

STANDING ORDER FOR THE ADMINISTRATION OF THE INFLUENZA (FLU) VACCINE

POLICY:

Under this standing order medical assistants and RNs with proper training may provide influenza vaccinations to patients who fit the criteria below.

PURPOSE:

Influenza or flu can be a serious disease that leads to hospitalization and even death, especially for the elderly, young children, and those with chronic conditions. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. The “flu season” in the United States can begin as early as October and last as late as May.

The flu vaccine comes in two different forms: the Trivalent Inactivated Influenza vaccine (TIV), which is given by injection, and the Live-attenuated influenza vaccine (LAIV), which is given by nasal spray. An annual seasonal flu vaccine is the best way to reduce the chances that one will get seasonal flu or reduce complications from the flu, and lessen the chance to spread it to others. When more people get vaccinated against the flu, less flu can spread through that community.

PROCEDURE:

1. Identify adults in need of influenza vaccination based on the following criteria:
 - a. All adults, and children > 6 months should receive the flu vaccine unless there is a shortage.
 - b. If there is a flu vaccine shortage, prioritize these groups of people:
 - i. Chronic lung disease, including asthma
 - ii. Chronic heart or kidney disease
 - iii. Diabetes or other metabolic diseases
 - iv. Immunosuppression (HIV, or medications)
 - v. Hematologic disorders
 - vi. Diseases impacting breathing or creating risk of aspiration (seizure disorder, neuromuscular disorders, spinal cord injury, severe cognitive disorders)
 - vii. Pregnant women (need preservative-free flu vaccine)
 - viii. People who live in a nursing home or other chronic-care facilities
 - ix. People in close contact with high risk populations, including
 - A healthcare worker, caregiver, or household member in contact with person(s) at high risk of developing complications from influenza
 - Caretakers of or people living with a child age 0-6 years or of an adult age 50 years or older
2. Screen for contraindications to influenza vaccine:
 - a. Allergic reaction to egg products
 - b. Previous severe allergic reaction after a influenza vaccine
 - c. A moderate-to-severe illness with a fever (wait till fever subsides)
 - d. A history of Guillain–Barré Syndrome (a severe paralytic illness, also called GBS)

- e. Do NOT give LAIV (live vaccine nasal spray) to these groups:
- Pregnant women
 - Older than 50 years
 - Younger than 2yrs
 - Chronic lung disease, including asthma
 - Chronic heart disease
 - Chronic kidney disease
 - Diabetes or other metabolic diseases
 - Immunosuppression (HIV, or medications)
 - Hematologic disorders
 - Diseases impacting breathing or creating risk of aspiration (seizure disorder, neuromuscular disorders, spinal cord injury, severe cognitive disorders)
 - Live in a nursing home or other chronic-care facilities
- f. Do NOT give LAIV until 48hrs after stopping antiviral therapy (like Tamiflu)
- g. Do NOT give LAIV if the patient has received any live virus vaccines in the last 28 days; it is okay to give 2 or more live vaccines on the SAME day.
3. Record the reason(s) for non-receipt of the vaccine. If patients don't have contraindications but refuse vaccination, provide education and coaching. Document refusal in patient record.
4. Provide all patients with a copy of the 2011 Vaccine Information Statement (VIS) for TIV or LAIV. If available, provide non-English speaking patients with a copy of the VIS in their native language, found at www.immunize.org/vis.
5. Administer Vaccines:
- a. For TIV injection, administer 0.5 ml injectable TIV IM (22-25g, 1-1 ½" needle) in the deltoid muscle. Mix well before withdrawing and administering every dose of vaccine.
 - b. For LAIV nasal spray, CHECK CONTRAINDICATIONS. Then administer 0.2mL of intranasal LAIV to healthy 2-50 year olds; 0.1 ml is sprayed into each nostril while the patient is in an upright position. Patients should breathe normally during administration. Do not allow patients to administer the vaccine themselves.
6. Children between 6 months and 8 yrs receiving flu vaccine for the **first time**, need two shots 4 weeks apart.
7. Document immunizations in patient immunization record. Information includes: name of the vaccine, date vaccine was administered, the manufacturer, lot number, dosage, VIS version date, and name of the person administering the vaccine. Documentation protocol may vary per clinic.
8. Be prepared for a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
9. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

Medical Director _____
Printed Name _____

Signature _____

Effective date _____

Date reviewed _____ Date revised _____