

Seasonal Influenza Clinic Procedures Manual



LOS ANGELES COUNTY
IMMUNIZATON PROGRAM |

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Eligibility for Seasonal Influenza (Flu) Vaccine

Anyone who does not have a contraindication to the receipt of influenza vaccine can be vaccinated at a Department of Public Health (DPH) flu clinic (In-house and Outreach). The following persons are eligible to be immunized with vaccine supplied by the Los Angeles County Department of Public Health Immunization Program:

All persons aged 6 months and older should be vaccinated annually.

Persons at higher risk for influenza-related complications should continue to be vaccinated including:

- All children 6 months through 18 years of age;
- Pregnant women and postpartum mothers;
- All adults 19 years of age and older;
- Immunocompromised persons (including immunosuppression caused by medications [chemotherapy/steroids] or by human immunodeficiency virus [HIV]);
- Persons with chronic medical conditions, including neurological;
- Health care personnel*;
- American Indians/Alaska Natives;
- Morbidly obese (body-mass index ≥ 40);
- Residents of nursing homes and other chronic-care facilities;
- Household contacts and caregivers of children less than 5 years of age;
- Adults 50 years of age and older with particular emphasis on vaccinating contacts of children less than 6 months of age;
- And household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

**Health care personnel are first encouraged to seek flu vaccination from their Primary Health Care Provider in order to free-up vaccine for the other high risk groups.*

Vaccine Composition

The 2015–16 influenza trivalent vaccines used in the United States contain an A/California/7/2009 (H1N1)pdm09- like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus. The quadrivalent vaccines contain the viruses recommended for the trivalent vaccines as well as an additional B virus, B/Brisbane/60/2008- like (B/Victoria lineage) virus.

Influenza (Flu) Vaccination Consent Form Completion Instructions (Part 1)

The Seasonal Influenza Vaccination Outreach Clinics will use the current Flu Vaccination Consent Form (See Appendix) to document immunization with influenza vaccines (Inactivated Influenza Vaccine [IIV] & Live Attenuated Influenza Vaccine [LAIV]). The form is available in multiple languages (English, Spanish, Korean, and Chinese) on the Immunization Action Coalition website at www.immunize.org. Educational materials can be obtained by contacting the Immunization Program Customer Support Services Unit at (323) 869-8080.

Completion of the Form:

1. **Client Completed Section:** The top section of the form which includes, name, address, phone, birthday, age, gender, race/ethnicity, pregnancy status, health insurance status, and client signature section should be completed by the client (**in black ink**) and checked by the screener. **Do not use pencil.**
2. **Screener Completed Section:** The next section is completed by the screener. The screener will be responsible for reviewing the initial screening questions completed by the client and verifying the information completed thus far. Review the vaccination form to ensure that the following fields are complete, accurate and legible:
 - Last Name
 - First Name
 - Date of Birth
 - Age
 - Zip Code
 - Phone number
 - Gender
 - Mother's First Name
 - Race/Ethnicity
 - Pregnancy Status

Next, the screener should review the screening questions (Section immediately below *Stop Do Not Write Below This Line*) with the client to determine if the client is medically eligible to receive a flu vaccination. **After reviewing the remaining screening questions, the screener will then determine which type of flu vaccine (Inactivated or Live) the client is eligible to receive.**

If the vaccine is contraindicated (e.g. patient had an anaphylactic reaction after previous dose of flu vaccine), document the information on the back of the Flu Vaccination Consent Form (**record information on back of the hard copy, not the copy given to the client**) and refer the client to their personal physician.

For children 6 months through 8 years of age, indicate the dose number (i.e. 1st or 2nd) the child is to receive. After completing the screening process, the screener must document his/her initials in the boxes provided.

Vaccinator Completed Section: The lower section of the form should be completed by the person administering the vaccine and includes the VIS date (pre-printed), type of flu vaccine,

manufacturer, lot number, dose, site of administration, and initials of the person administering the vaccine.

Shade in the circle(s) corresponding to the vaccine being administered (IIV or LAIV). **When administering IIV please be sure to shade in the circle corresponding with the correct dose (0.25 mL or 0.5 mL), dose number (1 or 2), route (RT [right thigh], RD [right deltoid], LT [left thigh], or LD [left deltoid] and manufacturer (SP-Sanofi Pastuer, NOV-Novartis, or GSK- GlaxoSmithKline).** Document the vaccine lot number using CAPITAL letters neatly in the center of the boxes. Use the same process when administering LAIV.

Avoid Medication Errors: document the correct flu vaccine type, manufacturer/ lot number, dosage, route of administration (site), and initials of vaccinator.

Student Nurse Vaccinators: Student nurses providing vaccinations will need to have the vaccination form co-signed by the instructor at the end of the clinic. **Instruct all nursing faculty to co-sign the bottom right-hand corner of the consent form.**

Language interpreters: All persons providing interpreter services are required to sign consent form in the space provided on the lower left-hand corner.

3. **Quality Assurance:** Each outreach should have an assigned QA to review the forms to make sure **all** fields have been completed.

See page 6 for general instructions on completing the Flu Vaccination Consent Form.

Influenza Vaccination Consent Form Completion Instructions (Part 2)

- ✓ Use only **BLACK** ink (no pencil, colored ink, OR marker) to complete handwritten sections of the form.
- ✓ Print neatly in **CAPITAL** letters in the center of the boxes on the form.
- ✓ Ensure most of the area in any circles/bubbles are shaded. **Do not put an X or check mark in the bubbles.** However, if this does happen and there isn't time to shade, leave the form as is.
- ✓ Do **NOT** mark up or write any notes on the front of the form. Notes may be written on the back of the hard copy not the carbon. Keep the form clean (no smudges, marks, stains, etc).
- ✓ Do **NOT** fold the forms.
- ✓ Please ensure **ALL** questions/parts of the form are completed and not left blank.
- ✓ **Common errors made on the form:**
 - As long as the form is complete, legible, and the handwritten information is in the appropriate boxes, the form does **NOT** need to be completed more than once even if more than one mistake was made.
 - It is very important that **Date of Birth** is completed accurately. The screener should verify the date of birth with the client to ensure accuracy.
 - Zip code, Gender, Race/Ethnicity, Pregnancy status, Date Administered, and Mother's first name should be completed accurately.
 - Fill-in the appropriate bubbles for the Type of flu vaccine (LAIV, IIV), Manufacturer, Lot number, Dosage, Site and Vaccinator's Initials. This information is required to create an accurate record in the flu database.
 - **PRINT clearly in the space provided, the initials of the person administering the vaccine.** One letter per box. No SIGNATURES please.
 - If patient's last name is written as the first name and vice versa, the form does not need to be corrected or completed again.

Vaccine Information Statements (VIS)

A Vaccine Information Statement (VIS) is a one-page (two-sided) information sheet, produced by Centers for Disease Control (CDC). VISs inform vaccine recipients or their parents or legal guardians about the benefits and risks of a vaccine. **Federal law requires that the VIS is given out whenever certain vaccines are administered, including influenza vaccines (either IIV or LAIV).** A VIS must be given to the vaccine recipient or their parent or legal representative prior to administration of the vaccine.

