Standing Order for the Administration of the Influenza Vaccine to Pediatric and Adolescents 2012-2013

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 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 children and adolescent patients who meet the criteria below.

Procedure:

1. Identify children and adolescents in need of influenza vaccination based on any of the following criteria:

   a. Age 6 months through 18 years
   b. 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)
      - Long-term aspirin therapy (applies to a child or adolescent ages 6 months–18 years)

   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 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:
     - Pregnant adolescents;
     - Children under 2 years of age or children with any of the conditions described in **1.b**.;
     - Children with asthma or aged 5 years and younger that have possible reactive airways disease (e.g., history of recurrent wheezing or a recent wheezing episode);
     - Close contacts of severely immunosuppressed persons during periods when the immunocompromised person requires a protective environment;
     - Children until 48 hours after antiviral therapy cessation;
     - Children that have 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;
   - ACIP recommends Afluria not be used in children younger than 9 years because of increased reports of fever and/or febrile seizures. If no other age appropriate vaccine is available for a child aged 5-8 years who is at high-risk for influenza complications, Afluria may be used. Providers should discuss with parents the benefits and risks of influenza vaccination with Afluria before administering this vaccine.

Table: Vaccine Components*

TIV: Influenza (Fluzone)/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 contraindication, patient refusal) in the medical records.

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 injectable trivalent inactivated vaccine (TIV) intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children, and teens). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass. Always shake the syringe, single-dose vial and multi-dose vial before withdrawing and administering every dose of vaccine.

b. Administration Schedule

- Children who meet the below criteria should receive **2 doses** of seasonal influenza separated by at least 4 weeks, any combination of influenza vaccine may be used to complete the series:*
  - Children 6 months - 8 years who are receiving seasonal influenza vaccine for the first time
  - Children 6 months - 8 years whose vaccination status is unknown
  - Children 6 months – 8 years who have **NOT** received two (2) or more total doses of seasonal influenza vaccine since July 2010.
- Children who meet the below criteria should receive **1 dose** of seasonal influenza vaccine
  - Children 6 months – 8 years who have received two (2) or more total doses of seasonal influenza vaccine since July 2010.
  - Children and adolescents 9 – 18 years of age

* ***NOTE: See attached algorithm "Number of 2012-13 Seasonal Influenza Vaccine Doses Recommended for Children" for further guidance.***

c. Dosing

- Administer **0.25 mL of TIV** for children 6–35 months
- Administer **0.5 mL of TIV** for those 3 years and older
- Alternatively, healthy children age 2 years and older without contraindications may be given **0.2 mL of intranasal LAIV**; 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 the immunization in AHLTA. 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.

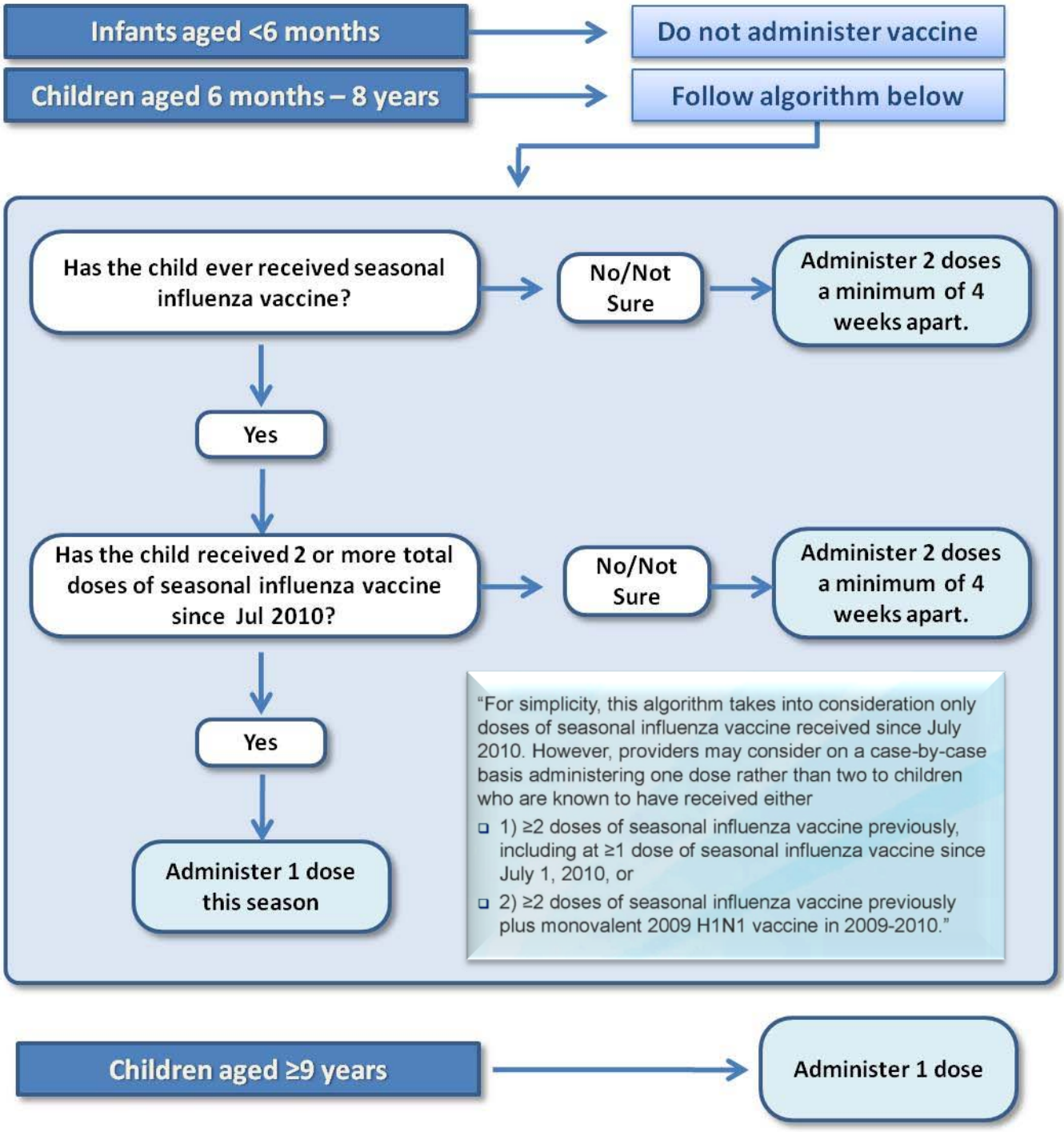
9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

