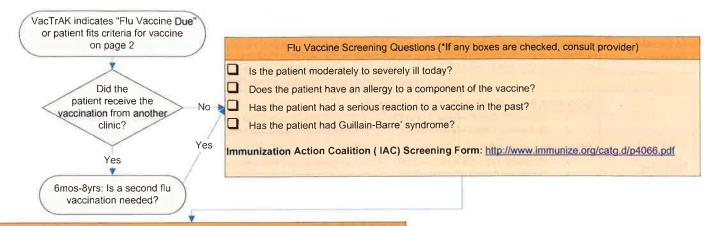
ANMC Protocol for 2017-18 Seasonal Flu Vaccine Administration - off site MASS FLU CLINICS



Vaccine Transport, State Vaccine Eligibility, Vaccine-specific Contraindications

Vaccine Transport: vaccines are transported off site using State approved vaccine transport methods and the State off-site clinic forms are submitted when State-provided vaccine is used: http://dhss.alaska.gov/dph/Epi/iz/Pages/vaxpacket/default.aspx

State-provided influenza vaccine is available for all children, regardless of insurance or IHS beneficiary status. All adults are eligible for State-provided vaccine except adults with only Medicaid, Medicare, Tricare or Prudential, Use private supply for non-eligible adults. Screen and document eligibility appropriately:

Contraindications for all Flu vaccines: severe allergic reaction to the vaccine or vaccine component other than egg.

Precautions for all Flu vaccines: moderate or severe illness; Guillain Barre syndrome within 6 weeks of a previous influenza vaccination; egg allergy*.

*Egg Allergy: see page 2 for egg allergy guidance.

If any doubt, LPN/RN will get medical provider approval before administering vaccine,

Vaccine Information Statement (VIS) and Parental Consent:

- Consent involves providing VIS for seasonal injectable flu vaccine, discussing vaccine risks and benefits and documenting VIS publication date.
- Unaccompanied Minor (under18 years of age):
 - Obtain parental consent by discussing VIS with parent or guardian by phone or have the minor bring a VIS signed by parent at time of vaccination.
 - Document that consent was obtained from parent or guardian before any vaccine was given.

Administration of Vaccines

- Check vaccine name, ensure it is ageappropriate and check expiration date.
- Wash hands and draw up each vaccine into separate syringes.
- Label syringe with vaccine name.
- Use 2 patient identifiers to verify patient
- Use correct needle length and injection technique
 - IM 22-25 gauge needle, inject at 90°
 - ☐ 6-12 months: 1 inch (thigh)
 - ☐ 1-2 yrs: 1 to 1 ¼ inch (thigh)
 - ☐ 3-18 yrs:
 - preferred: 1 inch (deltoid) alternative: 1 to 1 ¼ inch (thigh)
 - ☐ Up to 152 lb: 1 inch (deltoid)
 - □ >152 lb: 1-1 ½ inch (deltoid)
- Wipe area with alcohol swab.
- Separate injection sites by 1 inch if injecting two or more vaccines in single limb.
- Never inject vaccines in the buttocks.
- Immediately discard used needle/syringe in labeled, puncture-proof containers.

Documentation

Document vaccines per instructions below in the blue boxes, specific to each type of flu clinic. Required documentation: patient name, date of birth, date of vaccination, vaccine name, dose, site and route of injection, lot number, expiration date, VIS publication date, vaccine funding source and eligibility.

Off Site Mass Flu Clinics:

Complete patient screening forms and provide VIS.

Documentation (i.e. VacTrAK, Cerner):

- Documentation may be done during or after mass flu clinic, per expectation of mass clinic coordinator.
- Keep screening forms for later documentation.
- Refer to job aide for details.

AFN Flu Clinics:

- Before clinic: ensure vaccine lot# is transferred and available in VacTrAK.
- Complete patient screening forms and provide VIS.

Document in VacTrAK

- Use MASS IMMS module.
- Document vaccination during or after AFN Flu Clinic
- Keep screening forms for later documentation.
- Refer to job aide for details.

Adverse Reaction Monitoring, Reporting and Management

- Vaccine providers should observe the patient for 15 minutes after vaccination. Adolescents/adults should remain seated for 15 minutes to reduce risk of injury related to syncope (fainting).
- If an adverse reaction occurs, notify patient's provider and complete Event Reporting. Provider/pharmacy

 file report to Vaccine Adverse Event Reporting System (VAERS) if indicated at www.vaers.hhs.gov
- Management of Acute Allergic Reaction: Epinephrine and basic life support equipment must be available when providing vaccination services at an off campus flu clinic.