The English version of the VIS may be downloaded from the CDC's website at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>. Other languages are available on the Immunization Action Coalition's website at <http://www.immunize.org/vis>. Copies of the English and Spanish versions of the VIS may be found in the appendix.

Current VIS dates:

1. Inactivated Influenza Vaccine - IIV (08/07/2015)
2. Live, Intranasal Influenza Vaccine – LAIV (08/07/2015)

Contraindication & Precaution Screening Questions

And why the question is important!

Every person requesting a flu vaccination needs to be screened for contraindications to the vaccine. The vaccination form contains approved screening questions for IIV and LAIV. Persons answering yes to any question should be referred to a knowledgeable person, usually the nurse for further assessment. See information below for information on assessing a person for vaccination who has answered yes to any questions. Please note, not all “yes” answers contraindicate vaccination.

Screening Questions:

These questions should be completed by the client and reviewed by the screener.

1. Do you have a fever or feel sick today? There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. **Minor illnesses with or without fever do not contraindicate use of influenza vaccine.** Do not withhold vaccination if a person is taking antibiotics.
2. Are you pregnant or think you may be pregnant? **Pregnant women or women planning to become pregnant within a month should NOT be given LAIV (Flumist).** However, all pregnant women should be vaccinated with the inactivated influenza vaccine.
3. Have you ever had a serious reaction to the Flu vaccine requiring medical help? History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses.

After reviewing the questions above, the screener must interview the client to obtain additional information regarding the client’s medical history.

4. Do you have a severe allergy to eggs? A severe egg allergy contraindicates influenza vaccine. Persons who can eat lightly cooked eggs (i.e. scrambled) can be vaccinated with either IIV or LAIV. Persons who experience only hives after eating eggs or egg-containing products (e.g. cakes or bread) may be immunized with either IIV or Recombinant Influenza Vaccine (RIV). RIV is the only egg-free influenza vaccine available and is recommended for use in patients 18 years of age and older. Patients receiving IIV must be observed for 30 minutes following vaccination.
5. Persons who have required medical attention (i.e. angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, particularly those that occurred immediately or within a short period of time [minutes to hours] after egg exposure), are more likely to have a serious systematic or anaphylactic reaction upon re-exposure to egg proteins. Prior to administering IIV, these persons, should be referred to a physician with experience in the recognition and management of severe allergic conditions. (See Figure 1 on page 11).
6. Do you have an allergy to thimerosal? Although exposure to vaccines containing thimerosal can lead to hypersensitivity, the majority of patients do not have reactions to thimerosal when it is administered as a component of vaccines, even when patch or intradermal tests for thimerosal indicate hypersensitivity. When reported, hypersensitivity to thimerosal typically has consisted of local delayed hypersensitivity reactions. A previous delayed local hypersensitivity reaction to a vaccine containing thimerosal is not a contraindication to vaccination. Multi-dose vials of influenza vaccines contain thimerosal, whereas single dose vials or syringes do not. Persons with severe allergies to thimerosal should be given preservative-free vaccine.

7. Do you have an allergy to latex? Persons with an allergy to latex should **not** be vaccinated with Novartis' Fluvirin or Flucelvax supplied in single-dose syringes as **the syringe contains latex.** Persons with latex allergies other than anaphylactic allergies (e.g., a history of contact allergy to latex gloves), can be vaccinated.
8. Have you received any of these vaccines within the last 4 weeks? MMR (measles-mumps-rubella), Varicella (chickenpox), LAIV, or Shingles? Persons who were given an injectable live virus vaccine or another live intranasal influenza vaccine within the past 4 weeks should wait 28 days before receiving LAIV. There is no reason to defer giving LAIV if they were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., Immunoglobulin [IG]).
9. Do you have any long term medical conditions such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (i.e. diabetes), liver disease (i.e. hepatitis, cirrhosis), a blood disorder (i.e. leukemia, lymphoma, and sickle cell disease), immune system disorder (i.e. HIV/AIDS, steroid therapy)? Persons with any of these health conditions should not be given LAIV (Flumist). Instead, they should be vaccinated with the inactivated influenza vaccine (IIV).
10. Have you ever had Guillain-Barré Syndrome (GBS)? It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination (IIV or LAIV). Persons who have developed GBS after a previous vaccination (IIV or LAIV) should be referred to their primary care provider for evaluation.
11. Have you taken any antiviral medications in the last 48 hours? LAIV is contraindicated for persons who have taken influenza antiviral medications within the last 48 hours. Administer IIV.

If the client answers yes to either of the following questions, he/she should be given IIV ONLY.

12. If your child is less than 5 years, have they been diagnosed with wheezing in the last 12 months? LAIV (Flumist) is not recommended for children at this age with possible reactive airways disease (e.g., history of asthma or recurrent wheezing or whose parent or guardian answers yes to this question). Instead, they should be given inactivated influenza vaccine.
13. Is your child taking long term medicine therapy containing **ASPIRIN**? Because of the theoretical risk of Reye's syndrome, children and teens (**less than 18 years of age**) on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the injectable influenza vaccine.

Adapted from materials from the Immunization Action Coalition (www.immunize.org)

Seasonal Influenza (Flu) Vaccine Products for 2015-2016

	Vaccine	Trade name	Manufacturer	Presentation	Age group	Number of doses	Route	Pregnant Women ††
Products Available Through LACIP and VFC	IIV4†	Fluzone®	sanofi pasteur	0.25 mL prefilled syringe	6 – 35 mos	1-2 [§]	IM	No
				0.5 mL prefilled syringe	≥36 mos	1-2 [§]	IM	Yes
				0.5 mL vial	≥36 mos	1-2 [§]	IM	Yes
				5.0 mL multi-dose vial††	≥6 mos	1-2 [§]	IM	No
	IIV3	Fluvirin®	Novartis Vaccines	0.5 mL prefilled syringe [‡]	≥4 yrs	1-2 [§]	IM	Yes
	IIV3	Fluvirin®	Novartis Vaccines	5.0 mL multi-dose vial††	≥4 yrs	1-2 [§]	IM	No
	IIV4	FluLaval®	GlaxoSmithKline	5.0 mL multi-dose vial††	≥3 yrs	1-2 [§]	IM	No
LAIV4††	FluMist®§§	MedImmune	0.2 mL sprayer	2--49 yrs	1-2 [§]	Intranasal	No	

Vaccines Available for Purchase from Manufacturers

Other Products Available	IIV3	Afluria®***	CSL Biotherapies	0.5 mL prefilled syringe	≥9 yrs**,‡	1	IM	Yes
				5.0 mL multi-dose vial††	9-64 yrs**,‡			No
	IIV3 High Dose	Fluzone® High-Dose***	sanofi pasteur	0.5 mL prefilled syringe	≥65 yrs	1	IM	No
	IIV4	Fluarix®	GlaxoSmithKline	0.5 mL prefilled syringe	≥3 yrs	1-2 [§]	IM	Yes
	RIV3	FluBlok®	Protein Sciences	0.5 mL single-dose vial	≥18 yrs	1	IM	Yes
	ccIIV3	Flucelvax®	Novartis Vaccines	0.5 mL prefilled syringe‡	≥18 yrs	1	IM	Yes
	IIV4	Fluzone® Intradermal	sanofi pasteur	0.1 mL prefilled micro-syringe	18-64 yrs	1	ID	Yes

† Inactivated Influenza Vaccine (IIV) includes IIV3, IIV4, ccIIV. †† Live attenuated influenza vaccine (LAIV4) also known as FluMist.

