

Standing Order for the Administration of the Influenza Vaccine to Adults 2009-2010

Purpose: To reduce morbidity and mortality from influenza by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices and the Department of Defense.

Policy: Under these standing orders personnel with documented training for the 2009-2010 seasonal influenza vaccination may vaccinate adult patients who meet the criteria below.

Procedure:

1. Identify adults in need of influenza vaccination based on any of the following criteria:
 - a. Members of Armed Services
 - b. Age 50 years or older
 - c. Having any of the following conditions:
 - Chronic disorder of the pulmonary or cardiovascular system, including asthma
 - Chronic metabolic disease (e.g., diabetes), renal dysfunction, hemoglobinopathy, or immunosuppression (e.g., caused by medications, HIV)
 - Any condition that compromises respiratory function or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder or other neuromuscular disorder)
 - d. Pregnant during the influenza season
 - e. Residence in a nursing home or other chronic-care facility that houses persons of any age who have chronic medical conditions
 - f. In an occupation or living situation that puts one in proximity to persons at high risk, including
 - A healthcare worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
 - A household contact or out-of-home caretaker of a child age 0–59 months or of an adult age 50 years or older
2. Screen for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:**
 - A serious reaction (e.g., anaphylaxis) after ingesting egg products or after receiving a previous dose of influenza vaccine or an influenza vaccine component (see table below).
 - Do not give live attenuated influenza vaccine (**LAIV**) to an adult who is pregnant
 - Do not give LAIV for anyone who is 50 yrs or older or has any of the conditions described in 1.c. above.
 - Use of trivalent inactivated influenza vaccine (**TIV**) is preferred over **LAIV** for close contacts of severely immunosuppressed persons especially during periods when the immunocompromised person requires a protective environment.
 - Do not administer LAIV until 48hrs after antiviral therapy cessation.
 - Do not administer LAIV if the patient has received any live virus vaccines in the last 28 days, same day administration is acceptable.
 - b. **Precautions:**
 - Moderate or severe acute illness with or without fever;
 - History of Guillain Barré syndrome
 - Immunocompromised individuals or those on immunosuppressive therapies may have a reduced immune response to the vaccination.

Table: Vaccine Components*

TIV: Influenza (Fluzone)/Sanofi Pasteur	Egg Protein, Formaldehyde or Formalin, Gelatin, Octoxinol-9 (Triton X-100), Thimerosal (multi-dose containers)
TIV: Influenza (Afluria) / CSL Biotherapies	Beta-Propiolactone, calcium chloride, neomycin, egg albumin (ovalbumin), polymyxin B, potassium chloride, potassium phosphate, sodium phosphate, sodium taurodeoxychoalate, thimerosal
LAIV: Influenza (FluMist) / MedImmune	Chick kidney cells, Egg protien, Gentamicin Sulfate, Monosodium Glutamate, Sucrose Phosphate Glutamate Barrier, Gelatin, Arginine

* References: CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases, “Pink Book,” Appendix B, 2009

3. Medication reconciliation for LAIV (FluMist) using the influenza screening form or AHLTA is recommended.
4. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication (MP), medical immunity (MI)) in the medical records and the immunization tracking system.

5. Provide patients with a copy of the 2009 Vaccine Information Statement (VIS) for TIV or LAIV influenza vaccine. Provide non-english speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
6. Vaccine Administration
 - a. Administer 0.5 mL injectable TIV IM (22-25g, 1-1 ½" needle) in the deltoid muscle. Shake the syringe and single-dose vials well before administering the vaccine and shake the multi-dose vial each time before withdrawing a dose of vaccine.
 - b. Administer 0.2mL of intranasal LAIV to healthy adults 49 years or younger without contraindications; 0.1 mL is sprayed into each nostril while the patient is in an upright position. **Do not** have the patient "inhale" the mist; they should breathe normally during administration. **Do not** have the patient self-administer the vaccine, it is to be administered by a trained health care professional.
7. Document in the Service Immunization Tracking System for all service members and AHLTA for beneficiaries. Immunization information including the vaccine, the date the vaccine was administered, the manufacturer, lot number, the dosage, VIS version date, and the name of the person administering the vaccine should be documented.
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. VAERS report forms are available at www.vaers.hhs.gov.
10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year or upon a change in medical director, whichever is earlier.

Medical Director's signature: _____ Effective date: _____

Printed Name and Title: _____