

**Purpose:** To reduce the morbidity and mortality of influenza by vaccinating those children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices with priority given to high-priority populations for the New Mexico Department of Health, Public Health Division (PHD).

**Policy:** Under these standing orders, eligible school nurses may administer influenza vaccine to children and adolescents participating in the School Kids Influenza Immunization Program (SKIIP) that meet the criteria below.

**Procedure:**

1. Identify children and adolescents who have not completed their influenza vaccination(s) for the current influenza season.
  - a. SKIIP vaccination efforts focus on achieving high influenza vaccination levels in school children.
  - b. Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications.
  - c. For 2016-2017, only inactivated influenza vaccine (injectable) is available through SKIIP.
    - Because of concerns regarding low effectiveness in prior seasons, live attenuated influenza vaccine (LAIV) is not available through SKIIP.
2. Screen all patients for contraindications and precautions to influenza vaccination using the 2016-2017 SKIIP Form and guidance below:

Condition	Vaccinate in SKIIP Clinic	Note
Age less than 6 months.	NO	Not eligible for influenza vaccination.
Age 19 years or older.	NO	Not eligible for VFC vaccine - refer to a provider for influenza vaccine.
History of a serious reaction (e.g., anaphylaxis) after a previous dose of influenza vaccine or to an influenza vaccine component. Vaccine components can be found in the Product Inserts (links provided below).	NO	Contraindication - refer to a provider for evaluation.  For any vaccine, if child is allergic to latex, use non-latex gloves.
History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination.	NO	Precaution – refer to a provider for evaluation.
Moderate or severe acute illness with or without fever.	NO	Precaution - refer to a provider for evaluation. Potential to vaccinate once resolved.
History of hives (only) after ingesting eggs.	NO	Not contraindicated, but refer to a provider for evaluation.
History of severe allergic reaction (e.g., anaphylaxis) to eggs.	NO	Not contraindicated, however use requires resources not available in school settings. Refer to a provider for evaluation.
History of hemophilia.	NO	Precaution – refer to a provider for evaluation.
Receipt of influenza vaccine in the past 28 days.	NO	Minimum interval between two doses (when indicated) is 28 days.
Receipt of one or more live vaccines (MMR, varicella) in the past 28 days.	YES	Use age-appropriate vaccine as listed in the Order
Receipt of one or more inactivated vaccines (other than influenza) in the past 28 days.	YES	
Pregnancy.	YES	
Immunosuppressed, including that caused by medications or HIV.	YES	
Caring for immunosuppressed persons requiring a protective environment.	YES	
Receipt of antiviral medication within the previous 48 hours.	YES	
Chronic pulmonary, cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders.	YES	
Healthy children age 6 months to less than 19 years.	YES	Use age-appropriate vaccine as listed in the Order

3. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client’s full name and birthdate (do not ask, for example, “Are you Suzie Smith?” – instead ask “What is your name?”). Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
4. Order:
  - o For children 6-35 months of age, administer 0.25 ml inactivated influenza vaccine intramuscularly;

- For individuals 3 years to less than 19 years of age, administer 0.5 ml inactivated influenza vaccine intramuscularly.

Refer to the table below to assure that vaccine appropriate for the age of the child is used.

Administer intramuscularly in the vastus lateralis (lateral thigh muscle) for infants (and toddlers lacking adequate deltoid muscle mass) or in the deltoid muscle for older children and adolescents.

Use a 22-25 gauge needle. Choose needle length appropriate to the child’s age and body mass. A general guide is:

- Infants 6 months – 1 year: 1”;
- 1 through 2 years: 1-1¼”;
- 2 years and older: 1-1½”.

