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, pharmacists, and other healthcare professionals 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: high-dose inactivated influenza vaccine (HD-IIV), recombinant influenza vaccine (RIV), or adjuvanted IIV (aIIV). If none of these three vaccines are available, then any other age-appropriate influenza vaccine should be used.
- Solid organ transplant recipients (SOTR) age 18 through 64 years who are on immunosuppressive medication regimens may receive HD-IIV or aIIV influenza vaccine as acceptable options for influenza vaccination, without a preference over other age-appropriate IIVs or RIVs.
- Adults who are or will be pregnant during the influenza season: administer any recommended, age-appropriate IIV or RIV to pregnant people in any trimester.
- Adults who do not recall whether they received influenza vaccine in the current season should be vaccinated.
- Adults who recently received another vaccine, including COVID-19 vaccine, may be administered IIV or RIV at any time before, after, or simultaneously (on the same day, at separate anatomic sites). 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 an injectable live virus vaccine. Information on coadministration of all vaccines can be found at www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html and information on giving 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 administration of any influenza vaccine (egg-based or non-egg-based). People with any type of egg allergy may receive any IIV, RIV, or LAIV that is otherwise appropriate for their age and health status. Safety measures beyond those recommended for receipt of any vaccine are not recommended.

In June 2025, ACIP voted to no longer recommend use of multi-dose vial (MDV) formulations containing thimerosal as a preservative. CDC's website states (as of 8/4/2025) that there is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site (see www.cdc.gov/vaccine-safety/about/thimerosal.html).

Contraindications for use of all influenza vaccines

- Do not give any egg-based IIV 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 LAIV).

CONTINUED ON THE NEXT PAGE ▶

- Do not give ccIIV to a person 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 person who has experienced a serious systemic or anaphylactic reaction to any component of RIV or to a prior dose of any RIV.
- Do not give any LAIV to a person who has experienced a serious systemic or anaphylactic reaction to any component of LAIV 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 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 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 cerebrospinal fluid (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; 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 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 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.

Influenza vaccine contraindications and precautions for persons 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 2025–26 INFLUENZA VACCINES		
	Egg-based IIVs 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		

* Use of ccIIV and RIV 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 LAIV 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])

CONTINUED ON THE NEXT PAGE ▶

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. 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, 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	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 Below

TYPE OF VACCINE	ADULT AGE GROUP	DOSE	ROUTE	INSTRUCTIONS[1]
Inactivated influenza vaccine (IIV)	All adults	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
High dose IIV (HD-IIV) *(preferred age 65+[2])*	65 years and older; SOTR[3] and 18–64	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine[4] (aIIV) *(preferred age 65+[2])*	65 years and older; SOTR[3] and 18–64	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV) *(preferred age 65+[2])*	All adults	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell culture-based IIV (ccIIV)	All adults	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	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.

Notes:

1 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.

2 Adults age 65 and older should receive aIIV, HD-IIV, or RIV. If none is available, any age-appropriate influenza vaccine may be used.

3 A solid organ transplant recipient (SOTR) age 18 through 64 years who is on an immunosuppressive medication regimen may receive either HD-IIV or aIIV without a preference over other IIVs or RIV.

4 Data on immune response or side effects (reactogenicity) are limited for coadministration of influenza and other vaccines. Simultaneous administration of adjuvanted IIV (aIIV) with one or more additional vaccines containing non-aluminum adjuvants (e.g., Heplisav-B, Shingrix,Tdap, PCV, and some RSV or COVID vaccines) may increase the side effects experienced by the patient. If coadministration is preferred, consider use of a non-adjuvanted influenza vaccine formulation, if available. If the patient prefers to receive vaccines at different times, consider the feasibility of their return for additional visits, their risk of acquiring disease during the delay, and vaccine reactogenicity profiles.

CONTINUED ON THE NEXT PAGE ▶

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. 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 Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. 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. 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)