Standing Orders for Administering Influenza Vaccine to Adults

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 the current year's documented seasonal influenza vaccination training, eligible nurses and other health care professionals working within their scope of practice may vaccinate adults who meet the criteria below.

Procedure:

1. Assess adults for need of vaccination against influenza:
    - All adults are recommended to receive influenza vaccination each year based upon their geographic exposure during respective influenza season in the Northern Hemisphere (Oct – Apr) or the Southern Hemisphere (Apr – Oct).
    - Pregnant women are recommended to receive influenza vaccination each year. Administer inactivated influenza vaccine (IIV) 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.

   Contraindications only for use of live attenuated influenza vaccine (LAIV; FluMist, nasal spray):
    - Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who:
        - is pregnant.
        - has immunosuppression (including that caused by medications or HIV)
        - is age 50 years or older
        - received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or will possibly receive them within 14 days after vaccination
        - provides care for a severely immunosuppressed person who requires a protective environment

   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.

   Precautions for use of LAIV only:
    - Asthma
    - Other chronic medical conditions (e.g., other chronic lung diseases, chronic cardiovascular disease [excluding isolated hypertension], chronic renal or hepatic disease, hematologic

disease, neurologic disease, and metabolic disorders, including diabetes mellitus)
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at 877-438-8222, Option 1.

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 all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (or parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Prepare to Administer Vaccine
   - For intramuscular vaccine, 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 (<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.

For intranasal vaccine, 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 (IIV4)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-high dose	65 years and older	0.7 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine (aIIV4)	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell culture influenza vaccine (ccIIV4)	All ages	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, younger than age 50 years (except pregnant women)	0.2mL (0.1mL into each nostril)	Intranasal (IN)	Spray half of vaccine into each nostril while the patient is in an upright position.

Any Northern Hemisphere influenza vaccine formulation may be administered to individuals permanently or temporarily assigned in the Northern Hemisphere between October and April. Southern Hemisphere influenza vaccine (Fluzone SH), if available, should be administered to individuals permanently or temporarily assigned in the Southern Hemisphere between April and October. Northern and Southern Hemisphere influenza vaccines should be separated by at least 28 days.

6. Documentation:
    - Document all immunizations administered in the patient's electronic health record. 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.

7. 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.

8. 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 available by telephone at 800-822-7967.

9. FDA-Approved Vaccines

Vaccine	Abbreviation	Manufacturer	Supplied	Age Indication	Dosage
Afluria Quad	(IIV4)	Seqirus	PFS (0.5 mL) MDV (5 mL)	≥36 mos	0.5 mL
Fluad	(aIIV4)	Seqirus	PFS (0.5 mL)	≥65 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 (Formulations: Northern Hemisphere, Southern Hemisphere)	(IIV4)	Sanofi Pasteur	PFS (0.5 mL) SDV (0.5 mL) MDV (5 mL)	≥6 mos	0.25 mL or 0.5 mL+ 0.5 mL
Fluzone – HD	(IIV4-HD)	Sanofi Pasteur	PFS (0.7 mL)	≥65 yrs	

* MDV = Multi-Dose Vial, SDV = Single Dose Vial, PFS = Prefilled Syringe; MDVs may contain thimerosal as a preservative. All flu vaccines require refrigeration between 2-8° C; do not freeze.

10. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date