

Standing Orders for Administering Influenza A H1N1 2009 Monovalent Inactivated Vaccine

Purpose: To reduce morbidity and mortality from novel H1N1 influenza A by vaccinating persons 6 months and older who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals may vaccinate persons 6 months of age and older following the subsequent criteria.

Procedure:

1. Identify individuals for initial 2009 H1N1 vaccine administration in the following target groups:
 - a. Pregnant women
 - b. People who live with or care for infants younger than 6 months of age
 - c. Healthcare and emergency personnel
 - d. Anyone from 6 months through 24 years of age
 - e. Anyone from 25 through 64 years of age with any of the following conditions: chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic (e.g., diabetes) disorders; immunosuppression, including that caused by medications or HIV; long-term aspirin therapy.
 - f. Groups to be vaccinated after the initial target groups:
 - a. Healthy 25-64 year olds
 - b. Adults 65 and older
2. Screen all patients for contraindications and precautions to H1N1 inactivated influenza vaccine:
 - a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component as listed on the vaccine package insert.
 - b. Precautions: moderate or severe illness with or without a fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination.
3. Provide all patients (or, in the case of a minor, their parent or legal representative) with a copy of the most current federal 2009 H1N1 Vaccine Information Statement (VIS).
4. Administer injectable monovalent H1N1 inactivated vaccine intramuscularly in the vastus lateralis for infants and those toddlers lacking adequate deltoid mass; or in the deltoid muscle for older children and adults. Use a 22–25 g needle that is at least 1”long. Choose needle length appropriate to the person’s age and body mass.

Children 6 months through 9 years of age should receive 2 doses of H1N1 Inactivated vaccine with an interval of 28 days between doses. If the second dose is separated from the first dose by at least 21 days, the second dose can be considered valid.

Persons 10 years and older should receive one dose of H1N1 vaccine.

DOSING INFORMATION

Manufacturer	Vaccine Name	Dose	Age
CSL	H1N1Pfreecsl or H1N1csl MDV	0.5mL	≥18 yrs. and older
Novartis	H1N1Pfreenov or H1N1nov MDV	0.5mL	≥ 4 yrs. and older
Sanofi	H1N1Pfreesan or H1N1san MDV	0.5mL	≥ 36 mo. and older
Sanofi	H1N1Pfreesan or H1N1san MDV	0.25mL	≥ 6 mo.-35 months

5. Concurrent administration of Seasonal and H1N1 vaccines
 - a. Inactivated vaccines may be given concurrently or at any interval between the two types of vaccines
 - b. One live attenuated vaccine and one inactivated vaccine may be given concurrently or at any interval between vaccines
 - c. Seasonal live attenuated vaccine and H1N1 live attenuated vaccine cannot be given concurrently and must be separated by an interval of 28 days.
6. Document the patient vaccine administration information and follow up in the following places:
 - a. Medical chart or documentation and consent form: date of vaccine administration; manufacturer and lot number; vaccination site and route; and name and title of person administering the vaccine.
 - b. Personal immunization record or card: date of vaccination; vaccine lot number; dose 1 or 2; name/location of administering clinic; and date of next dose, if applicable.
7. 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.
8. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967.

This policy and procedure shall remain in effect for _____
(name of practice or clinic)
until rescinded or until _____.
(date)

Medical Director's signature: _____ Effective date: _____