Standing Orders for Administering Influenza Vaccine to Children and Adolescents

Purpose

To reduce morbidity and mortality from influenza by vaccinating all 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 the current year's documented 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. **Assess Children and Adolescents for Need of Vaccination against influenza**
   - All children and teens 6 months of age and older are recommended to receive influenza vaccination each year.
   - A second dose of influenza vaccine is recommended 4 weeks or more after the first dose for children age 6 months through 8 years if they have not received 2 doses in previous years (not necessarily in the same season).

2. **Screen for Contraindications and Precautions**

   Contraindications for use of all influenza vaccines
   Do not give influenza vaccine to a child or adolescent who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. Please call Immunization Healthcare Branch for concerns about vaccine reactions (1-877-438-3222). For a list of vaccine components, refer to the manufacturer's package insert.

   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 egg 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. 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.

3. **Provide Vaccine Information Statements**
   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, if one is available and desired; these can be found at www.immunize.org/vis.

4. Vaccine 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 in any previous seasons before 1 Jul of this year.
  - Children and adolescents 9 – 18 years of age

5. 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:

Age of child	Needle gauge	Needle length	Injection site
Infants age 6 through 11 months	22-25	1”	Anterolateral thigh muscle
Age 1 through 2 years	22-25	1-1¼”	Anterolateral thigh muscle
		5/8* - 1”	Deltoid muscle of arm
Age 3 years and older	22-25	5/8* - 1”	Deltoid muscle of arm
		1-1¼”	Anterolateral thigh muscle

*A 5⁄8" needle may be used in patients weighing less than 130 lbs (<6 0 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.

6. Administer Vaccine according to the age of patient and desired route of vaccination described below:

Type of vaccine	Age group	Dose	Route	Instructions
Inactivated influenza vaccine (IIV4) (varies by vaccine)	6-35 months	Afluria/Fluzone: 0.25 mL Fluzone: 0.5 mL	Intramuscular (IM)	Administer vaccine in anterolateral thigh muscle.
	3 years and older	0.5 mL		Administer vaccine in deltoid muscle.
Cell culture-based IIV (ccIIV4)	4 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV4)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV4)	Healthy, age 2 years and older	0.2mL (0.1mL into each nostril)	Intranasal (IN)	Spray half of vaccine into each nostril while the patient is in an upright position.

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.