2017-18 Approved Use of Seasonal Influenza Vaccines All persons 6 months and older. See criteria below for children <9 years who may require two doses, When People vaccine is in short supply, focus on: Recommended Children 6 months through 59 months; elders 50 years of age and older; pregnant (or will be pregnant) women; persons with chronic To Receive pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematologic, neurological, neuromuscular or metabolic disorders (including diabetes); immunosuppression; children 6 months-18 years receiving long-term aspirin therapy; AI/AN; Vaccine persons morbidly obese (BMI >40), and residents of nursing homes and chronic-care facilities. Inactivated Influenza Vaccine (IIV) 6-35 months - dosage 0.25 mL route IM Fluzone® Sanofi -Quadrivalent (pf) - 0.25 ml single-dose prefilled syringe preservative-free (pf) Fluzone® Sanofi -Quadrivalent - 0.25 ml drawn from multi-dose 5 mL vial 36 months and older - dosage 0.5 mL IM Fluarix® GSK –Quadrivalent (pf) -0.5 ml single-dose prefilled syringe preservative-free (pf) Injectable Fluzone® Sanofi -Quadrivalent - 0.5 ml drawn from multi-dose 5 mL vial Vaccine 5 years and older - dosage 0.5 mL IM Indication & Afluria® Segirus -Quadrivalent - 0.5 ml drawn from multi-dose 5 mL vial dosage by product Adults 18 years and older - dosage 0.5 mL IM FluBlok® Protein Sciences -Quadrivalent - 0.5 ml prefilled syringe -pharmacy will have a small supply IMPORTANT: FluBlok (RIV4) is an egg-free flu vaccine option for person with severe allergy to eggs Alternative for Adults 65 years and older - dosage 0.5 mL iM Fluzone High Dose® Sanofi - Trivalent - 0.5 ml prefilled syringe for adults 65 years and older Contraindications for all influenza vaccines Severe allergic reaction to the vaccine or to component other than egg. For list of vaccine components in the CDC Pink Book Appendix B, go to: http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf For All Flu Vaccine Precautions for all influenza vaccines Contraindication Moderate or severe illness (A person with a mild cold or other mild illness, with or without fever, may be vaccinated). Guillain Barre syndrome within 6 weeks of a previous influenza vaccination. Egg allergy*

*Egg Allergy: LPN/RN, defer to medical provider. For patients with egg allergy, provider should review the current CDC influenza

vaccination recommendations outlined below or available at: https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm

PATIENTS WITH EGG ALLERGY

precautions

Persons with a history of egg allergy who have experienced only urticaria (hives) after exposure to egg should receive influenza vaccine. Any licensed and recommended influenza vaccine (i.e., any age-appropriate injectable flu vaccine or FluBlok®) that is otherwise appropriate for the recipient's age and health status may be used

Persons who report having had reactions to egg involving symptoms other than urticaria (hives), such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, may similarly receive any licensed and recommended influenza vaccine (i.e., any age appropriate injectable flu vaccine or FluBlok®) 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.

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.

NEED TWO DOSES? Influenza vaccine for children 6 months through 8 years. 2017-18

Children less than 9 years of age need 1 dose of flu vaccine this season if they have received:

At least two total doses of trivalent or quadrivalent influenza vaccine before July 1, 2017. The two doses need not have been received during the same season or consecutive seasons. Doses should be at least 4 weeks apart.

Otherwise, the child needs 2 doses, with the second dose given a minimum of 4 weeks after the first dose.

Implementation of Protocols

Off Site Mass Flu Clinics and AFN Flu Clinics: This protocol, authorized by signatures below, serves as a pre-authorized order for ANTHC/SCF RNs, LPNs, and pharmacists who have demonstrated competency to administer flu vaccines according to the protocol criteria. CMAs are authorized by this protocol to participate in a vaccinating capacity during off site flu clinics when a supervising provider is present and there is capacity to document a provider co-signature. hing low 1

The Criteria Contained in this Protocol is Derived from: CDC Summary Recommendations: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) https://www.cdc.gov/mmwr/volumes/66/rr/rr6602a1.htm

PCC Medical Director: MShar WW Date: 9-21-17
PCC Nursing Director: Synda Cock Date: 9/21/17
President, Medical Staff: Date: \$128/17
Chief Nursing Officer: / Will Steff Pun Date: 425/17
Director of Pharmacy: Kana A. Kluig Date: 1/19/17

These protocols shall remain in effect until June 30, 2018.