# University of Wisconsin Department of Family Medicine – Residency Clinics

## CLINICAL POLICY AND PROCEDURE

### TITLE: Live, Attenuated Influenza Vaccine Protocol (FluMist® Nasal Spray)

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

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

## DEFINITION:

FluMist®, a live trivalent attenuated intranasal influenza virus vaccine (Medimmune), is provided from UWMF pharmacy as follows: Pre-filled FluMist® sprayer containing a single 0.2 ml dose.

## SUPPLIES:

1. Pre-filled FluMist® sprayer, access to WIR, screening checklist, CDC VIS publication (Live, Intranasal 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 live, attenuated intranasal vaccine as soon it is available. The vaccine is approved for healthy people ages 2 to 49 years of age. The following target groups are especially appropriate for vaccination with live intranasal vaccine:
    a. Household contacts and out of home caregivers of children from birth to 5 years of age and 50 years of age and older
    b. Health care workers, family members, or anyone else in close contact with persons at risk for serious influenza.
    c. Community workers who provide essential services.
    d. Persons who live in dormitories or other crowded conditions.
    e. Persons who travel frequently.
    f. Anyone wanting to protect themselves or others from the flu.

**2.** Nursing staff will assess for contraindications to receiving live, attenuated intranasal influenza vaccine.
    a. **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.
    b. **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 further doses of any influenza vaccine, including FluMist®. If there are questions about the significance of their reaction they should schedule with a clinician.
    c. **History of Guillain Barre Syndrome**. Persons who developed Guillain Barre Syndrome following influenza vaccine may be able to get influenza vaccine; consult with physician.
    d. **The following persons should <u>NOT</u> receive live, attenuated intranasal influenza vaccine (FluMist®). They <u>should</u> receive Inactivated Injected Influenza Vaccine.**
        **i.** Adults 50 years of age and older or children between 6 months and 2 years of age.
        **ii.** Children younger than 5 with asthma or one or more episodes of wheezing within the past year.
        **iii.** Persons with chronic medical problems, such as asthma, other pulmonary diseases, cardiovascular disease, diabetes, and renal disease
        **iv.** Persons who are immunosuppressed due to medication or illness
        **v.** Children/adolescents who take aspirin or aspirin containing medications
        **vi.** Women who are pregnant or breastfeeding
        **vii.** Anyone with certain muscle or nerve disorders that can lead to breathing or swallowing problems, such as seizure disorders or cerebral palsy.
        **viii.** Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose.

ix. Healthcare workers or caregivers in close contact with patients requiring a protective environment (those with a severely weakened immune system.)

3. Nursing staff will assess for precautions to receiving live, attenuated intranasal influenza vaccine:
   a. **Are you sick today?** Patients with a moderate or severe acute illness with or without fever 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: Live, Intranasal Influenza Vaccine 2009 – 2010: What You Need to Know in the most appropriate language.**

5. If no contraindications or approved through consultation, administer 0.2ml dose (all ages) as follows:
   a. Remove the rubber tip protector from the FluMist® sprayer.
   b. With the recipient in an upright position, head tilted back, place the tip just inside the nostril to ensure vaccine is delivered into the nose.
   c. With a single motion, depress the plunger **as rapidly as** possible until the dose-divider clip prevents you from going further.
   d. Pinch and remove the dose-divider clip from the plunger.
   e. Place the tip just inside the other nostril and with a single motion, depress plunger **as rapidly as possible** to deliver the remaining vaccine.
   f. **Children ages 2 through 8 years receiving any influenza vaccine for the first time or who received only one dose in their first immunization year** will need a second dose of the same amount in 4 weeks.

6. FluMist may be given with inactivated vaccines. It may be given at the same time as other live vaccines, however must be separated by 1 month if not given on the same day.

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

8. **Patients should be told:** The following symptoms have been reported, although it is not proven they are due to the vaccine: runny nose, nasal congestion, cough, headache, upset stomach / vomiting, sore throat, fever, tiredness, body aches. Acetaminophen or ibuprofen are OK, **unless** they have been instructed not to take one or more of these medications by their clinician. Aspirin should be avoided.

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

10. Document in Health Link. 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