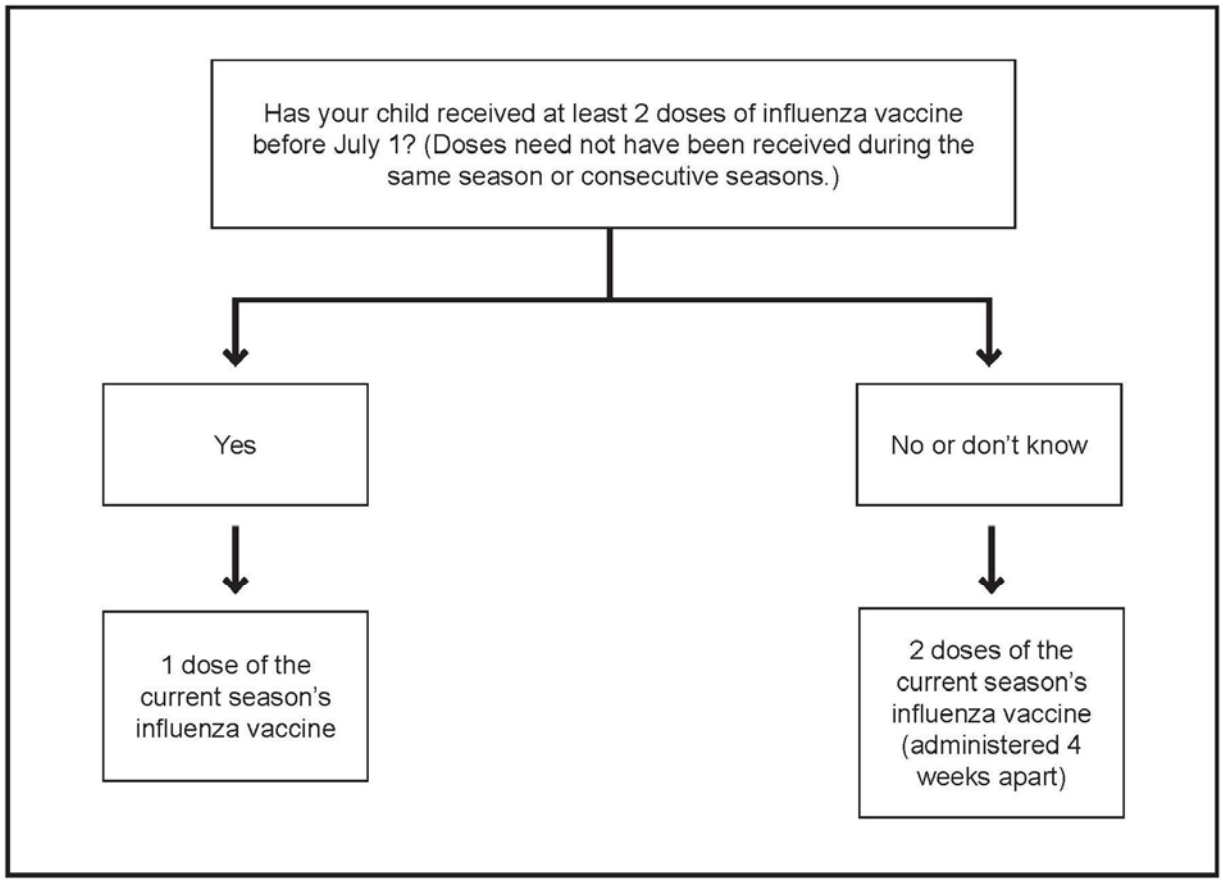
9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

10. **FDA-Approved Vaccines:**

Vaccine	Abbreviation	Manufacturer	Supplied	Age Indication	Dosage
Afluria Quad	(IIV4)	Seqirus	PFS (0.25mL) PFS (0.5 mL) MDV (5 mL)	6-35 mos	0.25mL - (One or two doses; if two administer one month apart)
				36 mos-8 yrs	0.5 mL (One or two doses; if two administer one month apart)
				≥9 yrs	0.5 mL
Fluarix Quad	(IIV4)	GSK	PFS (0.5 mL)	≥6 mos	0.5 mL
Flublok Quad	(RIV4)	Sanofi Pasteur	PFS (0.5 mL)	≥18 yrs	0.5 mL
Flucelvax Quad	(ccIIV4)	Seqirus	PFS (0.5 mL) MDV (5 mL)	≥4 yrs	0.5 mL
Flulaval Quad	(IIV4)	GSK	PFS (0.5 mL) MDV (5 mL)	≥6 mos	0.5 mL
FluMist (Quad)	(LAIV4)	AstraZeneca	PFS (0.2 mL)	2-49 yrs	(0.1mL each nostril)
Fluzone Quad	(IIV4)	Sanofi Pasteur	PFS (0.25 mL) PFS (0.5 mL) SDV (0.5 mL) MDV (5 mL)	6-35 mos	0.25 mL or 0.5 mL+
				≥6 mos	0.5 mL

* MDV = Multi-Dose Vial, SDV = Single Dose Vial, PFS = Prefilled Syringe; MDVs may contain thimerosal as a preservative.
+ Children 6-35 mos of age may receive either 0.25 mL or 0.5 mL of Fluzone; if two doses, administer at least 4 weeks apart.
All flu vaccines require refrigeration between 2-8° C; do not freeze.

FIGURE 1: Influenza vaccine dosing algorithm for children aged 6 months through 8 years – Adapted from Advisory Committee on Immunization Practices, United States:



Standing Orders Authorization

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

until rescinded or until_____.
Date

Medical Director's signature_____Signature date_____Effective date_____