Standing Order for Administering Influenza Vaccine (Adult ≥ 18 years of age) Northern and Southern Hemisphere

Purpose: To reduce morbidity and mortality from influenza by vaccinating all individuals ≥ 18 years of age 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), and the Department of Defense (DoD).

Policy: Under these standing orders, 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 in need of vaccination during influenza season (Northern Hemisphere, Oct – Apr; Southern Hemisphere, Apr - Oct):
   - Individuals who do not have a contraindication to influenza vaccine.
   - Individuals who are or will be pregnant (in any trimester).
   - Individuals without a documented dose of influenza vaccine during the current season, or who are unsure of their influenza vaccination status.
2. Influenza vaccine and other vaccines may be co-administered without regard to timing, including same-day administration, with one exception:
   - If live vaccines (such as LAIV) are not given simultaneously (same day), they must be separated from any other live vaccine by ≥ 4 weeks.
3. Using DHA Form 116, screen all individuals for contraindications and precautions to influenza vaccine:

   Contraindications – inactivated influenza vaccine (IIV, ccIIV, RIV):

   - History of a serious 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 (i.e., egg-based IIV, cell culture-based IIV [ccIIV], RIV, or live attenuated influenza vaccine [LAIV]). However, per ACIP recommendations other flu vaccine platforms may be considered with appropriate precautions. See the vaccine-specific package inserts for complete lists of excipients.
   - Do not give any egg-based IIV to an individual who has experienced a serious systemic or anaphylactic reaction to any component of the vaccine (except egg), or to a prior dose of any influenza vaccine (i.e., egg-based IIV, cell culture-based IIV [ccIIV], RIV, or live attenuated influenza vaccine [LAIV]).
   - Do not give ccIIV to an individual who has experienced a serious systemic or anaphylactic reaction to any component of ccIIV or to a prior dose of any ccIIV.
   - Do not give RIV to an individual who has experienced a serious systemic or anaphylactic reaction to any component of RIV or to a prior dose of any RIV.

   Precautions– inactivated influenza vaccine (IIV, 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 serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, RIV, or LAIV is a precaution to use of ccIIV.
   - History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV, is a precaution to use of RIV.

- Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g., observation after administration) and to restore cerebral perfusion following syncope.
- For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222 Option 1, or DSN 761-4245.

Contraindications – live influenza vaccine (LAIV):

- Individuals ≥ 50 years of age.
- Pregnancy in any trimester.
- Do not give LAIV to an individual who has experienced a serious systemic or anaphylactic reaction to any component of LAIV or to a prior dose of any influenza vaccine (egg-based IIV, ccIIV, RIV, or LAIV). See the vaccine-specific package inserts for complete lists of excipients).
- Individuals who are moderately or severely immunocompromised and require a protective environment, their close contacts, and caregivers.
- Individuals with functional or anatomic asplenia, an active CSF shunt, cranial CSF leak, or cochlear implant.
- Receipt of influenza antiviral medication within the last 48 hours (oseltamivir and zanamivir), last 5 days (peramivir), or last 17 days (baloxavir). Individuals who receive influenza antiviral medication within 2 weeks after receipt of LAIV should be revaccinated with an age-appropriate IIV or RIV.

Precautions– live influenza vaccine (LAIV):

- Moderate or severe acute illness with or without fever.
- History of Guillain-Barré syndrome within 6 weeks of receipt of any influenza vaccine.
- Asthma in persons ≥ 5 years of age.
- Other medical conditions with higher risk for complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]).

Special Populations:

- **Pregnancy:** Individuals who are pregnant, might be pregnant, or postpartum during the influenza season should receive influenza vaccine. The vaccine can be administered in any trimester: early vaccination can be considered for individuals in the third trimester during Jul - Aug (if vaccine is available) as it can provide protection for the infant for several months after birth.
- **Lactation:** Influenza vaccines do not affect the safety of breastfeeding for mothers or infants. Breastfeeding is not a contraindication to inactivated or live influenza vaccine. Transfer of maternal influenza antibodies may offer added protection to breastfed infants; however, these infants should still be vaccinated according to routine recommended schedules.
- **Immunocompromised:** Individuals who are moderately or severely immunocompromised are at increased risk for influenza-related complications and should receive an age-appropriate inactivated influenza vaccine. These individuals should discuss vaccine receipt and medication management with their healthcare provider. These conditions can include (but are not limited to):
    - Generalized malignancy.
    - Solid organ or stem cell transplant.

- Congenital or acquired immunodeficiencies (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, HIV/AIDS, or lymphocyte or complement deficiencies).
- Iatrogenic immunosuppression (e.g., treatment with immunosuppressive drugs, including long-term systemic corticosteroids, biologics, or radiation therapy).

