University of Wisconsin Department of Family Medicine – Residency Clinics

CLINICAL POLICY AND PROCEDURE

TITLE: Inactivated Influenza Vaccine Protocol

Effective Date: August 2009 Contact: Maggie Dugan, RN, MS

PURPOSE: This protocol allows eligible clinical staff (MA, LPN, or RN) to vaccinate patients with inactivated influenza vaccine without a direct clinician order.

DEFINITION:

1) Fluzone Trivalent Inactivated Vaccine (Sanofi Pasteur) is provided from UWMF pharmacy as follows:
   a. Multi dose vial, latex free; has thimerosal as preservative
   b. Single dose prefilled 0.5 ml syringe or vial, latex free, no thimerosal
   c. Single dose prefilled 0.25 ml syringe, latex free, no thimerosal

SUPPLIES:

1. Vaccine, syringe & needle if using vial, alcohol swab, access to WIR , laminated screening questions (contraindication checklist), CDC VIS publication (Inactivated Influenza Vaccine 2009-2010: What you Need to Know) in appropriate language, access to Health Link or patient's medical record.
2. An area for privacy should be assured since patients will likely need to partially disrobe to allow full access to deltoid injection site.
3. A clinician prepared to deal with anaphylactic reactions must be available.

PROTOCOL:

1. Patients may be vaccinated with inactivated vaccine as soon as it is available. 2009 – 2010 recommendations for inactivated influenza vaccine are as follows:
   a. All healthy children ages 6 months to 18 years.
   b. Pregnant women.
   c. All persons 6 months and older with chronic medical conditions placing them at increased risk of influenza complications.
   d. All persons 50 and older.
   e. Anyone with a weakened immune system.
   f. Anyone with certain muscle or nerve disorders that can lead to breathing or swallowing problems, such as seizure disorders or cerebral palsy.
   g. Anyone taking aspirin or aspirin-containing medications.
   h. Persons who live with or care for persons at high risk for influenza-related complications:
      - Health care workers and household contacts and caregivers of :
      - people 50 years and older
      - children 5 years and younger
      - anyone with medical conditions that put them at increased risk of influenza complications.
   i. Community workers who provide essential services.
   j. Persons who live in dormitories or other crowded conditions.
   k. Residents of nursing homes and other long-term care facilities
   l. Persons who travel frequently
   m. Anyone wanting to protect themselves or others from the flu.

2. Nursing staff will assess for contraindications to receiving influenza vaccination:
   a. **Allergy to latex.** Persons with latex allergies may receive Fluzone which is latex free.
   b. **History of a serious allergic reaction to eggs.** Persons with a significant egg allergy should not receive the influenza vaccine. If there are questions about the significance of their egg allergy they should schedule with a clinician.
   c. **History of a severe reaction to a previous dose of influenza vaccine.** Persons who have had a severe reaction to a previous dose of influenza vaccine should not receive the influenza vaccine. If there are questions

about the significance of their reaction they should schedule with a clinician.

d. **History of Guillain Barre Syndrome**. Persons who developed Guillain Barre Syndrome following influenza vaccine may be able to receive influenza vaccine. If there are questions about the significance of their reaction they should schedule with a clinician.

NOTE: Breastfeeding and pregnancy are not contraindications.

3. Nursing staff will assess for precautions to receiving influenza vaccination:

a. **Are you sick today?** Patients who are significantly ill (fever >100 degrees, functional impairment, dehydration, acute neurologic illness etc) should defer vaccination until they are better. Consult with clinician if there are questions about the significance of an illness. Persons with a mild illness can receive the vaccine.

4. Provide CDC VIS Publication: **Inactivated Influenza Vaccine 2009 – 2010: What You Need to Know** in the appropriate language.

5. If no contraindications or approved through consultation, using aseptic technique, administer as follows:

a. **Adults and children 9 and older:** Inject 0.5cc IM into the deltoid muscle. Assure full exposure of the upper arm allowing injection into the belly of the muscle (not to the side or bottom). Most patients will need to partially disrobe and privacy should be provided.

b. **Children 3 through 8:** Inject 0.5 cc into the deltoid or into anterolateral aspect of thigh.

- If this is their first immunization, they will need a second dose of the same amount in 1 month.
- If they received only one dose in previous year (2008-09), they will need a second dose of the same amount in 1 month.

c. **Children 6 months through 35 months:** Inject 0.25cc into the anterolateral aspect of the thigh.

- If this is their first immunization, they will need a second dose of the same amount in one month.
- If they received only one dose in previous year (2008-09), they will need a second dose of the same amount in 1 month.

6. May be given with Td and / or pneumococcal vaccine with separate needle and in separate site.

7. **Patient wait**: If this is the first time the person has received the flu vaccine, he or she should wait 15 minutes and if there are no reactions or complications, they may then leave. Patients who have received the vaccine before may leave without waiting.

8. **Patients should be told:** Common side effects: fever, malaise, body aches. Aspirin (adults), acetaminophen, or ibuprofen is OK, **unless** they have been instructed not to take one or more of these medications by their clinician.

9. **Document in WIR** : injection site, route, dose, lot number, expiration date, ordering provider, and person giving immunization.

10. Document in Health Link or medical record. If consultation was required, document in the patient's medical record: the content of the consultation, including person consulted and advice given, and whether or not the immunization was given.

11. Report all significant adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967.

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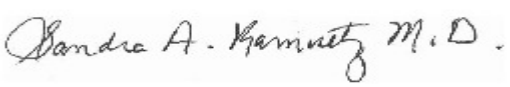
AUTHORIZATION:



10/15/09

Vice Chair of Clinical Care Date