§ Two doses administered at least 4 weeks apart are recommended for children aged 6 months–8 years who have never received flu vaccine or have not received 2 or more doses of flu vaccine since July 1, 2015. (See Figure 1, Page 13).

¶ For adults/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.

§§ FluMist is shipped refrigerated and stored in the refrigerator at 36°F–46°F (2°C–8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2–4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2–4 years should be asked: "In the past 12 months, has a health care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist.

** Age indication per package insert is ≥5 years; however, ACIP recommends that Afluria not be used in children aged 6 months through 8 years because of increased risk for febrile reactions noted in this age group with CSL's 2010 Southern Hemisphere IIV3. If no other age-appropriate, licensed IIV is available for a child aged 5 through 8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, vaccination providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine.

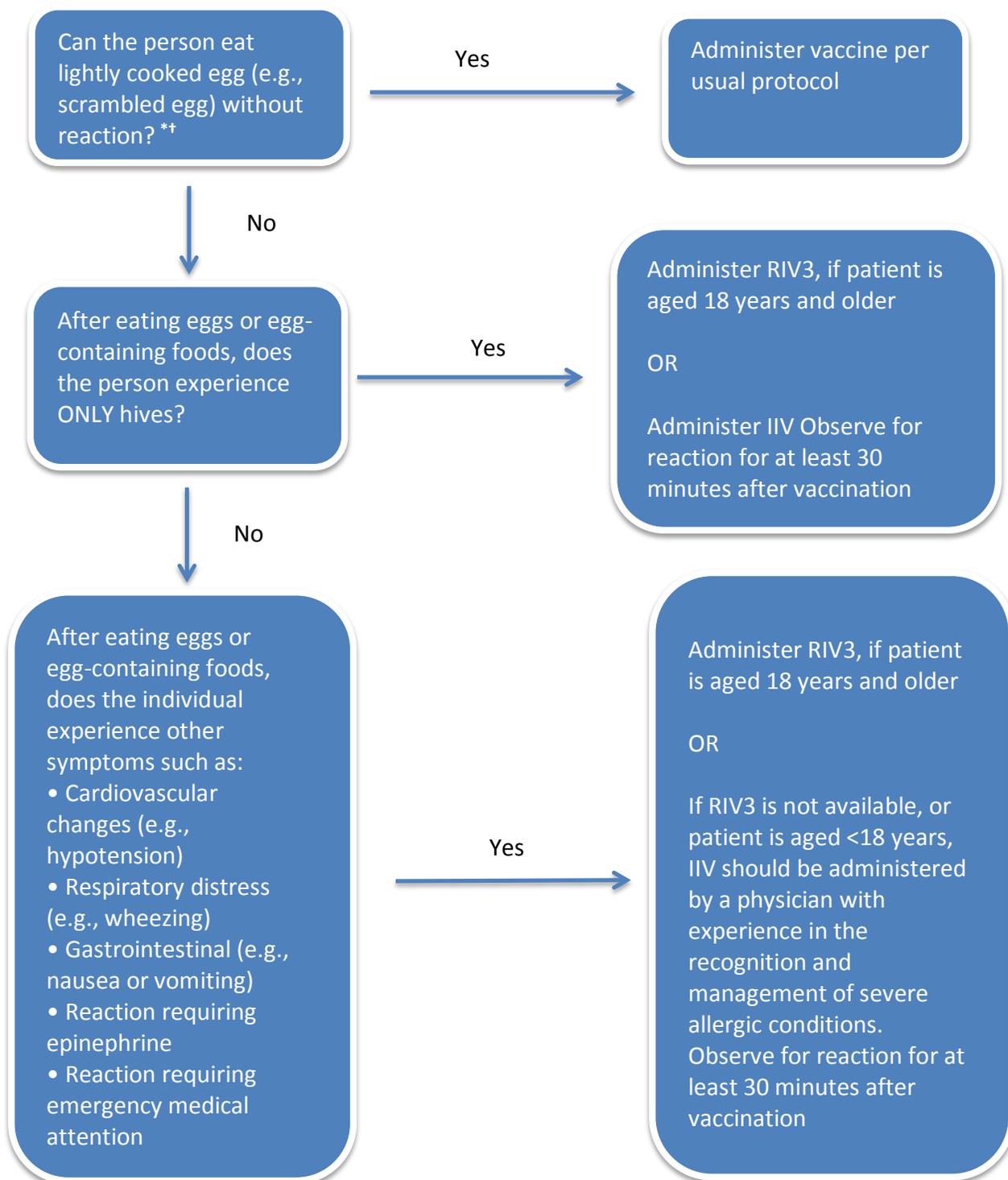
‡ Syringe tip cap may contain natural rubber latex.

‡‡ ≥9 yrs via needle; Adults 18 through 64 yrs may receive Afluria either by the Stratis injector or with a sterile needle and syringe.

*** Inactivated Influenza vaccine high dose. A 0.5-mL dose contains 60 mcg of each vaccine antigen.

††† Effective July 1, 2006, the State of California requires that children less than 3 years of age and women who are pregnant, be immunized with vaccines containing restricted amounts of thimerosal, a preservative in some vaccines. Therefore, vaccines contained in multi-dose vials should not be used to vaccinate pregnant women & children less than 3 years of age.

