# 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 establish 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, pharmacists, and other healthcare professionals to asse 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.
- 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).
- A second dose is needed for a 9-year-old child who received one dose in the current season when they we age 8 years, if they have not or don't know if they have received 2 doses in prior years.
- IIV4 or RIV4 may be administered at any time before, after, or simultaneously with other recommended vaccines. Quadrivalent live attenuated influenza vaccine (LAIV4) may be administered without regard to tin of non-live vaccines but should be administered on the same day or at least 4 weeks apart from another live virus injectable vaccine.

### 2 Screen for Contraindications and Precautions

***Not a contraindication or precaution:***

ACIP and CDC do not consider egg allergy of any severity to be a contraindication or a precaution to administ tion of any influenza vaccine (egg-based or non-egg-based). People with any type of egg allergy may receive a IIV4, RIV4, or LAIV4 that is otherwise appropriate for their age and health status. Safety meaures beyond thos recommended for receipt of any vaccine are not recommended. Refer to the current season's ACIP influenza recommendations for additional details at www.cdc.gov/vaccines/hcp/ACIP-recs/vacc-specific/flu.html.

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

- Do not give any egg-based inactivated influenza vaccine (IIV4) 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 any influenza vaccine (i.e., egg-based IIV, cell culture-based IIV [ccIIV], recombinant influenza vaccine [RIV] live attenuated influenza vaccine [LAIV]).
- Do not give ccIIV4 to a child or teen who has experienced a serious systemic or anaphylactic reaction to ar component of ccIIV4 or to a prior dose of any ccIIV.
- Do not give any RIV4 to a teen age 18 years or older who has experienced a serious systemic or anaphylac reaction to any component of RIV4 or to a prior dose of RIV.
- Do not give any LAIV4 to a child or teen who has experienced a serious systemic or anaphylactic reaction t any component of LAIV4 or to a prior dose of any influenza vaccine (egg-based IIV, ccIIV, RIV, or LAIV).

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

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***Additional contraindications for use of LAIV4 only***

Do not give LAIV4 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 asthn 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 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 infecti
- 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; peramiv within 5 days; baloxavir within 17 days). If any of these antiviral drugs are taken within 14 days *after* LAIV4, revaccinate with IIV4 or RIV4.
- 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 ccIIV4 and RIV4***

- History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, LAIV, or RIV precaution to use of ccIIV4.
- History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV a precaution to use of RIV4.

Influenza vaccine contraindications and precautions for children and teens with a history of serious syste 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 2023-24 INFLUENZA VACCINES | | |
|---|---|---|---|
| | Egg-based IIV4 and LAIV4 | ccIIV4 | RIV4 |
| 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 | | |

* Use of ccIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under the supervision of a healthcare provider (HCP) who can recognize and manage severe allergic reaction. HCPs may consider consulting with an allergist to help identify the vaccine component responsible for the reaction.

***Precautions for use of LAIV4 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])

## 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 curre federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in th native language, if one is available and desired; these can be found at 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 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 LAIV4, which is administered intranasally,** prepare the vaccine according to directions in the package inse

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

| TYPE OF VACCINE | AGE GROUP | DOSE | ROUTE | INSTRUCTIONS§ |
|---|---|---|---|---|
| Inactivated influenza vaccine (IIV4) | 6–35 months | Afluria: 0.25 mL<br>Fluarix: 0.5 mL<br>Flucelvax: 0.5 mL<br>FluLaval: 0.5 mL<br>Fluzone: 0.25 or 0.5 mL | Intramuscular (IM) | Administer vaccine in anterolateral thigh muscle; alternatively, childre age 12 through 35 months may receive injection in deltoid muscle. |
| Inactivated influenza vaccine (IIV4) | 3 years and older | 0.5 mL | Intramuscular (IM) | Administer vaccine in deltoid musc or, alternatively, in anterolateral thig muscle. |
| Recombinant influenza vaccine (RIV4) | 18 years and older | 0.5 mL | Intramuscular (IM) | Administer vaccine in deltoid musc |
| Live attenuated influenza vaccine (LAIV4) | 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 nos while the patient is in an upright position. |

