

Standing Order for the Administration of the Influenza Vaccine to Children and Adolescents 2009-2010

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

Policy: Under these standing orders and licensed scope of practice, personnel with documented training for the 2009-2010 seasonal influenza vaccination may vaccinate children and adolescents patients who meet the criteria below.

Procedure:

1. Identify children and adolescents in need of influenza vaccination based on meeting any of the following criteria:
 - a. Age 6 months through 18 years
 - b. Age 6 months through 18 years with 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).
 - Long-term aspirin therapy
 - c. Pregnant during the influenza season
 - d. Residence in a chronic-care facility that houses persons of any age who have chronic medical conditions
 - e. In an occupation or living situation that puts one in proximity to persons at high risk, including:
 - A household member in contact with person(s) at high risk of developing complications from influenza
 - A household contact 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 eggs 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
 - Pregnant adolescents
 - Children younger than 2 yrs
 - Children younger than age 5 years with possible reactive airways disease (e.g., history of recurrent wheezing or a recent wheezing episode)
 - Children or adolescents with any of the conditions described in 1.b.
 - Use of inactivated influenza vaccine is preferred over LAIV for close contacts of severely immunosuppressed persons 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)
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, medical immunity)in the medical records and the immunization tracking system.

5. Provide all patients/guardians with a copy of the 2009 Vaccine Information Statement (VIS) for TIV or LAIV immunizations. 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 injectable trivalent inactivated vaccine (TIV)
 - Intramuscularly in the **vastus lateralis** (anterolateral thigh) for infants (and toddlers lacking adequate deltoid mass) or in the **deltoid muscle** (for toddlers, children, and teens).
 - Choose needle length appropriate to the child's age and body mass
 - Administer **0.25 mL** for children 6–35 months
 - Administer **0.5 mL** for children age 3 years and older
 - 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 live attenuated influenza vaccine (LAIV) to healthy children age 2 years and older without contraindications
 - 0.1 mL is sprayed into one nostril while the patient is in an upright position
 - Then remove clip and spray 0.1 ml in the opposite nostril
 - Spray quickly to create a mist
 - **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
 - c. Children age 6 months through 8 years who are receiving influenza vaccine for the first time should receive 2 doses of vaccine separated by at least 4 weeks (any combination of vaccines may be used to fulfill requirement)
7. Document in AHLTA the immunization information including the vaccine, the date the vaccine was administered, the manufacturer and lot number, the dosage, VIS version date, and the name of the person administering the vaccine.
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: _____