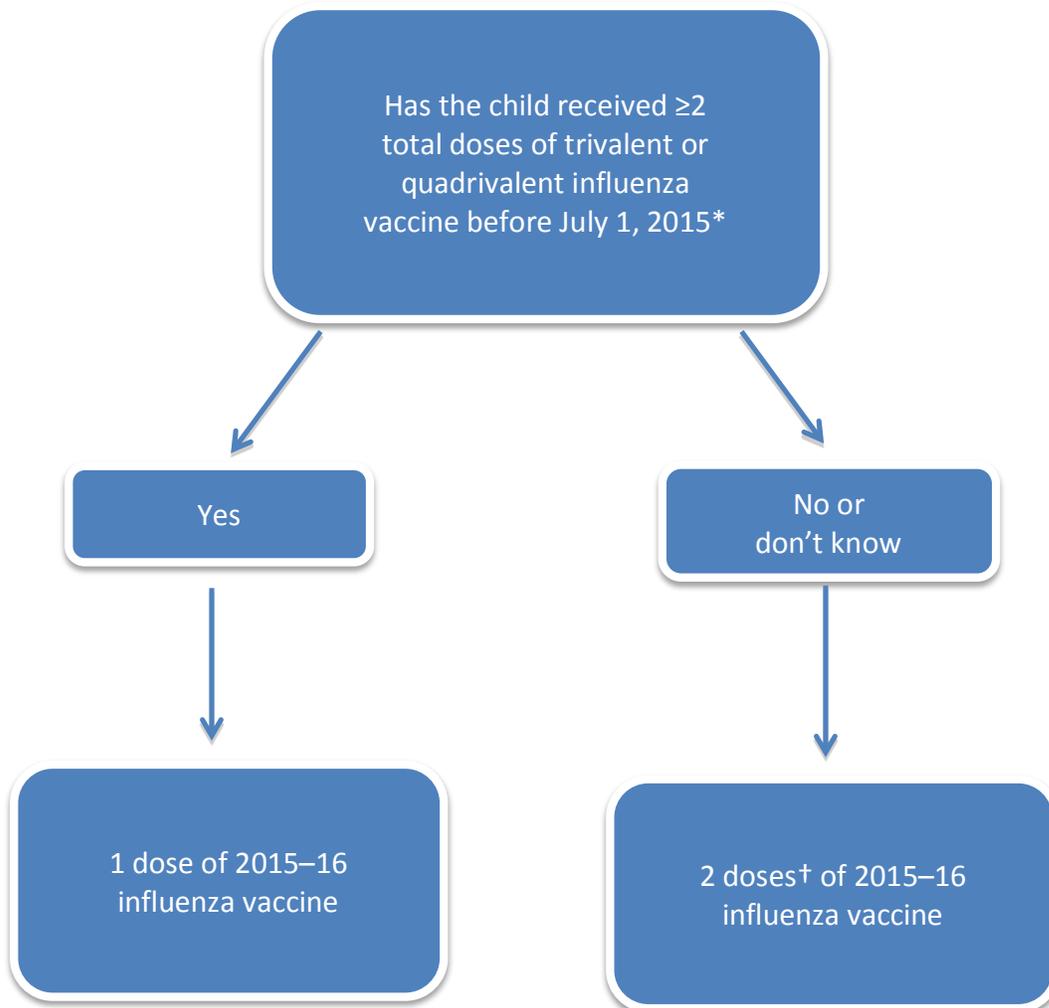
Figure 1: Recommendations Regarding Influenza Vaccination of Persons Who Report Allergy to Eggs



Abbreviations: IIV = inactivated influenza vaccine; RIV3 = recombinant influenza vaccine, trivalent. * Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy (Erlewyn-Lajeunesse M, Brathwaite N, Lucas JS, Warner JO. Recommendations for the administration of influenza vaccine in children allergic to egg. *BMJ* 2009;339:b3680). †

For persons who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained before vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 years and older.

Figure 2: 2015-16 Influenza Dosing Schedule for Children 6 Months Through 8 Years of Age



*The two doses need not have been received during the same season or consecutive seasons.

†Doses should be administered ≥ 4 weeks apart.

Review of Vaccine Administration Techniques

Administration of Inactivated Influenza Vaccines (IIV): Intramuscular Injection (IM)

IIV vaccine should be given by the intramuscular (IM) route. Other methods, such as intradermal, subcutaneous, topical, or mucosal should not be used unless approved by the Food and Drug Administration or recommended by ACIP for a specific flu vaccine formulation.

1. Filling Syringes:

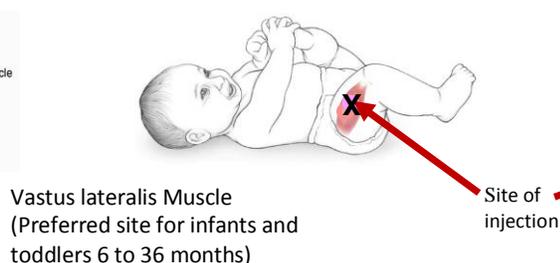
- Influenza vaccine: There are 10 doses in the multi-dose vials.
- Always double check the vaccine vial to make sure that it is the intended vaccine and it has not expired.
- Inject 0.5 mL of air into the vial using smaller gauge needles (23-25 gauge) to prevent vaccine leakage from vial.
- Withdraw just the required amount of vaccine for the dose (Influenza vaccine: 0.25 mL for children 6-35 months & 0.5 mL for persons aged 3 years and older).
- Avoid squirting any vaccine into the air (any small amount of air that might be inside the needle or syringe will not hurt the patient).
- Avoid pre-filling syringes.** Drawing up multiple doses of vaccine in syringes from vials before immediate use is discouraged because of possible mix-ups and the uncertainty of vaccine stability in these conditions (2012 Red Book 28th Edition, page 19). If syringes must be pre-filled for a mass clinic, fill the syringes immediately prior to the clinic. Store filled syringes in separate or divided containers or trays with type of vaccine clearly identified. Containers should be kept in the refrigerator or on top of cold packs.

2. Needle Sizes:

- A 1-inch to 1-1/2 inch, 23 to 25-gauge needle is recommended. The correct needle length is required to ensure that the vaccine will be administered intramuscularly (IM) and not into the subcutaneous tissue. If bone is touched with the longer needle, the needle can be pulled back slightly.
- For infants and children age 6 to 36 months use a 1-inch, 23 to 25-gauge needle.

3. Sites for IM injection:

- IM injections for children and adults (over 36 months of age):** Deltoid muscle, where the muscle is largest in the posterolateral area below the level of the acromion and above the level of the armpit.
- IM injection for infants and toddlers:** Vastus lateralis muscle in the anterolateral area of the middle or upper thigh. The Vastus lateralis is the recommended site for infants and toddlers up to age 36 months. However, by age 12-18 months the deltoid muscle may have developed sufficiently to be used; and individual decision must be made for each child after assessing muscle mass.



IM Vaccine Administration Procedure:

- a. **Patient Position:** Older children, adults and seniors preferably should be seated for immunizations although this practice is not always possible in mass clinics. Children should be properly restrained on a table or on the parent's lap. The parent should be instructed to hold the child securely. When a child is held on the parents lap for an anterolateral thigh injection, the leg of the parent can be crossed over the leg of her child to hold the leg securely.
- b. Expose the entire injection area so that the anatomical landmarks can be identified easily. Clean the injection area with an alcohol swab.
- c. **Needle Insertion:** Angle of the needle is perpendicular (90° angle) to the skin. Introduce the needle with a quick thrust; introduce the remainder of the needle through the skin and into the muscle with firm and steady pressure. Hold the skin taut with the other hand and retain pressure around the injection site with the thumb and index fingers of for the entire time the needle is being inserted. Aspiration is not necessary. Although some healthcare professionals recommend aspiration (i.e., pulling the syringe plunger back before injection), no data exists to document the necessity for this procedure. If aspiration results in blood in the syringe, withdraw the needle and discard the vaccine syringe. Prepare a new syringe with vaccine and choose another site for administration.

