

Template protocol for seasonal-influenza vaccine administration for school-located vaccine clinics – 2011-2012

Definition: Influenza is an acute infectious disease characterized by fever, chills, myalgia, headache, respiratory and/or gastrointestinal symptoms. Influenza A (including H1N1) and B are two types of influenza viruses that cause human disease. Influenza viruses are spread from person to person primarily through the coughing and sneezing of infected persons. The typical incubation period for influenza is 1-4 days with an average of 2 days.

Purpose: The purpose of this protocol is to provide guidance to school vaccine providers on the administration of seasonal influenza vaccine at school-based clinics in Maine during the 2011-2012 influenza season.

Procedure:

1. The school vaccine provider shall be authorized to administer the influenza vaccine at school-based clinics.
2. An emergency plan must be in place in the event of anaphylaxis or symptoms of immediate hypersensitivity following administration of the vaccine. Prior to the clinic, all school vaccine providers attending the clinic shall be familiar with the emergency procedures for anaphylaxis and the administration of epinephrine and diphenhydramine (Benadryl).
3. In the event of an occupational blood borne exposure, refer to MMWR, June 29, 2001, Volume. 50, RR-11;1:42 (www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm) and Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis (MMWR Sept 30, 2005/Vol.54/No. RR-9).
4. Prior to the administration of the vaccine the individual/parent/guardian shall be given the Vaccine Information Statement (VIS).
5. The individual/parent/guardian shall be notified that they are expected to remain for 15 minutes at the clinic site after receiving the vaccine for the purpose of observing for a reaction to the vaccine.
6. By use of the consent form, the school vaccine provider shall obtain a health history for the purpose of determining possible contraindications to receiving the vaccine and to determine the number of vaccines appropriate for each child this season.

7. The following persons are not to receive the injectable influenza vaccine:
- A. Children less than 6 months of age
 - B. Persons who are known to have anaphylactic hypersensitivity or severe allergy to eggs or to other components of the influenza vaccine
 - C. Persons that have had a severe reaction after receiving a previous dose of influenza vaccine
 - D. Persons with a history of Guillian-Barre Syndrome
 - E. Persons who are moderately or severely ill (ie. fever >100°F)

8. The following persons are not to receive the intranasal vaccine:
- A. Children less than 2 years age
 - B. Persons 50 years of age or older
 - C. Children younger than 5 years with asthma or one or more episodes of wheezing within the past year
 - D. People who have long-term health problems with heart disease, lung disease, asthma, kidney or liver disease, metabolic disease such as diabetes, and anemia or other blood disorders
 - E. Anyone with certain muscle or nerve disorders such as seizure disorders or cerebral palsy that can lead to breathing or swallowing problems
 - F. Anyone with a weakened immune system
 - G. Children or adolescents on long-term aspirin treatment
 - H. Pregnant women
 - I. Persons in close contact with anyone who has a severely weakened immune system requiring care in a protected environment, such as bone marrow transplant unit
 - J. Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose
 - K. Persons who are known to have anaphylactic hypersensitivity or severe allergy to eggs or to other components of the influenza vaccine;

- L. Persons that have had a severe reaction after receiving a previous dose of influenza vaccine
 - M. Persons with a history of Guillian-Barre Syndrome
 - N. Persons who are moderately or severely ill (ie. fever >100°F)
 - O. Persons who have received live attenuated or an injectable live-virus vaccine (e.g. MMR, varicella, yellow fever) in the past 4 weeks, should wait 28 days before receiving another live vaccine.
9. Persons with no contraindications or who have written permission from their primary health care provider may receive the vaccine.
 10. The school vaccine provider shall have the individual/parent/guardian sign the appropriate consent form which shall include the following:
 - a. The vaccine recipient’s name, address, telephone number, age, and name of their primary healthcare provider
 - b. The signature of the individual/parent/guardian indicating their consent for vaccine administration
 - c. The name of the vaccine, dosage, manufacturer, lot number, site of injection, and date of expiration
 - d. The signature of the school vaccine provider administering the vaccine
 - e. The date of the administration of the vaccine.
 11. The presentation of influenza vaccines available for the Maine school-based clinics in the 2011-2012 influenza season can be found in Table 1.
 12. For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.
 13. If an adverse reaction should occur, the school vaccine provider shall refer to “Medical Management of Vaccine Reactions in Children and Teens” (see attachment) available at <http://www.immunize.org/catg.d/p3082a.pdf> and the sample protocols provided with this toolkit. An adult can be treated using the same protocol using the “13 years and older” dosing schedule.
 14. A copy of each individual consent form shall be retained.

Provider Name and Title

Date

Table 1: Influenza Vaccine Presentations for 2011-2012 Maine School-Based Vaccine Clinics

Vaccine	Trade name	Manufacturer	Presentation	Mercury content (mcg Hg/0.5 mL dose)	Age group	Route
TIV	Fluzone	Sanofi Pasteur (800) 822-2463	0.25 mL prefilled syringe	0.0	6-35 mos	Intramuscular
			0.5 mL prefilled syringe	0.0	≥36 mos	Intramuscular
			5.0 mL multidose vial	25.0	≥6 mos	Intramuscular
TIV	Fluarix	Glaxo SmithKline (866) 475-8222	0.5 mL prefilled syringe	0.0	≥3 yrs	Intramuscular
LAIV	FluMist	MedImmune (877) 633-4411	0.2 mL sprayer, divided dose	0.0	2-49 yrs	Intranasal

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