# Inactivated Influenza Vaccine (IIV) Vaccine Protocol

vaccine protocol for persons Age 9 Years or Older

**Document reviewed and updated:** **August 31, 2023**

## Condition for protocol

To reduce incidence of morbidity and mortality of influenza disease.

## Policy of protocol

The nurse will implement this protocol for influenza vaccination.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is currently healthy and age 9 years or older | Proceed to vaccinate if meets remaining criteria.  If child has received influenza vaccine for the first time this season when they were age 8 years, they should complete the second dose even if they have turned 9 years of age. |
| Person is less than age 9 years. | Follow Inactivated Influenza Vaccine (IIV) Protocol for Children Age 6 Months Through 8 Years. |
| Person is currently healthy but has a chronic medical condition. | Proceed to vaccinate. |
| Person is pregnant. | Proceed to vaccinate |
| Person is age 65 years or older. | Administer any of the three influenza vaccine products:   * Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), * Quadrivalent recombinant influenza vaccine (RIV4),   OR   * Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).   If none of these three vaccines is available administer the age-appropriate influenza vaccine that you have on hand. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction (anaphylaxis) to a previous dose of influenza vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergic reaction (anaphylaxis) to a non-egg component of currently available IIV product. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [If allergy is related to a component that is not in another vaccine product on hand use that vaccine product, otherwise refer to another vaccinator.] |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: [to be determined by medical prescriber] | Proceed to vaccinate. |
| Person has a severe allergic reaction (anaphylaxis) to eggs. | [Proceed to vaccinate.]  [Offer ccIIV4 or RIV4 if available or refer Primary Care Provider.] |
| Person has an acute moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: [to be determined by medical prescriber] | Defer vaccination and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [to be determined by medical prescriber] |
| Person has a history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination. | [Refer to primary care provider for determination of risk and benefit of influenza vaccination.]  [Proceed to vaccinate after discussing risk and benefit of influenza vaccination and GBS.] |

## Prescription

Give any of the following products depending upon which is available and if age appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Product\* | Dose | Route | Age Indication |
| Afluria, quadrivalent (IIV4) | 0.5 mL | IM | 9 years and older\*\* |
| Fluad, adjuvanted, quadrivalent (aIIV4) | 0.5 mL | IM | 65 years and older |
| Fluarix, quadrivalent (IIV4) | 0.5 mL | IM | 9 years and older\*\* |
| Flublok, recombinant, quadrivalent (RIV4) | 0.5 mL | IM | 18 years and older |
| Flucelvax, cell culture, quadrivalent (ccIIV4) | 0.5 mL | IM | 9 years and older\*\* |
| FluLaval, quadrivalent (IIV4) | 0.5 mL | IM | 9 years and older\*\* |
| Fluzone, quadrivalent (IIV4) | 0.5 mL | IM | 9 years and older\*\* |
| Fluzone, quadrivalent-high dose (HD-IIV4) | 0.7 mL | IM | 65 years and older |

\*In order to assist in delineating specific product indications, product names are used, but are not a product endorsement.

\*\*This vaccine is also licensed for younger age groups; see manufacturer package insert for details.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: