

Standing Orders for Administering Influenza Vaccines to Children & Adolescents

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.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and adolescents who meet any of the criteria below.

Procedure:

1. Identify children and adolescents in need of influenza vaccination based on meeting any of the following criteria:
 - a. Age 6 months through 18 years
 - b. Age 19 years and older with any of the following conditions:
 - chronic disorder of the pulmonary or cardiovascular system, including asthma
 - chronic metabolic disease (e.g., diabetes), renal dysfunction, hemoglobinopathy, or immunosuppression (e.g., caused by medications, HIV)
 - any condition that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder or other neuromuscular disorder)
 - long-term aspirin therapy (applies to a child or adolescent ages 6 months–18 years)
 - c. Being pregnant during the influenza season
 - d. Residence in a nursing home or other chronic-care facility that houses persons of any age who have chronic medical conditions
 - e. In an occupation or living situation that puts one in proximity to persons at high risk, including
 - a healthcare worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
 - a household contact or out-of-home caretaker of a child age 0–59 months or of an adult age 50 years or older
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:** serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV) to pregnant adolescents, children younger than age 2 years, children younger than age 5 years with possible reactive airways disease (e.g., history of recurrent wheezing or a recent wheezing episode), or to children or adolescents with any of the conditions described in 1.b. above. Use of inactivated influenza vaccine is preferred over LAIV for close contacts of severely immunosuppressed persons during periods when the immunocompromised person requires a protective environment.
 - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
3. Provide all patients (or, in the case of a minor, their parent or legal representative) 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 patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer injectable trivalent inactivated vaccine (TIV) intramuscularly in the vastus lateralis 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: infants 6–11 mos: 1"; 12 mos–10 yrs: 1–1¼"; 11 yrs and older: 1–1½". Give 0.25 mL for children 6–35 months and 0.5 mL for all others age 3 years and older. Alternatively, healthy children age 2 years and older without contraindications may be given 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. Children age 6 months through 8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks).
5. 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).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____