

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 (ACIP).

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 with a history of egg allergy
 - Children who are immunosuppressed
 - Children receiving aspirin or aspirin-containing products
 - Children who have taken influenza antiviral medications within the previous 48 hours
 - Children age 2 through 4 years who have asthma or have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months

**NOTE: For the 2017-18 season, ACIP continues the recommendation that live attenuated influenza vaccine (LAIV) should not be used for any person.

b. Precautions:

- Moderate or severe illness with or without fever
- History of Guillian-Barré syndrome within 6 weeks of a previous influenza vaccination

- NOTE: for the 2017-18 influenza season, ACIP recommends the following for those with a history of egg allergy:
 - Those who have experienced only hives after exposure to egg should receive any licensed and recommended influenza vaccine that is otherwise appropriate for the child.
 - Those who report having had reactions to egg involving symptoms other than hives may also receive any licensed and recommended influenza vaccine but it should be administered in an inpatient or outpatient medical setting. Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.
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. Healthcare providers should follow Standard Precautions to minimize the risks of spreading disease during the administration of vaccines. Administer injectable inactivated vaccine (IIV) intramuscularly in the anterolateral thigh muscle 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 – 1¼". Dosing for children aged 6 to 35 months depends on vaccine provided; give 0.5 mL FluLaval Quadrivalent (GSK) or 0.25 mL Fluzone Quadrivalent (Sanofi Pasteur). If a 0.5 mL single-use vial is used for an infant 6 to 35 months, discard the remaining 0.25 mL. Give 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 to the skin.)
 5. 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 have not received at least 2 doses of seasonal influenza vaccine before July 1, 2017. Doses need not have been received during the same season or consecutive seasons.
 6. Monitor the patient for a minimum of 15 minutes following immunization to ensure there is no immediate adverse reaction.

7. 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). Per the Code of Virginia § 54.1-3408 emergency medical services personnel shall provide documentation of the vaccines to be recorded 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.
8. 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.
9. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at <https://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 Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2017-18 Influenza Season. Available at:
<https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm>

CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger, A, Wolfe S, eds. 13th ed. Washington DC: Public Health Foundation, 2015. pp 187-207.



*Approved by the Board of Health and the Board of Nursing, September, 2017