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: _____

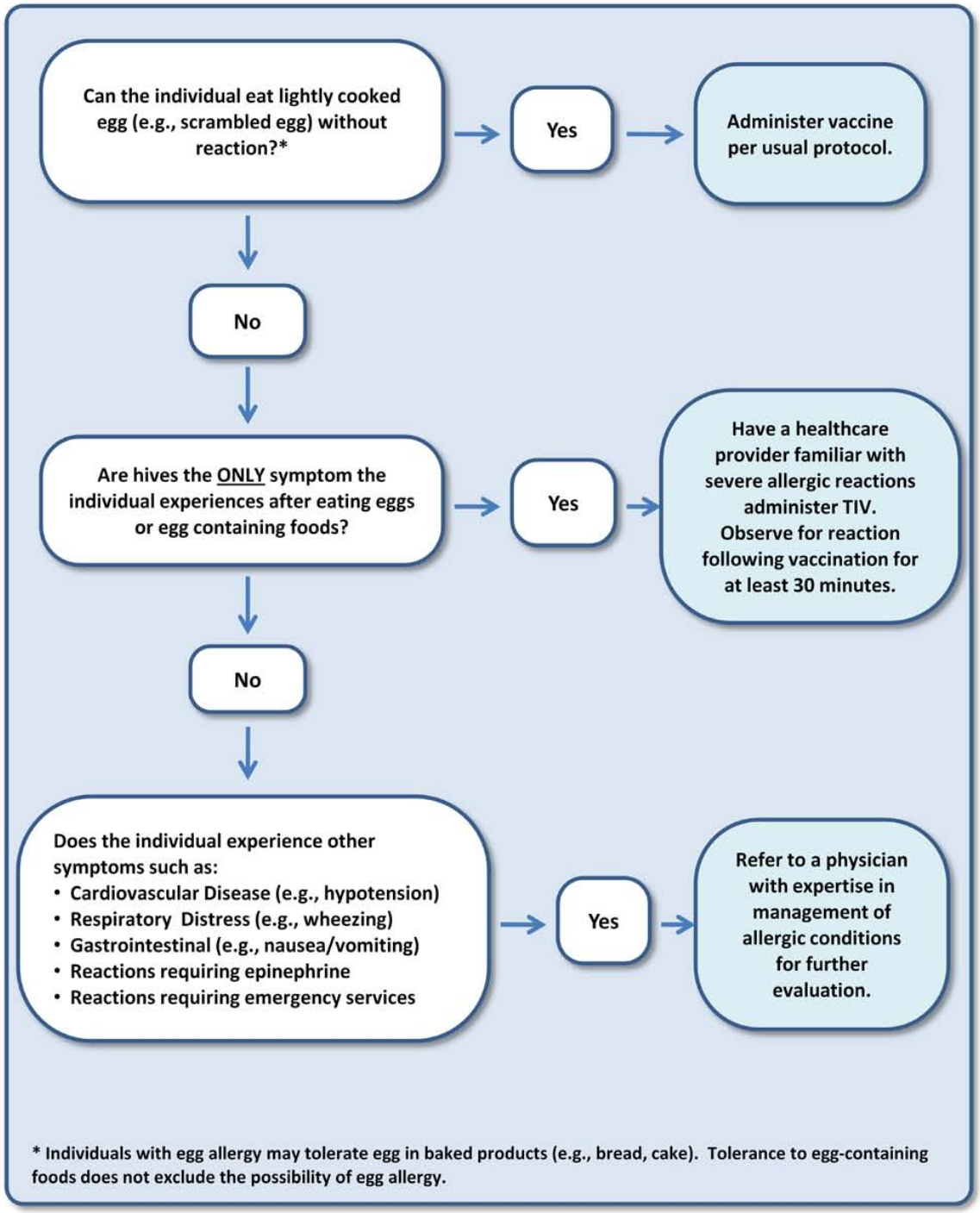
Printed Name and Title: _____

Number of 2012-13 Seasonal Influenza Vaccine Doses Recommended for Children



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

Influenza Vaccine Egg Allergy Screening Algorithm



Developed based on the recommendations and guidelines from the Advisory Committee on Immunization Practices (ACIP) meeting held 22-23 Jun 2011