

Standing Orders for Administering Influenza Vaccines to Children & Adolescents*

Purpose: To reduce morbidity and mortality from influenza by vaccinating all children and adolescents as recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses, and pharmacists and certified emergency medical technicians (under direction of Operational Medical Director) may vaccinate children and adolescents as described below.

Procedure:

1. Identify children and adolescents ages 6 months and older who have not completed their influenza vaccination(s) for the current influenza season and obtain consent of the parent, guardian, or person standing in loco parentis.
2. Screen all children for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:**
 - Serious reaction (e.g., anaphylaxis) after receiving a previous dose of influenza vaccine or an influenza vaccine component.
 - Do not give live attenuated influenza vaccine (LAIV) to:
 - Pregnant adolescents
 - Children younger than age 2 years
 - Children age 2 through 4 years who have experienced wheezing or asthma within the past 12 months, based on a healthcare provider's statement
 - Children or adolescents with any of the following conditions:
 - a. chronic pulmonary (including asthma) disorders
 - b. cardiovascular (excluding hypertension) disorders
 - c. chronic renal, hepatic, neurologic/neuromuscular, hematologic or metabolic (e.g., diabetes) disorders
 - d. immunosuppression, including that caused by medications or HIV
 - e. long-term aspirin or other salicylate therapy

** Children 6 months – 2 years of age and older children and adolescents who should not receive LAIV (see above) should receive inactivated influenza vaccine (TIV).

b. Precautions:

- History of egg allergy
 - If the person can eat lightly cooked egg without reaction administer vaccine per usual protocol
 - If the person experiences ONLY hives after eating eggs or egg-containing foods, administer TIV and observe for reaction for at least 30 minutes after vaccination
 - If the person experiences other symptoms such as cardiovascular changes, respiratory distress, gastrointestinal symptoms, or a reaction requiring epinephrine or emergency medical attention, refer to a physician with expertise in management of allergic conditions for further evaluation
 - Moderate or severe illness with or without fever
 - History of Guillian-Barré syndrome within 6 weeks of a previous influenza vaccination
 - For LAIV only, close contact with an immunosuppressed person when the person requires protective isolation (use of TIV is recommended)
 - For LAIV only, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination (TIV may be administered)
3. Provide the parent or legal representative of the minor with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the parent/legal representative. Provide non-English speaking parents/legal representatives with a VIS in their native language, if available and preferred. These can be found at: www.immunize.org/vis.
4. 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 – 25 g needle. Choose needle length appropriate to the child's age and body mass: infants 6 – 11 mos: 1"; 12 mos – 2 yrs: 1 – 1¼"; 3 yrs and older: 1 – 1½". Give 0.25 mL to children 6 – 35 months and 0.5 mL for all others age 3 years and older. (Note: A 5/8" needle may be used for patients weighing less than 130 lbs for injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) 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 child is in an upright position. Children age 6 months through 8 years should receive a second dose 4 weeks or more after the first dose if they are receiving influenza vaccine for the first time or they did not receive at least 1 influenza vaccine in the 2010 – 11 season.

5. Monitor the patient for 15 minutes following immunization to ensure there is no immediate adverse reaction.
6. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Certified emergency medical technicians must document this information in the Virginia Immunization Information System (VIIS).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of 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 adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or (800) 822-7967. VAERS report forms are available at the VAERS web site.

This policy and procedure shall remain in effect for all patients of the

(Name of practice or clinic)

until rescinded or until _____ (date)

Medical Director's signature: _____ Effective date: _____

References:

CDC. Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. MMWR 2011; 60: 1128-1132

CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Wolfe S, Hamborsky Jeds. 12th ed. Washington DC: Public Health Foundation, 2011. pp 151-171.



*Approved by the Board of Health and the Board of Nursing, September, 2011