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 American Academy of Pediatrics (AAP).

Policy

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

Procedure

1 Assess Children and Adolescents for Need of Vaccination against Influenza

- All people 6 months of age and older are recommended to receive influenza vaccination each year, including those who are pregnant or breastfeeding. AAP recommends offering influenza vaccine to all children as soon as it becomes available, especially to those who require two doses for protection.
- 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 or don't know if they have received 2 doses in prior years (not necessarily in the same season). It is not necessary to use the same brand for both doses.
- A second dose is needed for a 9-year-old child who received one dose in the current season when they were age 8 years, if they have not or don't know if they have received 2 doses in prior years.
- Inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) may be administered at any time before, after, or simultaneously with other recommended vaccines. Live attenuated influenza vaccine (LAIV) may be administered without regard to timing of non-live vaccines but should be administered on the same day or at least 4 weeks apart from another live virus injectable vaccine.
- Children with moderate or severe immunocompromise due to disease or treatment: vaccination is recommended; **refer** for clinical evaluation of timing, product, and dose considerations as detailed in the 2026–2027 AAP influenza recommendations (https://doi.org/10.1542/peds.2026-078779).

2 Screen for Contraindications and Precautions

Not a contraindication or precaution

- AAP and CDC do not consider egg allergy of any severity to be a contraindication or a precaution to administration of any influenza vaccine (egg-based or non-egg-based). People with any type of egg allergy may receive any IIV, RIV, or live attenuated influenza vaccine (LAIV) that is otherwise appropriate for their age and health status. Safety measures beyond those recommended for receipt of any vaccine are not recommended.
- Thimerosal is not a contraindication or a precaution to the use of influenza vaccine in any recipient unless the recipient has a history of serious systemic or anaphylactic reaction to thimerosal, which is extremely rare.

Contraindications for use of all influenza vaccines

- Do not give any egg-based IIV to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of the vaccine (except egg), or to a prior dose of any influenza vaccine (i.e., egg-based IIV, cell culture-based [ccIIV], RIV, or LAIV).
- Do not give ccIIV to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of ccIIV or to a prior dose of any ccIIV.
- Do not give any RIV to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of RIV or to a prior dose of RIV.
- Do not give any LAIV to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of LAIV, including gelatin, or to a prior dose of any influenza vaccine (egg-based IIV, ccIIV, RIV, or LAIV).

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For a list of vaccine components, refer to the manufacturers' package insert (www.immunize.org/official-guidance/fda/pkg-inserts/) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Additional contraindications for use of LAIV only

Do not give LAIV 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 functional or anatomic asplenia, or a cochlear implant
- has active communication between cerebrospinal fluid (CSF) and the oropharynx, nose, or ear or any other cranial CSF leak
- is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- is age 6 months through 17 years and is receiving aspirin- or salicylate-containing medicine
- received influenza antivirals *before* scheduled vaccination (zanamivir or oseltamivir within 48 hours; peramivir within 5 days; baloxavir within 17 days). If any of these antiviral drugs are taken within 14 days *after* LAIV, revaccinate with IIV or RIV.
- is a close contact of a severely immunosuppressed person who requires a protected 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 ccIIV and RIV

- History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, LAIV, or RIV is a precaution to use of ccIIV.
- History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV, is a precaution to use of RIV.

AAP recommends children who have had a severe allergic reaction after influenza vaccination should be evaluated by an allergist to help identify the vaccine component responsible for the reaction and to determine whether future vaccination is appropriate. Influenza vaccine contraindications and precautions for children and teens with a history of serious systemic or anaphylactic reaction to a previous dose of an influenza vaccine are summarized in the table below.

VACCINE ASSOCIATED WITH PREVIOUS SERIOUS OR ANAPHYLACTIC REACTION	AVAILABLE 2026–27 INFLUENZA VACCINES		
	Egg-based **IIV and LAIV**	**ccIIV**	**RIV**
Any egg-based IIV or LAIV	Contraindication	Precaution*	Precaution*
Any ccIIV	Contraindication	Contraindication	Precaution*
Any RIV	Contraindication	Precaution*	Contraindication
Unknown influenza vaccine	Allergist consultation recommended		

* CDC recommends that use of ccIIV and RIV in such instances should occur in an inpatient or outpatient medical setting under the supervision of a healthcare provider who can recognize and manage severe allergic reaction.

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, neurological/neuromuscular, hematologic, or metabolic disorders [including diabetes mellitus])
- Although not a precaution to use of LAIV, AAP advises if the child has nasal congestion that could impede vaccine delivery, consider use of IIV or RIV (or deferring LAIV until congestion resolves, if it is the only option).

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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. The VIS for inactivated or recombinant influenza vaccine can be found at www.immunize.org/vaccines/vis/influenza-inactivated/ and the VIS for live intranasal influenza vaccine can be found at www.immunize.org/vaccines/vis/influenza-live/ (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 (IM), 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

† Preferred site.

‡ 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 LAIV, which is administered intranasally, prepare the vaccine according to directions in the package insert.

5 Administer Influenza Vaccine According to the Criteria and Guidance Below

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS§
Inactivated influenza vaccine (IIV)	6–35 months	Fluarix: 0.5 mL Flucelvax: 0.5 mL FluLaval: 0.5 mL Fluzone: 0.25 or 0.5 mL	Intramuscular (IM)	Administer vaccine in anterolateral thigh muscle; alternatively, children age 12 through 35 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.
Recombinant influenza vaccine (RIV)	9 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	Healthy, age 2 years and older (except if pregnant)	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.
Adjuvanted IIV (aIIV)	SOTR and 18 years and older‖	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
High-dose IIV (HD-IIV)	SOTR: 18+ yrs‖	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
	HCT: age 3–17 yrs‖			

NOTE: For children age 6 months through 8 years who 1) are receiving influenza vaccine for the first time, 2) have had fewer than two prior doses of influenza vaccine in all previous years, or 3) don't know their influenza vaccine history, administer two doses separated by at least 4 weeks.

§ For complete instructions on how to administer influenza vaccine, see "How to Administer Intramuscular and Intranasal Influenza Vaccines" at www.immunize.org/catg.d/p2024.pdf.

‖ CDC and AAP recommend that a solid organ transplant recipient (SOTR) age 18 years or older who is on an immunosuppressive medication regimen may receive either HD-IIV or aIIV without a preference over other IIVs or RIV. AAP recommends 2 doses of HD-IIV for children age 3 through 17 years in the first year following hematopoietic cell transplant (HCT).

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6 Document Vaccination

Document each patient's vaccine administration information and update the following:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the 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); discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) 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.

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 Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For Immunize.org's "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.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 _____ (DATE) until rescinded or until _____ (DATE) .

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)