines, 2024- 2025 Season (Adult)			
Vaccine (Abbreviation)	**Type**	**Patient Age**	**Dose**
Afluria (IIV3)	Egg-based	≥ 3 years	0.5 mL
Fluad (aIIV3)	Adjuvanted, egg-based	18-64 years*	0.5 mL
		≥ 65 years	
Fluarix (IIV3)	Egg-based	≥ 6 months	0.5 mL
FluBlok (RIV3)	Recombinant, serum-free medium	≥ 18 years	0.5 mL
Flucelvax (ccIIV3)	Cell culture-based	≥ 6 months	0.5 mL
FluLaval (IIV3)	Egg-based	≥ 6 months	0.5 mL
Fluzone (IIV3)	Egg-based	≥ 6 months	0.5 mL
Fluzone High-Dose (HD-IIV3)	Egg-based	18-64 years*	0.5 mL
		≥ 65 years	
Fluzone Southern Hemisphere (SH-IIV)	Egg-based	≥ 6 months	0.5 mL

*Option for solid organ transplant recipients 18-64 years of age on immunosuppressive medication regimens

DOD contracted NH vaccines | **SH vaccine** | **Direct Vendor NH vaccines**

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

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

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

8. This standing order must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the _____ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

_____ _____

Privileged Physician's Signature Date