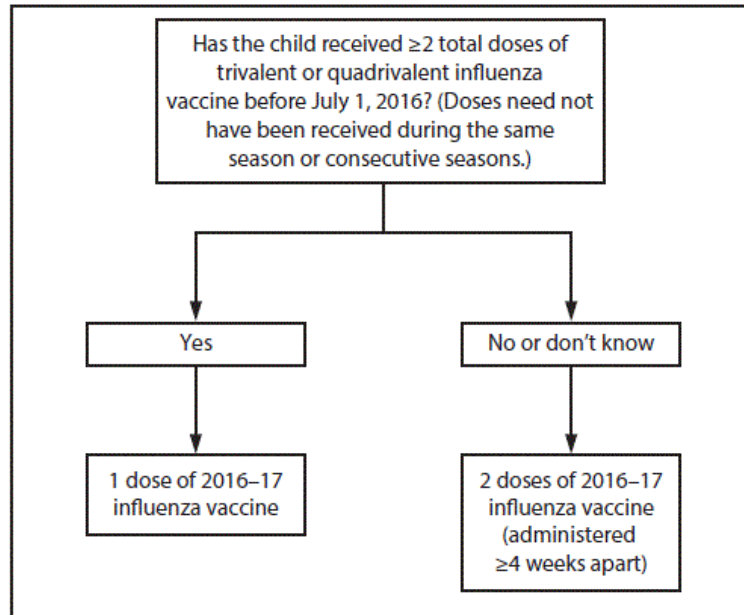
Care must be taken to select an appropriate vaccine for each child or adolescent to be vaccinated. The table below shows the types of influenza vaccine available and the age range and dose for each:

Manufacturer	Vaccine*	Description	Age Group	Notes
Seqirus	<a href="#">Flucelvax</a>	0.5 ml single-dose prefilled syringe	<b>4 – 19 years</b>	Preservative-free No natural rubber latex
GlaxoSmithKline	<a href="#">Fluarix</a>	0.5 ml single-dose prefilled syringe	<b>3 – 19 years</b>	No natural rubber latex
Sanofi Pasteur	<a href="#">Fluzone</a>	0.25 ml single-dose prefilled syringe	<b>6 – 35 months</b>	No natural rubber latex
		0.5 ml single-dose prefilled syringe	<b>36 months – &lt;19 years</b>	No natural rubber latex
		5 ml multi-dose vial	<b>6 months – &lt;19 years</b>	Contains 25 µg thimerosal per 0.5 ml No natural rubber latex

\*Click on link to go to Product Insert.

Note: the predominant vaccine available for SKIIP clinics is expected to be Flucelvax – however, Fluarix and Fluzone may be encountered, depending on supply. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is otherwise appropriate.

- b. Children 6 months through 8 years of age should receive a second dose of influenza vaccine at least 4 weeks after the first dose if they have not received 2 or more doses of seasonal influenza vaccine prior to July 1, 2016. (Figure)



5. Document each patient's vaccine administration information in:
  - a. **Medical record:** Record the date the vaccine was administered, the vaccine name and manufacturer, lot number, the vaccination site and route, expiration date, date VIS was given, address, and the name and title of the person administering the vaccine. If the vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

The SKIIP Consent Form serves as the medical record.

- Vaccine for Children (VFC) schools will enter data into the New Mexico Immunization Information System (NMSIIS). Copies of forms must be stored as part of the student school record, with originals returned to the Public Health Office for entry into TransAct Rx.
  - Non-VFC schools will keep the form for the health record, but will provide a copy to the public health office (to be entered into TransAct Rx) unless otherwise directed.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having the NMDOH Public Health Division Emergency Medical Response protocol available as well as an emergency kit with appropriate medication and equipment. These are available from the local health office.

To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call (800) 822-7967.

Adverse reactions to vaccine provided by school nurses must also be reported using the NM DOH Adverse Events Reporting Form ([www.nmschoolhealthmanual.org/forms/sectionII/02\\_Adverse\\_Event\\_Form.pdf](http://www.nmschoolhealthmanual.org/forms/sectionII/02_Adverse_Event_Form.pdf)).





**STORAGE AND HANDLING**

Inactivated vaccine: Store and ship at 36° to 46° F. DO NOT FREEZE. Temperatures must be checked and documented hourly using the NM SKIIP Temperature Log Form.

VFC Schools: For handling vaccines stored at an out of range temperature, refer to the DOH 2016 Out-of-Range Temperature Incident Procedures at: <http://nmhealth.org/publication/view/form/523/> and contact your regional VFC coordinator.

Non-VFC School: For handling vaccines stored at an out of range temperature, immediately report event to your local Public Health Office.

**This standing order shall remain in effect for all school nurses providing influenza immunizations to SKIIP participants until rescinded.**

Regional Health Officer Name	NPI	Signature	Date
Christopher Novak NW Region (Acting)	1508834110		09/26/16
Christopher Novak NE Region (Acting)	1508834110		09/26/16
Winona Stoltzfus SE Region	1053387811		9/27/16
Eugene Marciniak SW Region	1407830458		9/27/16