4. Universal Precautions:

- a. Use of safety-syringes is required. Gloves are also required when administering IM medications (vaccines).
- b. Do not recap syringes, clip needles, or separate the needle and syringe after giving, an injection. Activate the safety device prior to disposing the syringe into the sharps container.
- c. Discard needles and syringes in a puncture-proof sharps-disposal container. Used sharps containers should never be disposed of at an outreach site where there is no protection against inappropriate access. Sharps containers must be disposed of at an approved Bio-medical waste site.

6. Simultaneous Administration of Other Vaccines:

IIV may be administered on the same day as other vaccines (e.g., DTaP, PCV, Hib, Tdap, MMR, Varicella, etc.) that are indicated on the date of the visit. IIV can also be administered either simultaneously or at any time before or after a live vaccine.

Administration of Intradermal (ID) Influenza Vaccine

1. ID administration:

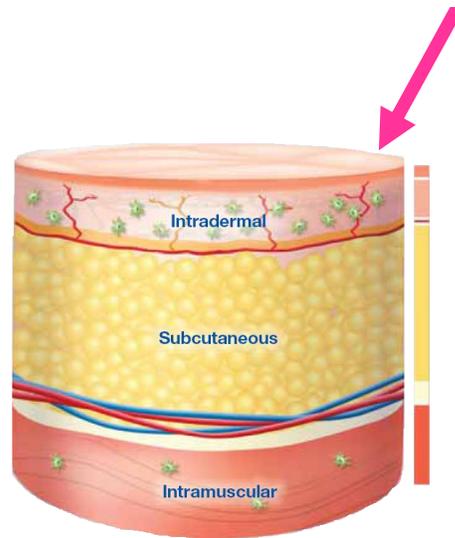
Each pre-filled syringe is ready to use, with an affixed micro-needle. There is no need to purge the syringe to remove air.

Needle Gauge and Length

- 30-gauge, 1.5 milliliter micro-needle,
- Manufacturer pre-filled microinjection syringe
- 0.1 mL dose



Intradermal Route



Site



- Correct position for administration - arm bent at the elbow and the hand on the hip
- Administer in the deltoid area of the upper arm

Technique

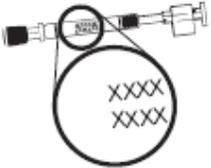


- Correct hand position for vaccine administration
- Insert the needle perpendicular to the skin
- Push the plunger with the **index finger** without aspirating
- After the vaccine is delivered, push the plunger with the thumb until a click is heard
- A protective shield will cover the needle

Administration of Live Attenuated Influenza Vaccine (LAIV): Intranasal

LAIV is intended for intranasal administration only and should never be administered by injection. LAIV is supplied in a prefilled single-use sprayer containing 0.2 mL of vaccine. Approximately 0.1 mL (i.e., half of the total sprayer contents) is sprayed into the first nostril while the recipient is in the upright position. An attached dose-divider clip is removed from the sprayer to administer the second half of the dose into the other nostril. If the vaccine recipient sneezes after administration, the dose should not be repeated. Refer to the administration diagram below for step-by-step administration instructions. Once FluMist has been administered, the sprayer should be disposed of in a sharps container.

1. Administration Procedure:

<p>1</p>  <p>Check expiration date. Product must be used before the date on sprayer label.</p>	<p>2</p>  <p>Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.</p>	<p>3</p>  <p>With the patient in an upright position, place the tip just inside the nostril to ensure FluMist is delivered into the nose.</p>
<p>4</p>  <p>With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.</p>	<p>5</p>  <p>Pinch and remove the dose-divider clip from plunger.</p>	<p>6</p>  <p>Place the tip just inside the other nostril and with a single motion, depress plunger as rapidly as possible to deliver remaining vaccine.</p>

 **DO NOT INJECT. DO NOT USE A NEEDLE.**

Note: Active inhalation (i.e., sniffing) is not required by the patient during FluMist administration

- 2. Universal Precautions:** Use of gloves is not required (2012 Red Book 29th Edition, page 20). Discard sprayer in sharps-disposal container. Used sharps containers should never be disposed of at an outreach site where there is no protection against inappropriate access. Sharp containers must be disposed of at an approved Bio-medical waste site.
- 3. Simultaneous Administration of Other Vaccines:** LAIV may be administered on the same day as other live vaccines (e.g., MMR, Varicella, Rotavirus). Inactivated vaccines, such as Tdap, Hepatitis B, and Pneumococcal Conjugate Vaccine (PCV 13), etc. can be administered either simultaneously or at any time before or after a live vaccine.

Emergency Procedures (Fainting & Anaphylaxis)

1. Follow facility emergency procedure(s).
2. Dial 911 for emergency medical services
 - a. Assess airway, breathing, circulation and level of consciousness.
 - b. Establish and maintain airway/initiate basic life support (rescue breathing, chest compression) as needed.
3. Place patient in the recumbent position and elevate the lower extremities, as tolerated for management of shock.

Immunization Action Coalition Medical Management of Vaccine Reactions in Children/Teens

<http://www.immunize.org/catg.d/p3082a.pdf>

Immunization Action Coalition Medical Management of Vaccine Reactions in Adults

<http://www.immunize.org/catg.d/p3082.pdf>

Vaccine Adverse Reporting System (VAERS)

The Vaccine Adverse Event Reporting System is a cooperative program for vaccine safety of the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of US licensed vaccines.

Each report provides valuable information that is added to the VAERS database. Accurate and complete reporting of post-vaccination events supplies the information needed for evaluation of vaccine safety. The CDC and FDA use VAERS information to ensure the safest strategies of vaccine use and to further reduce the rare risks associated with vaccines.

VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. You should report clinically significant adverse events even if you are unsure whether a vaccine caused the event.

For influenza vaccines, health care providers are required to report any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.

A copy of the VAERS form can be found in the appendix or downloaded from the VAERS website at http://vaers.hhs.gov/resources/vaers_form.pdf.

A copy of the completed VAERS form should be FAXED to the Los Angeles County Immunization Program at (213) 351-2782. If you have any questions regarding reporting or VAERS, contact the Immunization Program at (213) 351-7800.

Just in Time Training

Just in time training (JITT) should be completed immediately before the start of each outreach clinic. Listed below are several required topics that must be reviewed during JITT:

- Current influenza vaccine recommendations and administration procedures
- Flu Outreach forms - current Flu Vaccination Consent Form and Vaccine Information Statements
- List of vaccine lot numbers and type of vaccine being used on the day of the outreach
- Review assignments i.e. Screeners, Vaccinators, QA, etc.

Flu Accountability Process

Checklist for Flu Vaccine Inventory

Before the outreach clinic:

- Upon receipt of your flu vaccine, enter **all** doses in CAIR (i.e. all doses should be entered with the date received). **DO NOT** separate doses by outreach and in-house.
- Vaccines with the same lot number and same expiration date should be combined and not re-entered as a new lot number.

