

SEASONAL INFLUENZA VACCINE

Level I

Skill Level: RN, LPN with RN consultation

Definition: Treatment with current influenza vaccine to help prevent the development and/or reduce severity of influenza in vaccinated individuals.

NOTE THAT THIS ORDER IS VALID ONLY FOR 8-21-09 TO 3-30-10

<p>Subjective/Objective:</p> <ul style="list-style-type: none">Chronic disorders of the cardiovascular or pulmonary systems requiring regular medical care. (In the event of vaccine shortage, priority is assigned to more severe illness. Patients with uncomplicated hypertension or intermittent/mild persistent asthma will be considered only after distribution of vaccine to higher priority patients in all institutions).Neuromuscular afflictions as compromise the management of respiratory secretions or increase the risk of aspiration.Chronic metabolic disease such as diabetes, renal dysfunction, hemoglobinopathy, or immune suppression (caused by medications or infection including HIV).Women who will be in their second or third trimester of pregnancy during influenza season (Fall/Winter).Persons, such as Health Service orderlies, providing assistance to infirmary patients (to protect vulnerable infirmary patients).Persons under 18 years of age.Persons over 50 years of age. <p>Do Not Give If:</p> <ul style="list-style-type: none">Patient is allergic to eggs, chicken, chicken feather, chicken dander.Patient has had prior allergic reaction to flu vaccine.Patient with past history of Guillain-Barre syndrome.Patient with acute febrile illness.Patient is in first trimester of pregnancy or possibly pregnant (Check with provider first).	<p>Assessment:</p> <ul style="list-style-type: none">Patient with appropriate risk factors to warrant current Influenza vaccine. <p>Plan:</p> <ul style="list-style-type: none">Patient to read and sign informed consent form.Recheck for any contraindications to vaccine.If contraindications exist, refer patient case to practitioner.<ul style="list-style-type: none">If no contraindications exist then: Standard Intramuscular Injection of 0.5ml of 2009-2010 formula Influenza virus vaccine, trivalent types A and B, in deltoid muscle, using a needle length of one inch or more to ensure sufficient penetration.
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APPROVED:

Medical Services Manager

Date

Chief Medical Officer

Date

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Medical Director

8/25/09

Date

Effective Date: 8/09

Revised: August 2009

Influenza Vaccine - Informed Consent

Recommended for those who are at risk for severe or fatal complications from influenza infection:

- Chronic disorders of the cardiovascular or pulmonary systems requiring regular medical care.
- Neuromuscular afflictions as compromise the management of respiratory secretions or increase the risk of aspiration.
- Chronic Metabolic disease such as diabetes, renal dysfunction, hemoglobinopathy, immunosuppression (caused by medications or infection, including HIV).
- Children under 18 receiving long-term aspirin therapy, who would be at risk for Reye Syndrome.
- Women who will be in their second or third trimester of pregnancy during influenza season (Fall/Winter).
- Persons, such as Health Service orderlies, providing assistance to infirmity patients (to protect vulnerable infirmity patients).
- Persons over 50 years.
- All persons wishing to reduce the chance of becoming ill with influenza or transmitting it to others.

Do Not Give If:

1. Patient is allergic to eggs, chicken, chicken feather, chicken dander.
2. Patient has had prior allergic reaction to flu vaccine.
3. Patient with past history of Guillain-Barre syndrome.
4. Patient with acute febrile illness.
5. Patient is in first trimester of pregnancy or possibly pregnant (Check with provider first).

The purpose of influenza vaccine is to help prevent the development and/or reduce severity of influenza in vaccinated individuals. In particular, to increase resistance to influenza viruses expected to cause disease this year, the vaccine contains: A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane 60/2008-like antigens. This is the vaccine recommended by the CDC for 2009-2010.

The vaccine is a killed virus, split then filtered. **Because influenza vaccine contains only noninfectious viruses, it cannot cause influenza!**

Intramuscular injection of the vaccine stimulates the production of specific antibodies. Protection is afforded only against these strains or closely related strains of influenza.

Adverse reactions:

1. Soreness at injection site for 1-2 days in less than one-third of vaccinees.
2. Less common: fever, malaise, myalgia for 24 - 48 hours may occur very infrequently. (Take acetaminophen)
3. Rare: (presumably allergic) weal, flare, asthma.
4. Very rare: Neurological disorders (may occur within 10 weeks), muscle weakness and paralysis (usually reversible).

I have read the information about influenza vaccine above. I have had a chance to ask questions and receive answers. I believe that I understand the benefits and risks of influenza vaccine and request that this vaccine be given to me.

Name _____ SID# _____

Date: _____ Vaccine Lot#: _____

Site of injection: _____

Signature: _____

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2009-10

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people, such as infants, elderly, and those with certain health conditions, can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die – mostly elderly. **Influenza vaccine can prevent influenza.**

2 Inactivated influenza vaccine

There are two types of seasonal influenza vaccine:

1. **Inactivated** (killed) vaccine, or the "flu shot" is given by injection into the muscle. 2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

These "seasonal" influenza vaccines are formulated to prevent annual flu. They do not protect against pandemic H1N1 influenza.

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent "influenza-like" illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

Anyone who wants to reduce the likelihood of becoming ill with influenza or spreading influenza to others.

All children 6 months and older and all older adults:

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.

Anyone who is at risk of complications from influenza, or more likely to require medical care:

- Women who will be pregnant during influenza season.
- Anyone with **long-term health problems** with:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with a **weakened immune system** due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain **muscle or nerve disorders** (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on **long-term aspirin treatment** (they could develop Reye Syndrome if they got influenza).
- **Residents of nursing homes and other chronic-care facilities.**

Anyone who lives with or cares for people at high risk for influenza-related complications:

- **Health care providers.**
- **Household contacts and caregivers of children** from birth up to 5 years of age.
- **Household contacts and caregivers of**
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide **essential community services.**
- People living in **dormitories, correctional facilities, or under other crowded conditions**, to prevent outbreaks.
- People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

4 When should I get influenza vaccine?

You can get the vaccine as soon as it is available, usually in the fall, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Most people need one dose of influenza vaccine each year. **Children younger than 9 years of age getting influenza vaccine for the first time** -- or who got influenza vaccine for the first time last season but got only one dose -- should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness, sore or red eyes, cough, itchiness
- fever • aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call 1-800-338-2382, or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine (8/11/09) 42 U.S.C. §300aa-26