**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 d of influenza vaccine in all previous years, or 3) don't know their influenza vaccine history, administer two doses separated by at least 4 week

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

## 6 Document Vaccination

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

***Medical record:*** Record the date the vaccine was administered, the manufacturer and lot number, the vaccinati site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. must also document, in the patient's medical record or office log, the publication date of the VIS and the date i was given to the patient (parent/legal representative). Note that medical records/charts should be documente

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and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record t reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vac 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 cl

***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 writt 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 Commun Setting," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope in older childrer vaccinate patients while they are seated or lying down and consider observing them fo 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 Ever Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, g 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 Hart Medical Consulting
NAME OF PRACTICE OR CLINIC

effective 01/01/2023 until rescinded or until 12/31/2026.
DATE DATE

Medical Director BRUCE A. PARCHER / [signature] 15 Aug 2023
PRINT NAME SIGNATURE DATE

# STANDING ORDERS FOR
# Administering Influenza Vaccine to Adults

## Purpose

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

## Policy

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

## Procedure

### 1 **Assess Adults for Need of Vaccination** against Influenza

- All adults are recommended to receive influenza vaccination each year.
- Adults age 65 and older should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinar influenza vaccine (RIV4), or quadrivalent adjuvanted IIV (aIIV4, Fluad). If none of these three vaccines is available, then any other age-appropriate influenza vaccine should be used.
- Adults who are or will be pregnant during the influenza season. Administer any recommended, age-appropri quadrivalent IIV (IIV4) or RIV4 to pregnant people in any trimester.
- Adults who do not recall whether they received influenza vaccine in the current vaccination season should b vaccinated.
- Adults who recently received another vaccine, including COVID-19 vaccine, may be administered IIV4 or RIV4 at an time before, after, or simultaneously (on the same day, at separate anatomic sites). Quadrivalent live attenuated influ enza vaccine (LAIV4) 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 an injectable live virus vaccine. Information on coadministration of vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html and information on givi 2 or more intramuscular vaccines can be found at www.immunize.org/catg.d/p2030.pdf.

### 2 Screen for Contraindications and Precautions

***Not a contraindication or precaution:***
ACIP and CDC do not consider egg allergy of any severity to be a contraindication or a precaution to administ tion of any influenza vaccine (egg-based or non-egg-based). People with any type of egg allergy may receive a IIV4, RIV4, or LAIV4 that is otherwise appropriate for their age and health status. Safety meaures beyond thos recommended for receipt of any vaccine are not recommended. Refer to the current season's ACIP influenza recommendations for additional details at www.cdc.gov/vaccines/hcp/ACIP-recs/vacc-specific/flu.html.

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

- Do not give any egg-based IIV4 to a person 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 IIV [ccIIV], RIV, or live attenuated influenza vaccine [LAIV]).
- Do not give ccIIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of ccIIV4 or to a prior dose of any ccIIV.
- Do not give any RIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of RIV4 or to a prior dose of any RIV.

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- Do not give any LAIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of LAIV4 or to a prior dose of any influenza vaccine (egg-based IIV, ccIIV, RIV, or LAIV).

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

***Additional contraindications for use of LAIV4 only***

Do not give LAIV4 to a person who:

- is pregnant
- has functional or anatomic asplenia, cochlear implant, or is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- has active communication between CSF and the oropharynx, nose, or ear or any other cranial CSF leak
- is age 50 years or older
- received influenza antivirals before scheduled vaccination (zanamivir or oseltamivir within 48 hours; perami within 5 days; baloxavir within 17 days). If any of these antiviral drugs are taken within 14 days after LAIV4, revaccinate with IIV4 or RIV4.
- is a close contact for 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 ccIIV4 and RIV4***

- History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, LAIV, or RIV i precaution to use of ccIIV4.
- History of a serious systemic or anaphylactic reaction to a previous dose of any egg-based IIV, ccIIV, or LAIV precaution to use of RIV4.

