Standing Order for the Administration of the Influenza Vaccine to Adults 2012-2013

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 and with documented 2012-2013 seasonal influenza vaccination training, eligible nurses and other healthcare professionals working within their scope-of-practice 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.** Adults 18 years of age and older, especially those over 50 years
   - **c.** Diagnosis of any of the following conditions:
     - Chronic disorder of the pulmonary or cardiovascular system, including asthma
     - Chronic metabolic disease (e.g., diabetes), renal dysfunction, hematologic disorders, 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 and attached egg allergy algorithm).
     - Do not administer live attenuated influenza vaccine (LAIV) to:
       - An adult who is pregnant;
       - Anyone who is 50 yrs or older or has any of the conditions described in 1.c. above;
       - Close contacts of severely immunosuppressed persons especially during periods when the immunocompromised person requires a protective environment;
       - Anyone until 48 hours after antiviral therapy cessation;
       - Patient that 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 within 6 weeks of a previous influenza vaccination;
     - Immunocompromised individuals or those on immunosuppressive therapies that may have a reduced immune response to the vaccination.

Table: Vaccine Components*

TIV: Influenza (Fluzone)/ (Fluzone High-Dose)sanofi pasteur	Egg protein, sodium phosphate-buffered isotonic sodium chloride, formaldehyde, octylphenol ethoxylate, gelatin, thimerosal (multi-dose vials)
TIV: Influenza (Afluria) / CSL Biotherapies	Sodium chloride, sodium phosphate, potassium phosphate, potassium chloride, calcium chloride, sodium taurodeoxycholate, ovalbumin, neomycin sulfate, polymyxin, beta-propiolactone, thimerosal (multi-dose vials)
LAIV: Influenza (FluMist) / MedImmune	Egg proteins, monosodium glutamate , porcine gelatin, arginine, sucrose, potassium phosphate, monosodium phosphate, gentamicin sulfate

* References: CDC Epidemiology and Prevention of Vaccine-Preventable Diseases, "Pink Book," Appendix B, 2012; 2012 manufacturer package inserts

3. Medication reconciliation for LAIV (FluMist) is recommended.

4. If vaccine is not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical supply (MS) or medical temporary (MT)) in the medical records and the immunization tracking system.

5. Provide all patients with a copy of the 2012 Vaccine Information Statement (VIS) for TIV or LAIV. If available, provide non-English speaking patients with a copy of the VIS in their native language, 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. Always shake the syringe, single-dose vial and multi-dose vial before withdrawing and administering every 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 or sniff" 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 immunizations for Service members in the Services' Immunization Tracking System and use AHLTA for beneficiaries. 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.

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.

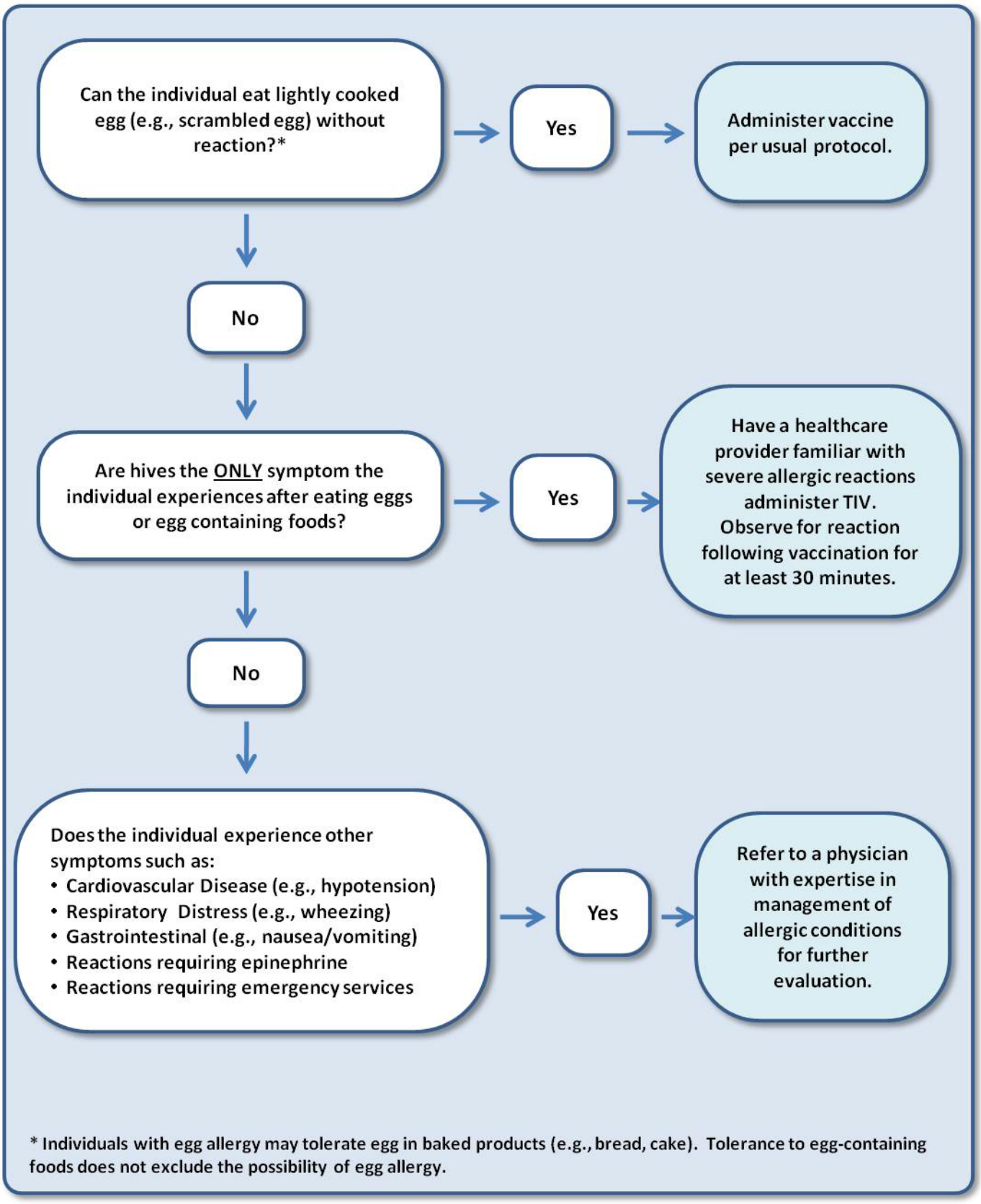
9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

10. 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: _____

Influenza Vaccine Egg Allergy Screening Algorithm



Developed based on the recommendations and guidelines from the Advisory Committee on Immunization Practices (ACIP) meeting held 20-21 Jun 2012