Note: Doses transferred from one clinic to another must be deleted from the CAIR inventory of the original clinic. The clinic receiving the transferred vaccine must enter the doses received into their CAIR inventory. (See CAIR Transfer Instructions)

Checklist for Outreach Clinics

The following forms shall be provided to patients receiving an influenza vaccination:

- Vaccine Information Sheet (VIS)
- Current Influenza Vaccination Consent Form

During the outreach

- Each person participating in the outreach should sign his/her own name and initials on the Sign-in sheet.
 - Initials should be signed the same as they are signed on the *Flu Vaccination Consent Form*.
- All flu doses administered at outreach clinics conducted by staff will utilize the *current Flu Vaccination Consent Form*.
- Screeners and vaccinators must review each vaccination form to ensure the following fields are complete, accurate, and legible:

○ Last Name	○ Mother's First Name	○ Site of Administration
○ First Name	○ Race/Ethnicity	○ Staff Initials
○ Date of Birth	○ Pregnancy Status	○ Date of Administration
○ Zip Code	○ Age	○ Insurance Coverage
○ Phone number	○ Manufacturer	○ Lot Number
○ Gender	○ Vaccine Dosage	○ Dose Number

Off-Site Clinic Supply Check List

Medical Supplies

- _____ Vaccines
- _____ Safety syringes with needles attached (23-25 Gauge 1 – 1 ½ inch needles)
- _____ Needles (23-25 Gauge 1 – 1 ½ inches) to attach to manufacturer’s prefilled syringes
- _____ Puncture proof sharps disposal containers
- _____ Insulated bag or container for transporting vaccine
- _____ Cold packs for transporting vaccine (NOT FROZEN)
- _____ Thermometers
- _____ Alcohol wipes
- _____ Cotton balls
- _____ 3-6 small trays to hold vaccine
- _____ Emergency Kit (See Emergency Procedures section for list of kit’s contents)
- _____ Drape sheets or roll table covers for tables
- _____ Paper towels
- _____ Hand sanitizer
- _____ Heavy duty, large plastic trash bags
- _____ Kleenex
- _____ Band-Aids
- _____ Cot/Blanket
- _____ Red plastic bags for contaminated supplies
- _____ Gloves (non-latex) small, medium and large

Stationery Supplies

- _____ Current Influenza Outreach Clinic Procedure Manual
- _____ Current Vaccine Information Statement (VIS) for [IIV](#) & [LAIV](#)
- _____ Flu Vaccination Consent Form (current version)
- _____ Vaccine Adverse Event Reporting System ([VAERS](#)) Form
- _____ Volunteer sign-in sheets
- _____ Certificate of County Self-Funding of Insurance Obligation (current version)
- _____ Volunteer Instructions
- _____ Volunteer nametags
- _____ Emergency phone numbers: Physician on call, Health Center contact person
- _____ Stapler/staples
- _____ Rubber bands
- _____ Pens (black ink only), pencils and marking pens
- _____ Clip boards
- _____ Masking tape
- _____ Paper clips
- _____ Listing of other clinic sites and dates

Post Off-Site Clinic Checklist

Vaccine

- Return vaccine to the clinic in an insulated container with cold packs
- Initial and date multi-dose vials.
- Refrigerate vaccine immediately upon return to your clinic.

Other Supplies

- Pack supplies into boxes and return to your clinic.
- Seal the used sharps-disposal containers and return to your clinic for disposal in bio-medical container.

Vaccine Storage and Handling Guidelines

Inactivated Influenza Vaccines (IIV)

Storage Requirements: Store at 35° – 46°F (2° – 8°C). **Do not freeze or expose to freezing temperatures.** Protect Fluarix® and FluLaval™ from light at all times by storing in original package.

Instructions for Use: Inspect visually for extraneous particulate matter and/or discoloration. If these conditions exist, the vaccine should not be used. Shake vial or manufacturer-filled syringe well before use. Discard vaccine if it cannot be re-suspended with thorough agitation.

Shelf Life after Opening: Single-Dose Vials: The vaccine should be administered shortly after withdrawal from the vial. If the vaccine is not used by the end of the clinic it must be discarded. Multi-dose Vials: Withdraw a single dose of vaccine into separate sterile needle and syringe for each immunization. The vaccine should be administered shortly after withdrawal from the vial. Unused portions of multi-dose vials may be refrigerated at 35° – 46°F (2° – 8°C) and can be used until the expiration date. Manufacturer-Filled Syringes: The vaccine should be administered shortly after the needle is attached to the syringe. **Do not recap syringe with rubber stopper and attempt to use at a later date.**

Live Attenuated Influenza Vaccines (LAIV):

Storage Requirements: Refrigerate immediately upon arrival. Store at 35° – 46°F (2° – 8°C). **DO NOT** freeze or expose to freezing temperatures. **Note:** If LAIV is inadvertently frozen, the vaccine should be moved immediately to the refrigerator and may be used until the expiration date printed on the package.

Instructions for Use: LAIV is a colorless to pale yellow liquid and is clear to slightly cloudy; some particulates may be present but do not affect the use of the product. After removal of the sprayer from the refrigerator, remove the rubber tip protector. Follow manufacturer's instructions to deliver ½ dose (0.1mL) into one nostril. Then remove the dose-divider clip and deliver the remainder of the dose (0.1mL) into the other nostril.

Shelf Life After Opening: Single-Dose Sprayer: The vaccine should be administered shortly after removal from the refrigerator.

Packing Vaccine for Transport to Off-Site Clinics

Transporting Refrigerated Vaccine

Guidelines for vaccine transport and short-term storage

- Use the procedure below to pack all vaccines (**except varicella vaccine**) for transport and/or storing for up to 12 hours at room temperature. If vaccine is packed according to the procedure, temperatures can be as low as -4°F for one of those 12 hours.
- If the vaccine will be stored in refrigerators after transport, be sure those refrigerators have maintained temperatures between 35°F and 46°F for at least 3 to 5 days.

Assemble packing supplies

1. **Cooler.** Use hard plastic Igloo-type coolers. Attach a "Vaccines: Do Not Freeze" label to the cooler.
2. **"Conditioned" cold packs.** Condition frozen gel packs by leaving them at room temperature for 1 to 2 hours until the edges have defrosted and packs look like they've been "sweating." Cold packs that are not conditioned can freeze vaccine. **Do not use dry ice.**
3. **Thermometer.** Prepare the thermometer by placing it in the refrigerator at least 2 hours before you pack the vaccine.
4. **Packing material.** Use two 2-inch layers of bubble wrap. Not using enough bubble wrap can cause the vaccine to freeze.



Pack vaccine

1. Cold packs

Spread conditioned cold packs to cover only half of the bottom of the cooler.



2. Bubble wrap

& Thermometer

Completely cover the cold packs with a 2-inch layer of bubble wrap. Then, place the thermometer/probe on top of the bubble wrap directly above a cold pack.



