

# STANDING ORDERS FOR Administering Influenza Vaccine to Children and Teens

## Purpose

To reduce morbidity and mortality from influenza by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

## Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate children and adolescents who meet any of the criteria below.

**NOTE:** Live attenuated influenza vaccine (LAIV4; FluMist), is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. during the 2017–18 influenza season. Because LAIV4 is still a licensed vaccine that might be available and that some providers might elect to use, for informational purposes, reference is made to previous recommendations for its use.

## Procedure

### 1 Assess Children and Adolescents for Need of Vaccination against influenza

- All children and teens 6 months of age and older are recommended to receive influenza vaccination each year.
- A second dose of influenza vaccine is recommended 4 weeks or more after the first dose for children age 6 months through 8 years if they have not received 2 doses in previous years (not necessarily in the same season).

### 2 Screen for Contraindications and Precautions

#### *Contraindications for use of all influenza vaccines*

Do not give influenza vaccine to a child or adolescent who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

#### *Contraindications only for use of live attenuated influenza vaccine (LAIV4; FluMist, nasal spray)*

Do not give live attenuated influenza vaccine (LAIV4; nasal spray) to a child or adolescent who:

- is pregnant
- is age 2 through 4 years who has received a diagnosis of asthma or who has experienced wheezing or asthma within the past 12 months, based on a healthcare provider's statement or medical record
- has immunosuppression (including that caused by medications or HIV)
- is age 2 through 17 years and is on long-term aspirin or salicylate-containing therapy
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours
- is a close contact of or who provides care for a severely immunosuppressed person who requires a protective environment

#### *Precautions for use of all influenza vaccines*

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

#### *Precautions for use of LAIV only*

- Age 5 years or older with asthma
- Other chronic medical conditions that might predispose the person to complications of influenza infection (e.g., other chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

**NOTE REGARDING PATIENTS WITH EGGS ALLERGY:** People with egg allergy of any severity can receive any licensed

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and recommended influenza vaccine (i.e., any inactivated influenza vaccine [IIV] or recombinant influenza vaccine [RIV]) that is otherwise appropriate for the patient’s age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, the selected vaccine should be administered in a medical setting (e.g., health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

### 3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis). (For information about how to document that the VIS was given, see section 6 titled “Document Vaccination.”)

### 4 Prepare to Administer Vaccine

For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Infants age 6 through 11 months	22–25	1"	Anterolateral thigh muscle
Age 1 through 2 years	22–25	1–1¼"	Anterolateral thigh muscle
		5/8*–1"	Deltoid muscle of arm
Age 3 through 10 years	22–25	5/8*–1"	Deltoid muscle of arm
		1–1¼"	Anterolateral thigh muscle
Age 11 years and older	22–25	5/8*–1"	Deltoid muscle of arm
		1–1½"	Anterolateral thigh muscle

\* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

For vaccine that is to be administered intranasally or intradermally, prepare the vaccine according to directions in the package insert.

### 5 Administer Influenza Vaccine according to the age of patient and desired route of vaccination described below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS*
Inactivated influenza vaccine (IIV)	6–35 months	Fluzone: 0.25 mL FluLaval: 0.5 mL Fluarix: 0.5 mL	Intramuscular (IM)	Administer vaccine in anterolateral thigh muscle; alternatively, children age 12 through 23 months may receive injection in deltoid muscle.
Inactivated influenza vaccine (IIV)	3 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle or, alternatively, in anterolateral thigh muscle.
IIV-intradermal	18 through 64 years	0.1 mL	Intradermal (ID)	Insert needle of the microinjection system at a 90 degree angle in the deltoid area.
Cell culture-based IIV (ccIIV)	4 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	Healthy, age 2 years and older	0.2 mL (0.1 mL into each nostril)	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

**NOTE:** For children age 6 months through 8 years who are receiving influenza vaccine for the first time or who have had a total of only one influenza vaccine dose in all previous years, administer two doses separated by at least 4 weeks.

\* For complete instructions on how to administer influenza vaccine, see “How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines” at [www.immunize.org/catg.d/p2024.pdf](http://www.immunize.org/catg.d/p2024.pdf).

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### 6 Document Vaccination

Document each patient’s vaccine administration information and follow up in the following places:

**Medical record:** Document 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. You must also document, in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

**Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.

**Immunization Information System (IIS) or “registry”:** Report the vaccination to the appropriate state/local IIS, if available.

### 7 Be Prepared to Manage Medical Emergencies

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. For IAC’s “Medical Management of Vaccine Reactions in Children and Teens,” go to [www.immunize.org/catg.d/p3082a.pdf](http://www.immunize.org/catg.d/p3082a.pdf). To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

### 8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

## Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____			
		NAME OF PRACTICE OR CLINIC	
effective _____	until rescinded or until _____		
DATE	DATE		
Medical Director _____	/	_____	_____
PRINT NAME		SIGNATURE	DATE