

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: Under these standing orders, eligible nurses and pharmacists, where authorized under state law, may vaccinate patients who meet any of the criteria below.

Procedure:

1. Identify adults in need of influenza vaccination based on meeting any of the following criteria:
 - a. Age 50 years or older
 - b. Having any of the following conditions:
 - chronic cardiovascular disease, chronic liver disease, chronic pulmonary disease (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)
 - will be pregnant during the influenza season
 - c. Residence in a nursing home or other chronic-care facility that houses persons of any age who have chronic medical conditions
 - d. 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
 - e. Anyone else who wishes to reduce the likelihood of becoming ill with influenza**
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/nip/publications/pink/appendices/b/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV) to pregnant women, persons with asthma or restrictive airway disease, immuno-suppressed persons, or persons who have a history of Guillain-Barré syndrome. 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
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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. 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 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV) IM (22–25g, 1–1½" needle) in the deltoid muscle. Alternatively, non-pregnant, healthy persons up to 49 years without contraindications may be given 0.5 mL of intranasal LAIV; 0.25 mL is sprayed into each nostril while the patient is in an upright position.
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.

This policy and procedure shall remain in effect for all patients of the _____ (name of practice or clinic) until rescinded or until _____ (date).

Medical Director's signature: _____ Effective date: _____

This document is adapted from Immunization Action Coalition (www.immunize.org) materials. Information in this document is based on current (2006-2007) ACIP recommendations. For additional copies and immunization updates, go to www.coloradoguidelines.org or call 720-297-1681.