3. Vaccine

Stack layers of vaccine boxes on the bubble wrap. Do not let the boxes of vaccine touch the cold packs.



4. Bubble wrap

Completely cover the vaccine with another 2-inch layer of bubble wrap.



5. Cold packs

Spread "conditioned" cold packs to cover only half of the bubble wrap. Make sure that the cold packs do not touch the boxes of vaccine.



6. Form & display

Fill the cooler to the top with bubble wrap. Place the thermometer's digital display and the *Return or Transfer of Vaccines Report* form on top. It's ok if temperatures go above 46°F while packing.



As soon as you reach the destination site, check the vaccine temperature. If the vaccine is:

- Between 35°F and 46°F, put it in the refrigerator.
- Below 35°F or above 46°F, contact your VFC Rep or the VFC program immediately at 1-877-243-8832. For H1N1 vaccine, call 1-888-867-6319. Then label the vaccine "Do Not Use" and put it in the refrigerator.

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Transporting Supplies to and From Off-Site Clinics

1. If supplies are taken to an off-site clinic ahead of time, lock-up all supplies, including needles and syringes.
2. Transporting used needles, syringes, sharp-disposal containers:
 - a. Seal and label used sharps-disposal containers as used hypodermic equipment.
 - b. Separate sharps-disposal containers containing used needles, syringes and intranasal sprayers, and empty vaccine vials from rest of supplies.
 - c. Return red-bagged items and the used sharps-disposal containers to the health center for disposal in biohazard containers. Never dispose of syringes or contaminated supplies at the outreach clinic site.
 - d. Follow health center policy on transporting medical waste.
3. Do not transport vaccine in the trunk of your car.

CAIR Vaccine Transfer Instructions

1. When transferring vaccines OUT of your clinic to another site, click on the “Adjust” link of the vaccine you wish to transfer.

CAIR - Current Inventory For Provider "docoffice"

Click "ID" link to update the lot information. Click the "Adjust" link to make inventory adjustment. Or click the "Default" link to set up this lot as the default lot.

ID	Vaccine	Variant	MFR	Lot Num	Exp Date	State (VFC/317)	Vials Left	MLs Left	Doses Left	Adjust	Default
2901	DTaP	<ADULT>	AVP	22298-VFC	01/01/2020	Y	48.28	965.8	1932	Adjust	Set
8332	DTaP	<PED>	AVP	346222 pvt	05/13/2013	N	66	33	66	Adjust	Set
8344	DTaP	<PED>	AVP	C145AA	05/05/2013	Y	1137	568.5	1137	Adjust	Set
8428	DTaP	<PED>	AVP	123456-VFC	06/02/2016	Y	122	61	122	Adjust	Set
8494	DTaP	<PED>	AVP	M123-PRIVATE	01/30/2014	N	250	125	250	Adjust	Set
8559	DTaP	<PED>	GSK	JKGVLJH	09/12/2015	N	9	4.5	9	Adjust	Set
8523	DTaP	<PED>	GSK	98182-VFC	05/13/2013	Y	50	25	50	Adjust	Set
8531	DTaP	<PED>	AVP	c0025AA	02/15/2015	N	15	7.5	15	Adjust	Set
8533	DTaP	<PED>	AVP	3314785	10/20/2020	N	2	1	2	Adjust	Set
3044	DTaPHBIP	<STD>	ACBA	test1234	01/01/2020	Y	212.99	92438	184876	Adjust	Set
8112	DTaPIPHI	<PED>	AVP	3326546	10/20/2020	Y	100	50	100	Adjust	Set
8330	DTaPIPHI	<PED>	AVP	123456-PP	12/13/2012	N	1100	550	1100	Adjust	Set
8331	DTaPIPHI	<PED>	AVP	98777G	02/02/2013	Y	9	4.5	9	Adjust	Set
8493	DTaPIPHI	<PED>	AVP	C96945A-VFC	08/26/2014	Y	249	124.5	249	Adjust	Set
8475	DTP-HIB	<PED>	AVP	ao2330	11/30/2012	Y	13	6.5	13	Adjust	Set
8462	FLU	<STD>	MSD	657895-VFC	06/30/2013	Y	10	50	100	Adjust	Set
8510	FLU	<STD>	AVP	1213456-VFC	06/30/2013	Y	5	25	50	Adjust	Set
8526	FLU	<STD>	MSD	0784612-PRIVATE	06/30/2013	N	10	50	100	Adjust	Set
8536	FLU	<STD>	AVP	4521	06/15/2013	N	2	10	20	Adjust	Set
8550	FLU	<PED>	AVP	C3250AB	06/30/2013	N	200	50	200	Adjust	Set
8393	FLU	<PED>	AVP	123456-PP	06/01/2013	N	96	24	96	Adjust	Set
3158	FLU	<PED>	ACBA	31456416	01/01/2020	Y	2455.16	29462	117848	Adjust	Set
8218	FLU	<STD>	MSD	010325	02/15/2013	N	15.4	77	154	Adjust	Set
8407	FLU	<STD>	GSK	12876849	06/30/2013	Y	55	275	550	Adjust	Set
8446	FLU	<STD>	AVP	1023	10/20/2012	Y	1	5	10	Adjust	Set
8339	FLU	<STD>	GSK	094859-VFC	06/30/2013	Y	8.1	40.5	81	Adjust	Set
3157	FLU-H1N1	<PED>	AVP	effeffeff	01/01/2020	Y	564563.08	66441970.6	347206853	Adjust	Set

2. Select “Transfer Out” as your Adjustment Type.

CAIR - Inventory Adjustment

Inventory Item ID: 8344
Working Provider ID: docoffice
Vaccine Code: DTaP
Vaccine Variant: <PED>

Adjustment Type: **Transfer Out**

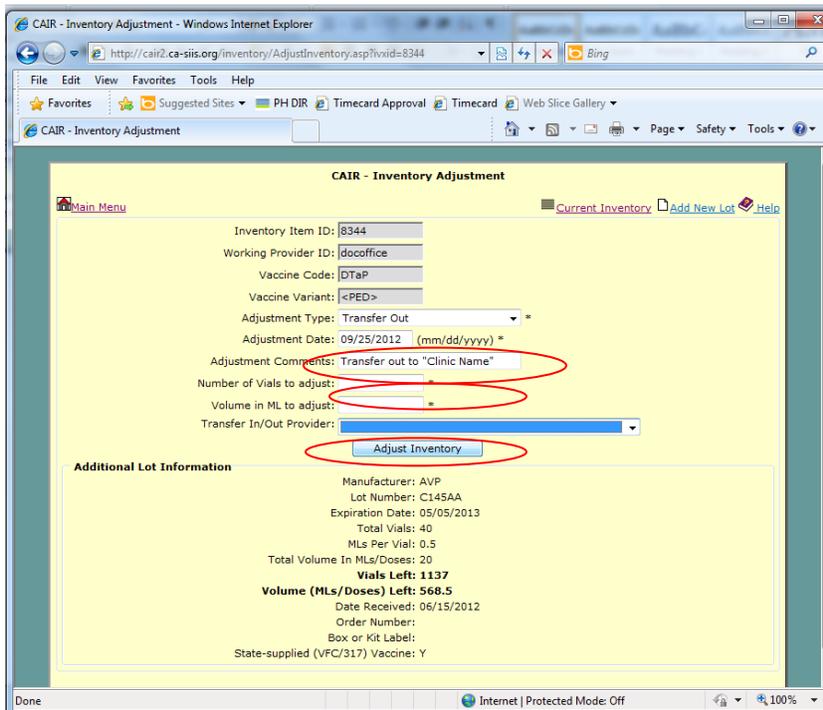
Adjustment Date:
Adjustment Comments:
Number of Vials to adjust:
Volume in ML to adjust:

