

MODEL STANDING ORDERS

**Live Attenuated Seasonal Influenza Vaccine (LAIV) (FluMist®)
Live Attenuated H1N1 Vaccine**

These model standing orders are current as of September 2009. They should be reviewed carefully against current recommendations and may be revised by the clinician signing them.

Live Attenuated Seasonal Influenza Vaccine (LAIV) and Live Attenuated H1N1 Vaccine are indicated for *healthy*, non-pregnant people 2 – 49 years of age, including:

- Health care personnel and others with close contact with groups at risk (except severely immunocompromised persons who require a protective environment).
- Those wanting to avoid influenza

For those wishing to receive Live Attenuated H1N1 Vaccine, note that the Advisory Council on Immunization practices and the Centers for Disease Control and Prevention recommend that targeted, vulnerable populations who are otherwise eligible for live attenuated vaccines receive the first available vaccines. These groups include:

- Healthy, non-pregnant people between the ages of 2-24 yrs of age
- Healthy, non-pregnant healthcare workers

ORDER:

I. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. VIS's in English and other languages are available online at <http://www.immunize.org/vis>.

II. Screen for contraindications (Table 1).

Table 1. Contraindications and Precautions for Live Attenuated Seasonal Influenza Vaccine and Live Attenuated H1N1 Vaccine

Valid Contraindications:

- Anaphylactic reaction to a previous dose of influenza vaccine, eggs¹, egg protein, gentamicin, gelatin or arginine or any other component of the vaccine (see package insert for specific components)
- Children younger than 2 years of age and adults aged 50 and older
- Any of the underlying medical conditions that serve as an indication for routine influenza vaccination, including:
 - Asthma, reactive airways disease,
 - One or more wheezing episode in the previous 12 months for children 2 - 4 years of age.
- Consult medical record, if available, for history of asthma or recurrent wheezing
- Ask parent or caregivers: "In the past 12 months, has a health care provider told you that your child has wheezing or asthma?"
- If yes to either of these, use inactivated influenza vaccine.
 - Other chronic disorders of the pulmonary, cardiovascular systems;
 - Other underlying medical conditions, including metabolic diseases such as diabetes, renal dysfunction, liver disease, hemoglobinopathies, and muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems;
 - Known or suspected immunodeficiency diseases or immunosuppressed states;
- Children aged 2 – 17 years of age receiving aspirin therapy or other salicylates
- Pregnancy
- Household or other close contact of a person with severe immunosuppression requiring a protective environment²

Table 1 (cont.) Precautions:

- Taking influenza antiviral medications³
- History of Guillain-Barré syndrome (GBS) within 6 weeks of a previous dose of influenza vaccine⁴
- Defer administration of Live Attenuated Vaccine if nasal congestion present, or use inactivated influenza vaccine
- Moderate or severe illness with or without fever

¹ Asking persons if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for an allergic reaction.

² Use of inactivated influenza vaccine is recommended over LAIV for health care workers, household contacts and anyone coming into close contact with severely immunocompromised persons during periods when such patients require care in a protected environment (typically described as a specialized patient-care area with a positive-airflow relative to the corridor, high-efficiency air filtration and frequent air changes).

³ Because antivirals reduce replication of influenza viruses, LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy, and influenza antiviral medications should not be administered for 2 weeks after receipt of LAIV.

⁴ It may be prudent to avoid influenza vaccination of persons who are not at high risk of complications from influenza and who have experienced GBS within 6 weeks of a previous dose of influenza vaccine. As an alternative, consider antiviral chemoprophylaxis for these persons.

III. Administer 0.2 mL seasonal LAIV vaccine intranasally (0.1 mL in each nostril), according to the recommended age-specific dose and schedule (Table 2).

Table 2. Live Attenuated Seasonal Influenza Vaccine Dosage, by Age Group		
Age Group	Vaccination Status	Dose¹ /Schedule
2 – 8 years ^{2,3}	Not previously vaccinated with either LAIV or inactivated influenza vaccine	2 doses (0.2 mL each), at least 1 month apart
2 – 8 years	Previously vaccinated with either LAIV or inactivated influenza vaccine	1 dose ² (0.2 mL) per season
9 - 49 years	Not applicable	1 dose (0.2 mL) per season

¹ One dose equals 0.2 mL, divided equally between each nostril.

²Children < 9 years of age who are receiving influenza vaccine for the first time should receive 2 doses, \geq 1 month apart. Administer the 2nd dose before the onset of flu season, if possible.

³Administer 2 doses for children aged 6 months – 8 years who received influenza vaccine (either TIV or LAIV) for the first time in the 2008-2009 season, but who did not receive the recommended 2nd dose in that season. All other children who received 1 or more doses of influenza vaccine at any time should receive 1 dose of the 2000 -2010 seasonal influenza vaccine.

IV. Administration Procedure:

- a) Remove the rubber tip protector.
- b) With the patient in an upright position, head tilted back, place the tip just inside the nose to ensure that seasonal LAIV is delivered into the nose.
- c) With a single motion, depress the plunger **as rapidly as possible** until the dose-divider clip prevents you from going any further.
- d) Pinch and remove the dose-divider clip from the plunger.
- e) Place the tip just inside the other nostril and with a single motion; depress the plunger **as rapidly as possible** to deliver the remaining vaccine.
- f) If the vaccine recipient sneezes after administration, the dose should **not** be repeated.

V. Administer seasonal LAIV concurrently with other inactivated and live vaccines. However, live vaccines not given on the same day should be administered ≥ 4 weeks apart.

VI. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.

VII. Facilities and personnel should be available for treating immediate hypersensitivity reactions.

VIII. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <http://www.vaers.hhs.gov/> or at www.nj.gov/health webpage link.

IX. Tuberculosis Skin Testing (PPD) and LAIV

LAIV can be given on the same day as a PPD, or anytime after a PPD is applied. If the PPD cannot be applied before or on the same day as LAIV is administered, defer the PPD until at least 4 weeks after administering LAIV.

Note:

Any health care provider can administer LAIV. This includes persons at risk for influenza complications who cannot themselves receive LAIV (e.g., pregnant women, persons with asthma, etc.) and persons ≥ 50 years of age. The only persons who should not administer LAIV are those who are severely immunocompromised themselves.

Store LAIV and Live Attenuated H1N1 vaccine in a **refrigerator** between $2 - 8^{\circ}\text{C}$ (35 - 46°F) upon receipt and until used. Keep at this temperature until the expiration date is reached. **Do not freeze.**

This standing order shall remain in effect until rescinded or one year from the date signed.

Clinician's Signature

____/____/____
Effective Date