

Standing Order for Administering Influenza Vaccine to Children and Adolescents, 2016-2017

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 (ACIP) and the Department of Defense (DoD).

Policy: Under these standing orders, and with documented 2016-2017 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. Provide influenza vaccine for all persons 6 months and older who do not have contraindications and have no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:**
 - History of severe allergic reaction after previous dose of any influenza vaccine or to any component of the vaccine. (See notes on egg allergy and Table on potential influenza vaccine allergens, below.)
 - b. **Precautions:**
 - Moderate to severe illness with or without fever
 - History of Guillain Barré syndrome within 6 weeks of receipt of influenza vaccination
3. Influenza Vaccination of Persons with a History of Egg Allergy
 - a. Persons with a history of egg allergy who have experienced only hives after exposure to egg symptoms should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status may be used.
 - b. Persons with a history of egg allergy who have experienced symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may receive any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV) that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.
 - c. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine. A previous severe allergic reaction to influenza vaccine requires evaluation by an experienced Allergist to determine the causal component.
4. Provide all patients (or, in the case of a minor, the patient's parent or legal guardian) with a copy of the most current Vaccine Information Statement (VIS). If available, provide non-English-speaking patients with a VIS copy in their native language, found at www.cdc.gov/vaccines/pubs/vis.
5. Vaccine Administration:
 - a. See Figure 1 to determine the number of doses appropriate for the child in the current influenza season.
 - Children ages 6 months to 8 years who are receiving seasonal influenza vaccine for the first time, or whose prior influenza vaccine history is unknown, should

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receive **2 doses** of seasonal influenza vaccine. These doses should be separated by at least 4 weeks. Any appropriate influenza vaccine may be used for either dose.

- Children ages 6 months to 8 years who have received two or more doses of seasonal influenza vaccine in the past (before 01 July 2016), and all children and adolescents ages 9 to 18 years, should receive **1 dose** of seasonal influenza vaccine.
- b. Age appropriate dosing and administration considerations
- For children ages 6-35 months, administer **0.25 ml of IIV4 (Fluzone only)**. Administer intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers or children). Use a 22–25g needle. Choose needle length appropriate to the child’s age and body mass. Always shake the syringe before administering every dose of vaccine.
 - Administer **0.5 ml of IIV3 or IIV4** for those 3 years of age and older. Administer intramuscularly 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, or multi-dose vial before withdrawing and administering every dose of vaccine.
 - Administer **0.5 ml of cIIIV4** for those 4 years of age and older. Administer intramuscularly 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, or multi-dose vial before withdrawing and administering every dose of vaccine.
6. Document immunizations in appropriate electronic immunization tracking system. Document required 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. If vaccine was not given, record the reason for non-receipt of the vaccine (e.g., medical contraindication, patient refusal, medical temporary exemption).
 7. 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.
 8. 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.
 9. Report any vaccine administration errors to the Clinic’s Patient Safety Reporting System.
 10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year, until rescinded, and/or upon a change in medical director, whichever is earlier.

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Table: Potential Influenza Vaccine Allergens

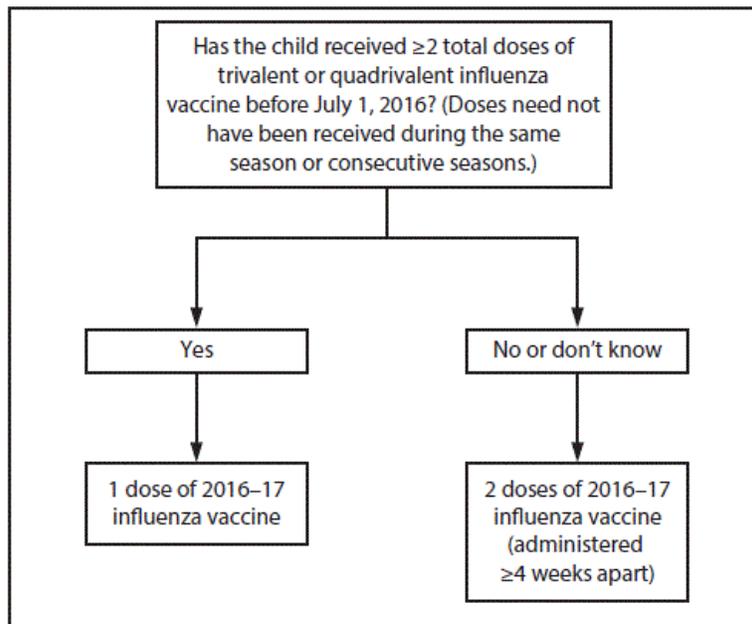
Vaccine Product (manufacturer)	Potential Influenza Vaccine Allergens
IIV4: Fluzone, 0.25 ml Pre-filled syringe (Sanofi)	Egg protein*, formaldehyde
IIV3: Afluria, Pre-filled syringe (Seqirus)	Egg protein**, neomycin sulfate, polymyxin B
IIV3: Afluria, Multi-dose vial (Seqirus)	Egg protein**, neomycin sulfate, polymyxin B, thimerosal
IIV4: Fluarix, Pre-filled syringe (GSK)	Egg protein**, gentamicin sulfate, formaldehyde; caps of pre-filled syringes may contain natural rubber latex
IIV4: FluLaval, Multi-dose vial (GSK)	Egg protein**, formaldehyde, thimerosal
cclIV4: Flucelvax, Pre-filled syringe (Seqirus)	Egg protein***, DNA and cell protein; caps of pre-filled syringes may contain natural rubber latex

* Ovalbumin content is 30 mcg/0.25 ml pre-filled syringe

** Ovalbumin content is < 1.2 mcg/ml (below allergy trigger threshold)

*** Ovalbumin content is < 100 femtograms/ml (far below allergy trigger threshold)

Figure: Influenza vaccine dosing algorithm for children aged 6 months through 8 years -
Advisory Committee on Immunization Practices, United States, 2016–17 influenza season
https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w#F1_down



Medical Director's signature: _____ Effective date: _____

Printed Name and Title: _____