

# 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 the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

## 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 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.
- Women who are or will be pregnant during the influenza season. Administer any recommended, age-appropriate trivalent or quadrivalent inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV4) to pregnant women in any trimester.
- People who do not recall whether they received influenza vaccine in the current vaccination season should be vaccinated.

### 2 Screen for Contraindications and Precautions

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

Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine or to any of its components (except egg). For a list of vaccine components, refer to the manufacturer's package insert ([www.immunize.org/fda](http://www.immunize.org/fda)) or go to [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

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

Do not give LAIV4 to a person who:

- is pregnant
- has functional or anatomic asplenia, CSF leak, cochlear implant, or is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- is age 50 years or older
- 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 RIV4.
- 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 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])

**NOTE REGARDING PATIENTS WITH EGG ALLERGY:** People with egg allergy of any severity can receive any recommended and age-appropriate influenza vaccine (i.e., any IIV, RIV4, or LAIV4) that is otherwise appropriate for their health status. Most influenza vaccines (except RIV4 and cell-cultured IIV4) are egg cultured and may have trace

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amounts of egg protein. If a vaccine other than cell-cultured IIV (Flucelvax Quadrivalent; Seqirus) or RIV (Flublok Quadrivalent; Sanofi Pasteur) is used, people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema or swelling, 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 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:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–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

\* 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.

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 in the table below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS*
Inactivated influenza vaccine (IIV)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-high dose	65 years and older	0.7 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine (aIIV4)†	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell culture-based IIV (ccIIV4)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV4)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV4)	Healthy, younger than age 50 years (except pregnant women)	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](http://www.immunize.org/catg.d/p2024.pdf).

† Because of the limited data on the safety of simultaneous administration of two or more vaccines containing novel adjuvants (i.e., Fludax, Heplisav-B, Shingrix) and the availability of nonadjuvanted influenza vaccine options, selection of a nonadjuvanted influenza vaccine may be considered in situations in which influenza vaccine and another vaccine containing a novel adjuvant are to be administered concomitantly. However, vaccination should not be delayed if a specific product is not available.

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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 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. 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, 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 Adults in a Community Setting,” go to [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.pdf). For IAC’s “Medical Management of Vaccine Reactions in Children and Teens in a Community Setting,” go to [www.immunize.org/catg.d/p3082a.pdf](http://www.immunize.org/catg.d/p3082a.pdf). To prevent syncope, 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