- **Older Adults (≥ 65 years of age):** These individuals should receive a higher-dose or adjuvanted influenza vaccine (see Table 1). If none are available, any other age appropriate vaccine should be given.
- **Egg allergy or reaction after exposure:**
  - Symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent vomiting) or required epinephrine or another emergency medical intervention: should receive any influenza vaccine otherwise appropriate for their age and health status. Administration should be in a medical setting (e.g., hospital, clinic, or health department) and supervised by a healthcare provider able to recognize and manage severe allergic conditions.
  - Urticaria (hives) only: these individuals should receive any influenza vaccine otherwise appropriate for their age and health status.

4. Provide all patients (or their parent/legal representative) with a copy of the current influenza VIS. Provide non-English speaking patients with a copy in their native language, if available and preferred.
5. Provide influenza vaccine as follows:

Table 1: Influenza Vaccines, Quadrivalent, 2022-2023 Season

Vaccine Type / Brand Name	Platform	Age	Dose	Route
Adjuvanted Inactivated (aIIV4): Fluad	Egg-based with MF59 adjuvant	≥ 65 years	0.5mL	IM†
Cell culture (ccIIV4): Flucelvax	Cell culture-based	≥ 6 months	0.5mL	IM†
High Dose (HD-IIV4): Fluzone High-Dose	Egg-based	≥ 65 years	0.7mL	IM†
Inactivated (IIV4): Afluria (NH/SH)*, Fluzone (NH/SH)*	Egg-based	≥ 3 years	0.5mL	IM†
Inactivated (IIV4): Fluarix, FluLaval	Egg-based	≥ 6 months	0.5mL	IM†
Recombinant HA (RIV4): Flublok	Serum-free medium	≥ 18 years	0.5mL	IM†
Live Attenuated (LAIV4): FluMist	Egg-based	2 - 49 years	0.2mL (0.1mL/nostril)	NAS†

* NH = Northern Hemisphere formulation; SH = Southern Hemisphere formulation

† = IM = intramuscular; NAS = intranasal

- Inactivated influenza vaccine: using a sterile needle and syringe, administer a single dose of the appropriate vaccine (check local utilization policy) according to Table 2. Separate multiple injection sites by 1 inch or more and, if possible, administer influenza vaccines and vaccines that may be likely to cause a local reaction in different limbs.
- Live influenza vaccine: administer according to the directions in the package insert (see graphic on last page). Active inhalation (e.g., sniffing) is not required during administration.
- 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 ≥ 28 days.

- DO NOT compress minimum intervals for clinic convenience. However, doses administered ≤ 4 days (the "grace period") before the minimum interval (e.g., prior to imminent travel, immunosuppressive therapies, etc.) are considered valid.

Table 2. IM Needle Length and Injection Sites - Adult

- Use a 22 – 25 gauge needle
- Choose needle gauge and length appropriate to the patient's age, sex, and body mass

Patient sex and weight	Needle Length	Injection Site
Men and Women < 60kg (<130 lbs)	5/8 - 1 inch (16-25mm)*	Deltoid muscle of arm†
Men and Women 60-70kg (130-152 lbs)	1 inch (25mm)	
Men 70-118kg (152-260 lbs)	1-1.5 inches (25-38mm)	
Women 70-90kg (152-200 lbs)		
Men > 118kg (> 260 lbs)	1.5 inches (38mm)‡	
Women > 90kg (>200 lbs)		
Men and women, any weight		Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines for Immunization: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

* Some experts recommend a 5/8-inch needle if skin is stretched tightly and subcutaneous tissue is not bunched.

† Preferred site: the alternate site may be used if the muscle mass at the preferred site is inadequate. Do not administer vaccine into the gluteal muscle.

‡ Some experts recommend a 1-inch needle at this site if skin is stretched tightly and subcutaneous tissue is not bunched.

6. Storage and use:
   - As there are multiple formulations of influenza vaccine, always consult manufacturer package inserts for specific storage and handling guidelines. In general, store and use influenza vaccines as follows:
     - **DO NOT FREEZE:** discard if product has been frozen.
     - Store in a refrigerator at 2°C to 8°C (35ºF to 46ºF).
     - Keep in original packaging and protect from light.
     - Mark multidose vials with the date and time of first puncture.
     - Do not pool excess vaccine from multiple vials.
     - Return multidose vials to recommended storage between uses.
     - Discard multidose vials by the manufacturer beyond-use date (BUD); if not specified, discard by the vial expiration date.
     - The BUD for Afluria is 28 days; no BUD is specified for other influenza vaccines.
     - Regardless of storage condition, do not use after the expiration date.
7. Document all immunizations administered in the patient's electronic health record and appropriate immunization tracking system. Include date, immunization given, dose, anatomical location, lot number, manufacturer, VIS date, and the name of the individual administering the vaccine. If vaccine was not given, record the reason for non-receipt.
8. Observation: All individuals who receive any vaccine should be monitored as follows:
   - **30 minutes** - individuals with:
     - History of an immediate allergic reaction of any severity to a vaccine or injectable medication/therapy.
     - History of anaphylaxis due to any cause.
   - **15 minutes**: all other individuals.
9. 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.

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

11. This policy 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