

Protocol for the Administration of Influenza Vaccine to Minors by Licensed Pharmacists, Registered Nurses, or Licensed Practical Nurses*.

Introduction

The Centers for Disease Prevention and Control (CDC) recommends that influenza vaccine be administered annually to children ages 6 months to 18 years of age with particular focus on those who are at higher risk for influenza complications. CDC notes that children under 6 months of age should not receive influenza vaccination. (CDC, *Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2009* MMWR, July 31, 2009, 58, RR-8)

During the 2009 General Assembly Session HB 2447 was enacted allowing a prescriber to authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse or licensed practical nurse under the direction and immediate supervision of a registered nurse, when the prescriber is not physically present. Consent must be obtained from the minor's parent, guardian, or person standing in loco parentis. The following guidelines apply to the administration of influenza vaccine to minors by the aforementioned parties and are consistent with applicable guidelines developed by the Centers for Disease Control and Prevention. Standing orders for administering influenza vaccine to children and adolescents template is attached.

Definition of "Prescriber" means "a practitioner licensed in the Commonwealth who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance or a practitioner licensed in another state to so issue a prescription for a covered substance (<http://www.dhp.state.va.us/Pharmacy/leg/Pharmacy%20Law%207-2008.doc>)."

Obtaining Consent

Before administering **either the inactivated or live, intranasal influenza** vaccine, you are required by law to provide a copy of the most current CDC **Vaccine Information Statement (VIS)** to the child's parent/legal guardian. Non-English speaking parents/guardians should be provided with a copy of the VIS in their native language. These can be found at <http://www.immunize.org/vis>. The respective Fact Sheet must be reviewed with the parent/guardian to confirm their understanding of the benefits and risks of the intended vaccine (in their native language) You must also record in the minor's chart and keep a second copy at the administering location the date that the vaccine was administered, the route, dose, site, manufacturer and lot number, the publication date of the VIS, along with the name and title of the person administering the vaccine.

Screening for Contraindications and Precautions

Every provider who administers vaccines should screen every child before giving a vaccine dose. A vaccine should not be administered when a contraindication is present. Children with a reported acute illness with or without fever should not be vaccinated until their symptoms have abated. Influenza vaccine can be administered to any child aged ≥ 6 months who does not have contraindications to the vaccine.

Influenza Vaccine Administration

Each healthcare provider should follow standard precautions to minimize the risks of spreading disease during vaccine administration. Proper vaccine handling and preparation is critical to maintaining the integrity of the vaccine during transfer from the manufacturer's vial to the syringe and ultimately to the child. Recommendations for storage, handling, and administration of each influenza vaccine are found in each vaccine's package insert.

The multi-dose vial, pre-filled syringe or sprayer must be inspected for defects, the expiration date noted and the lot number documented prior to administration of the vaccine. The five rights of medication will be followed when administering the vaccine. The five rights are: right vaccine, right route, right dose, right time, and right child. To ensure optimal results follow the currently recommended influenza vaccine schedule for the different age groups.

CDC recommends that all persons remain 15 minutes post vaccination for observation after receiving the influenza vaccine, in the event a child experiences an adverse reaction. Every provider who administers the influenza vaccine should have procedures in place for the emergency care of a child who experiences an anaphylactic reaction. Epinephrine and equipment for maintaining an airway should be available for immediate use. All vaccine providers should be familiar with the office emergency plan, and should be certified in cardiopulmonary resuscitation.

A list of each vaccine's manufacturer/distributor's telephone number is found on the CDC website at <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/C/manufact-qc.pdf>

The National Childhood Vaccine Injury Act requires healthcare providers to report selected events occurring after vaccination to VAERS. More information about VAERS, including reporting forms, can be obtained by calling the VAERS information line at 800-822-7967, or by visiting www.vaers.org

Scheduling

Parents of children needing a second dose of influenza vaccine should be advised of the need to return after the recommended interval and given an appointment before leaving the site. All parents should be advised that annual influenza vaccination is recommended by the CDC.

Attachment: Standing Orders for Administering Influenza Vaccines to Children & Adolescents

* Approved by the Board of Health and the Board of Nursing, July, 2009