

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
 - a. Per the Centers for Disease Control (CDC) Children aged 6 months through 8 years who require two doses of influenza vaccine should receive their first dose as soon as possible after the vaccine becomes available. The second dose (which must be administered ≥ 4 weeks later) should be received by the end of October.
 - b. For those children and adolescents requiring only one dose of flu vaccine for the season, early vaccination (e.g. in July or August) may be associated with suboptimal immunity. Optimally, vaccination should occur before onset of influenza activity in the community.
2. 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.
3. Obtain consent of the parent, guardian, or person standing in loco parentis after providing a Vaccine Information Statement (VIS) for review.
4. Screen all children for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:**
 - Inactivated Influenza Vaccine (IIV):
 - History of severe allergic reaction (e.g., anaphylaxis) after receiving a previous dose of influenza vaccine or an influenza vaccine component.
 - Live Attenuated Influenza Vaccine (LAIV):
 - History of severe allergic reaction (e.g., anaphylaxis) after receiving a previous dose of influenza vaccine or an influenza vaccine component.
 - Pregnant adolescents
 - Children younger than age 2 years
 - Children who are immunosuppressed
 - Children receiving concomitant aspirin or salicylate-containing therapy
 - Children who have taken influenza antiviral medications within the previous 48 hours

- Children aged 2 through 4 years who have received a diagnosis of asthma or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months or whose medical record indicates a wheezing episode within the past 12 months
- Children who may be close contacts of severely immunosuppressed patients who require a protected environment
- Recombinant Influenza Vaccine (RIV)
 - RIV4 is not licensed for children <18 years

b. Precautions:

- Inactivated Influenza Vaccine (IIV):
 - Moderate or severe illness with or without fever
 - History of Guillian-Barré syndrome within 6 weeks of a previous influenza vaccination
- Live Attenuated Influenza Vaccine (LAIV):
 - Moderate or severe illness with or without fever
 - History of Guillian-Barré syndrome within 6 weeks of a previous influenza vaccination
 - Asthma in children aged ≥ 5 years old
 - Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g. chronic pulmonary, cardiovascular conditions, diabetes, etc.)
- Persons with a history of egg allergy:
 - The possibility of reactions to influenza vaccines in egg-allergic persons might be of concern to these persons and vaccine providers. Currently available influenza vaccines, with the exceptions of RIV4 (Flublok Quadrivalent) and cIIIV4 (Flucelvax Quadrivalent), are prepared by propagation of virus in embryonated eggs. (Note: Although available for adults, RIV4 [Flublok Quadrivalent] is not licensed for those less than 18 years of age.)
 - For persons who report a history of egg allergy, ACIP recommends the following (based upon the recipient's previous symptoms after exposure to egg):
 - Persons with a history of egg allergy who have experienced only urticaria (hives) after exposure to egg should receive influenza vaccine. Any licensed, recommended, and age-appropriate influenza vaccine (i.e., any IIV or LAIV4) that is otherwise appropriate for the recipient's health status may be used.
 - Persons who report having had reactions to egg involving symptoms other than urticaria (hives), such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may similarly receive any licensed, recommended, and age-

appropriate influenza vaccine (i.e., any IIV or LAIV4) that is otherwise appropriate for their 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 reactions.

- 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.

5. 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. Guidelines for choosing needle length and proper administration technique may be found at: <https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html#route>.

Dosing for IIV for children aged 6 to 35 months depends on vaccine provided:

- Afluria Quadrivalent (Seqirus): give 0.25 mL ages 6 through 35 months, give 0.5 ml ages 3 years and older
- Fluarix Quadrivalent (GlaxoSmithKline): give 0.5 mL
- FluLaval Quadrivalent (GSK): give 0.5 mL
- Fluzone Quadrivalent (Sanofi Pasteur): give 0.25 mL or 0.5 mL ages 6 through 35 months, give 0.5mL ages 3 years and older.
- Flucelvax Quadrivalent: give 0.5 mL ages 4 years and older

Dosing for LAIV for children 2 years and older is as follows:

- FluMist Quadrivalent (AstraZeneca): give 0.2 mL intranasally (0.1 mL per nostril)

6. 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, 2019. Doses need not have been received during the same season or consecutive seasons.
7. Monitor the patient for a minimum of 15 minutes following immunization to ensure there is no immediate adverse reaction.
8. 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). All influenza providers are strongly recommended to ensure the vaccine is recorded in VIIS either directly or through data exchange from the electronic medical record system.

- b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
- 9. 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. All vaccine providers should be certified in cardiopulmonary resuscitation.
- 10. 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

_____ until rescinded or until _____.
(Name of practice or clinic) (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, 2019-20 Influenza Season. Available at: https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm?s_cid=rr6803a1_w

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.