Influenza vaccine contraindications and precautions for persons with a history of serious systemic or anaphylac reaction to a previous dose of an influenza vaccine are summarized in the table below.

| VACCINE ASSOCIATED WITH PREVIOUS SERIOUS OR ANAPHYLACTIC REACTION | AVAILABLE 2023–24 INFLUENZA VACCINES | | |
|---|---|---|---|
| | Egg-based IIV4s and LAIV4 | ccIIV4 | RIV4 |
| 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 | | |

* Use of ccIIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical setting under the supervision of a healthcare provider (HCP) who can recognize and manage severe allergic reaction. HCPs may consider consulting with an allergist to help identify the vaccine component responsible for the reaction.

***Precautions for use of LAIV4 only***

- 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])

## 3 Provide Vaccine Information Statements

Provide all patients 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. (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 si according to the following chart:

| GENDER AND WEIGHT OF PATIENT | NEEDLE GAUGE | NEEDLE LENGTH | INJECTION SITE |
|---|---|---|---|
| Female or male less than 130 lbs | 22–25 | ⅝"†–1" | Deltoid muscle of arm |
| Female or male 130–152 lbs | 22–25 | 1" | Deltoid muscle of arm |
| Female 153–200 lbs | 22–25 | 1–1½" | Deltoid muscle of arm |
| Male 153–260 lbs | 22–25 | 1–1½" | Deltoid muscle of arm |
| Female 200+ lbs | 22–25 | 1½" | Deltoid muscle of arm |
| Male 260+ lbs | 22–25 | 1½" | Deltoid muscle of arm |
| Female or male, any weight | 22–25 | 1½" | Anterolateral thigh muscle |

† A ⅝" 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 to adults according to the criteria and guidance in the table belov

| TYPE OF VACCINE | ADULT AGE GROUP | DOSE | ROUTE | INSTRUCTIONS‡ |
|---|---|---|---|---|
| Inactivated influenza vaccine (IIV4) | All adults | 0.5 mL | Intramuscular (IM) | Administer vaccine in deltoid muscle. |
| IIV4-high dose *(preferred age 65+§)* | 65 years and older | 0.7 mL | Intramuscular (IM) | Administer vaccine in deltoid muscle. |
| Adjuvanted inactivated influenza vaccine¶ (aIIV4) *(preferred age 65+§)* | 65 years and older | 0.5 mL | Intramuscular (IM) | Administer vaccine in deltoid muscle. |
| Recombinant influenza vaccine (RIV4) *(preferred age 65+§)* | 18 years and older | 0.5 mL | Intramuscular (IM) | Administer vaccine in deltoid muscle. |
| Cell Culture-based IIV4 (ccIIV4) | All adults | 0.5 mL | Intramuscular (IM) | Administer vaccine in deltoid muscle. |
| Live attenuated influenza vaccine (LAIV4) | Healthy, younger than age 50 years (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. |

‡ 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.

§ Adults age 65 and older should receive an adjuvanted (aIIV4) or higher dose (IIV4-HD or RIV4) influenza vaccine. If none is available, an age-appropriate influenza vaccine may be used.

¶ Data on immune response or side effects (reactogenicity) are limited for coadministration of influenza and other vaccines. Available data suggest no significant differences in immune response or reactogenicity when coadministering COVID-19 and influenza vaccines. Available data are mixed on the immune response to influenza vaccination when coadministered with RSV vaccine. Simultaneous administraton of two or more vaccines with adjuvants (aIIV, Heplisav-B, RSV vaccines, Shingrix, Tdap, PCV) may increase the side effect experienced by the patient. When deciding whether to coadminister an influenza vaccine with an RSV vaccine or to coadminister an adjuvanted influenza vaccine with other adjuvanted vaccines, providers should consider the feasibility of the patient returning for additional vaccine doses, risk for acquiring vaccine-preventable disease, vaccine reactogenicity profiles, and patient preferences.

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### 6 Document Vaccination

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

***Medical record:*** Record the date the vaccine was administered, the manufacturer and lot number, the vaccinatic site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. 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. Note that medical records/charts should be documented and retained in accordance applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of th vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccine with the patient (or, in the 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 cli

***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 writt emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting, to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lyin 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 Ever Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, g 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 Hart Medical Consulting
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effective 01/01/2023 until rescinded or until 12/31/2026
DATE DATE

Medical Director BRYCE A. PALCHICK / [signature] 15 Aug 2023
PRINT NAME SIGNATURE DATE