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: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted IIV (aIIV4, Fluad). If none of these three vaccines is available, then any other age-appropriate influenza vaccine should be used.
- Adults who are or will be pregnant during the influenza season. Administer any recommended, age-appropriate quadrivalent IIV (IIV4) or RIV4 to pregnant people in any trimester.
- Adults who do not recall whether they received influenza vaccine in the current vaccination season should be vaccinated.
- Adults who recently received another vaccine, including COVID-19 vaccine, may be administered IIV4 or RIV4 at any time before, after, or simultaneously (on the same day, at separate anatomic sites). Quadrivalent live attenuated influenza vaccine (LAIV4) 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/acip-recs/general-recs/timing.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 IIV4, RIV4, or LAIV4 that is otherwise appropriate for their age and health status. Safety meaures beyond those recommended for receipt of any vaccine are not recommended. Refer to the current season's ACIP influenza recommendations for additional details at www.cdc.gov/vaccines/hcp/ACIP-recs/vacc-specific/flu.html.

Contraindications for use of all influenza vaccines

- Do not give any egg-based IIV4 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 live attenuated influenza vaccine [LAIV]).
- Do not give ccIIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of ccIIV4 or to a prior dose of any ccIIV.
- Do not give any RIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of RIV4 or to a prior dose of any RIV.

CONTINUED ON THE NEXT PAGE ▶

- Do not give any LAIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of LAIV4 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 manufacturer's package insert (www.immunize.org/fda) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Additional contraindications for use of LAIV4 only

Do not give LAIV4 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 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 LAIV4, revaccinate with IIV4 or RIV4.
- 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 ccIIV4 and RIV4

- 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 ccIIV4.
- 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 RIV4.

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 2023–24 INFLUENZA VACCINES		
	Egg-based IIV4s and LAIV4	ccIIV4	RIV4
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 ccIIV4 and RIV4 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 LAIV4 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])

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; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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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 in the table below:

TYPE OF VACCINE	ADULT AGE GROUP	DOSE	ROUTE	INSTRUCTIONS‡
Inactivated influenza vaccine (IIV4)	All adults	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV4-high dose *(preferred age 65+§)*	65 years and older	0.7 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine¶ (aIIV4) *(preferred age 65+§)*	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV4) *(preferred age 65+§)*	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell Culture-based IIV4 (ccIIV4)	All adults	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV4)	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.

‡ 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.

§ Adults age 65 and older should receive an adjuvanted (aIIV4) or higher dose (IIV4-HD or RIV4) influenza vaccine. If none is available, any age-appropriate influenza vaccine may be used.

¶ Data on immune response or side effects (reactogenicity) are limited for coadministration of influenza and other vaccines. Available data suggest no significant differences in immune response or reactogenicity when coadministering COVID-19 and influenza vaccines. Available data are mixed on the immune response to influenza vaccination when coadministered with RSV vaccine. Simultaneous administraton of two or more vaccines with adjuvants (aIIV, Heplisav-B, RSV vaccines, Shingrix, Tdap, PCV) may increase the side effects experienced by the patient. When deciding whether to coadminister an influenza vaccine with an RSV vaccine or to coadminister an adjuvanted influenza vaccine with other adjuvanted vaccines, providers should consider the feasibility of the patient returning for additional vaccine doses, risk for acquiring vaccine-preventable disease, vaccine reactogenicity profiles, and patient preferences.

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6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

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)