

Standing Order for Administering Influenza Vaccine to Adults, 2016-2017

Purpose: To reduce morbidity and mortality from influenza by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DoD).

Policy: Under these standing orders, and with documented 2016-2017 seasonal influenza vaccination training, eligible nurses and other healthcare professionals working within their scope-of-practice may vaccinate adult patients who meet the criteria below.

Procedure:

1. Provide influenza vaccine for all persons ≥ 18 years who do not have contraindications and have no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:**
 - History of severe allergic reaction after previous dose of any influenza vaccine or to any component of the vaccine. (See notes on egg allergy potential influenza vaccine allergens, below.)
 - b. **Precautions:**
 - Moderate to severe illness with or without fever
 - History of Guillain Barré syndrome within 6 weeks of receipt of influenza vaccination
3. Influenza Vaccination of Persons with a History of Egg Allergy
 - a. Persons with a history of egg allergy who have experienced only hives after exposure to egg symptoms should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status may be used.
 - b. Persons with a history of egg allergy who have experienced symptoms other than hives, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may receive any licensed and recommended influenza vaccine (i.e., any age-appropriate IIV or RIV3) that is otherwise appropriate for the recipient's age and health status. The selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic conditions.
 - c. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine. A previous severe allergic reaction to influenza vaccine requires evaluation by an experienced Allergist to determine the causal component.
4. Provide all patients with a copy of the most current Vaccine Information Statement (VIS). If available, provide non-English-speaking patients with a VIS copy in their native language, found at www.cdc.gov/vaccines/pubs/vis.
5. Vaccine Administration: Administer 0.5 ml injectable inactivated vaccine (IIV) intramuscularly in the deltoid muscle. Use a 22-25g, 1-1 1/2" needle. Always shake the syringe and multi-dose vial before withdrawing and administering every dose of vaccine.
6. Document immunizations in appropriate electronic immunization tracking system. Document required immunization information including: the name of the vaccine, the date vaccine was

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administered, the manufacturer, lot number, the dosage, VIS version date, and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine (e.g., medical contraindication, patient refusal, medical temporary exemption).

7. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. 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.
9. Report any vaccine administration errors to the Clinic's Patient Safety Reporting System.
10. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year, until rescinded, and/or upon a change in medical director, whichever is earlier.

Table: Potential Influenza Vaccine Allergens

Vaccine Product (manufacturer)	Potential Influenza Vaccine Allergens
IIV3: Afluria, Pre-filled syringe (Seqirus)	Egg protein*, neomycin sulfate, polymyxin B
IIV3: Afluria, Multi-dose vial (Seqirus)	Egg protein*, neomycin sulfate, polymyxin B, thimerosal
IIV4: Fluarix, Pre-filled syringe (GSK)	Egg protein*, gentamicin sulfate, formaldehyde; caps of pre-filled syringes may contain natural rubber latex
IIV4: FluLaval, Multi-dose vial (GSK)	Egg protein*, formaldehyde, thimerosal
RIV3: FluBlok, Single-dose vial (Protein Sciences)	Baculovirus and Spodoptera frugiperda cell proteins
ccIIV4: Flucelvax, Pre-filled syringe (Seqirus)	Egg protein**, DNA and cell protein; caps of pre-filled syringes may contain natural rubber latex

* Ovalbumin content is < 1.2 mcg/ml (below allergy trigger threshold)

** Ovalbumin content is < 100 femtograms/ml (far below allergy trigger threshold)

Medical Director's signature: _____ Effective date: _____

Printed Name and Title: _____