Additional Lot Information

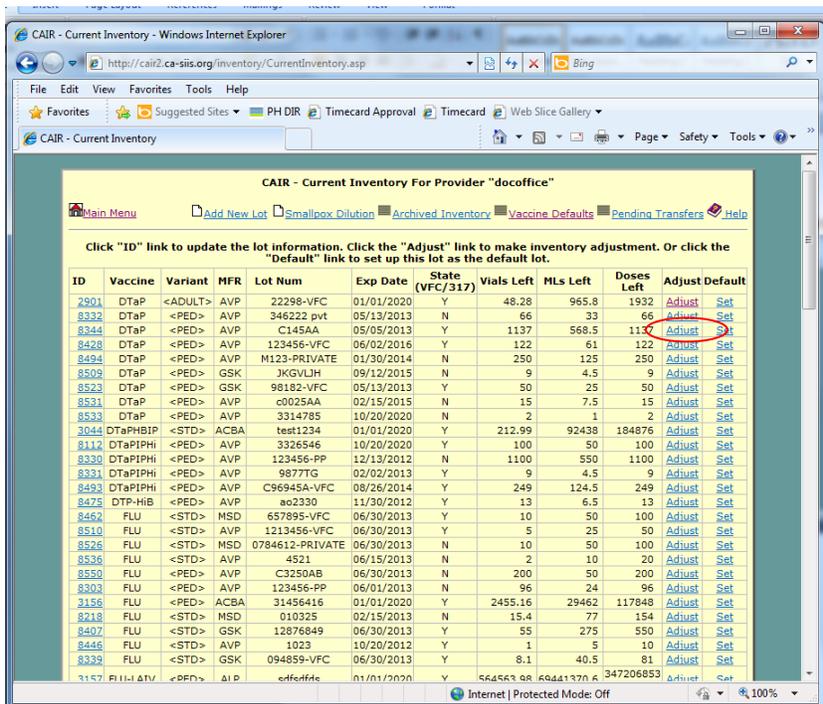
Expiration Date: 05/05/2013
Total Vials: 40
MLs Per Vial: 0.5
Total Volume in MLs/Doses: 20
Vials Left: 1137
Volume (MLs/Doses) Left: 568.5
Date Received: 06/15/2012
Order Number:
Box or Kit Label:
State-supplied (VFC/317) Vaccine: Y

CAIR Vaccine Transfer Instructions

- In the "Adjustment comments" field, make a note of your transfer to the specific clinic name. Type in the amount of vials you wish to transfer out, then Click the "Adjust Inventory" (see example below...)

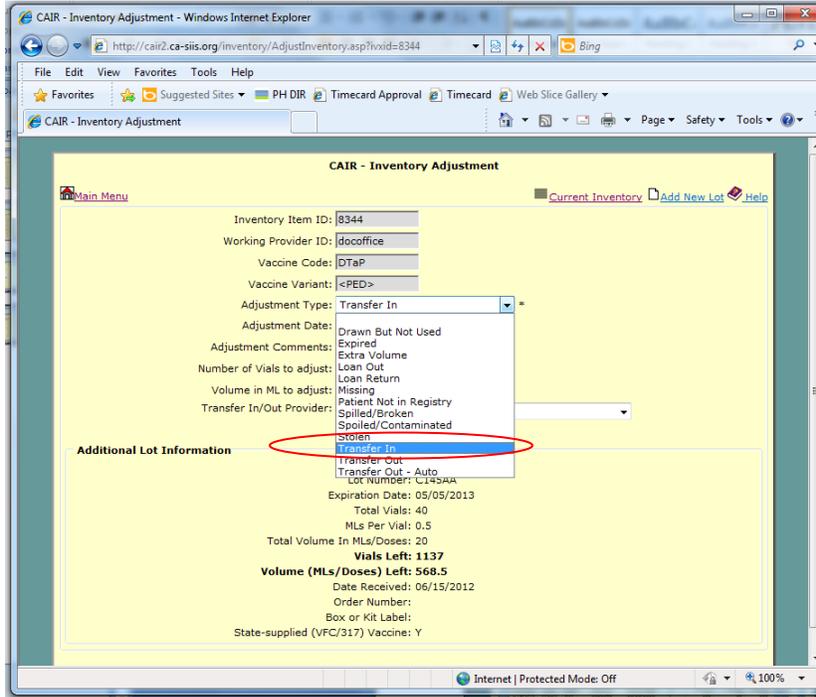


- When transferring vaccines INTO your clinic from another site, repeat step #1, and click on the "Adjust" link of the vaccine you wish to transfer in.



CAIR Vaccine Transfer Instructions

5. Select “Transfer In” as your Adjustment Type.



6. In the “Adjustment comments” field, make a note of your transfer from the specific clinic name. Type in the amount of vials you are transferring in, then click “Adjust Inventory”. (see example below...)

CAIR Vaccine Transfer Instructions

CAIR - Inventory Adjustment - Windows Internet Explorer

http://cai2.ca-siis.org/inventory/AdjustInventory.asp?vixid=8344

File Edit View Favorites Tools Help

CAIR - Inventory Adjustment

CAIR - Inventory Adjustment

Current Inventory Add New Lot Help

Inventory Item ID: 8344

Working Provider ID: docoffice

Vaccine Code: DTaP

Vaccine Variant: <PED>

Adjustment Type: Transfer In *

Adjustment Date: 09/25/2012 (mm/dd/yyyy) *

Adjustment Comments: Transferred in from "Clinic Name" *

Number of Vials to adjust: *

Volume in ML to adjust: *

Transfer In/Out Provider: *

Adjust Inventory

Additional Lot Information

Manufacturer: AVP

Lot Number: C145AA

Expiration Date: 05/05/2013

Total Vials: 40

MLs Per Vial: 0.5

Total Volume In MLs/Doses: 20

Vials Left: 1137

Volume (MLs/Doses) Left: 568.5

Date Received: 06/15/2012

Order Number:

Box or Kit Label:

State-supplied (VFC/317) Vaccine: Y

Internet | Protected Mode: Off

Contact the Immunization Program CAIR Representatives at (213) 351-7800 for any questions regarding the transfer process.