

State of Wisconsin
Emergency Medical Services
Medical Guidelines and Procedures

**2009 Seasonal Influenza
Vaccination Administration
– INJECTABLE Inactivated –**

Note: This information is based upon the most recent recommendations by the Centers for Disease Control and Prevention (CDC) and disseminated by the Wisconsin Department of Health Services. In general, anyone 6 months of age or older who wants to reduce their chances of getting influenza can get vaccinated. However, it is recommended by ACIP that certain people should get vaccinated each year.

Vaccination for Children

Influenza vaccination is recommended for all children aged 6 months up to their 19th birthday. The recommendation to vaccinate children 6 months up to their 5th birthday has been in place since 2006. These children should all be vaccinated annually.

Vaccination for Adults

Vaccination is especially important for people at higher risk of serious influenza complications or people who live with or care for people at higher risk for serious complications. Persons working in health care settings also should be vaccinated annually against influenza. Vaccination of health care professionals has been associated with reduced work absenteeism and with fewer deaths among nursing home patients.

People recommended for vaccination based on their risk of complications from influenza or because they are in close contact with someone at higher risk of influenza complications include:

- Children aged 6 months until their 5th birthday,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic health conditions (such as asthma, diabetes, or heart disease),
- People who live in nursing homes and other long-term care facilities,
- Household contacts of person at high risk for complications from influenza,
- Household contacts and out of home caregivers of children less than 6 months of age, and
- Health care workers.

EMERGENCY MEDICAL RESPONDER (EMR)

- Emergency Medical Responders (EMR) are **NOT** allowed to administer the 2009 Influenza (H1N1) vaccination.

**EMERGENCY MEDICAL TECHNICIAN (EMT) / ADVANCED EMT (AEMT)
INTERMEDIATE / PARAMEDIC**

Precautions

- Providers should use universal precautions

Contraindications

- Age less than 6 months
- History of Guillian-Barre
- Serious allergic reaction to a previous dose of Influenza vaccine (intranasal or intramuscular)
- Allergic reaction to egg or egg products
- Different manufacturers have additional allergy contraindications which may include gentamicin, neomycin, polymyxin, thimersol, gelatin, and latex. It is ESSENTIAL that anyone utilizing this protocol understands the packaging insert(s) and contraindications for the specific manufacturers' product(s) being used
- Any acute illness more severe than the common cold
- Oral (or equivalent) temperature elevation $\geq 101.5^{\circ} \text{F}$ (38.6°C).

Reactions

- Pain, redness and or swelling at the injection site and mild fever.

Schedule

- One dose if vaccinated for the seasonal flu in any previous year
- Children 6 months through 9 years of age: Two doses separated by at least 21-28 days if they have never received a seasonal flu vaccination in the past, or if their first seasonal flu vaccine was last year and they only received one dose

Site of Administration

- Intramuscular into the anterolateral aspect of the upper thigh for young children or in the deltoid for older children and adults.

Cleansing Agent

- Alcohol pad or equivalent

Dosage

Manufacturer	Packaging	Dose	Age group
Sanofi Pasteur	0.25 mL prefilled syringe	0.25 mL	6-35 months
	0.5 mL prefilled syringe	0.5 mL	36 months and older
	5.0 mL multidose vial	0.25 ml	6-35 months
	5.0 mL multidose vial	0.5 mL	36 months and older
Novartis	0.5 mL prefilled syringe	0.5 mL	4 years and older
	5.0 mL multidose vial	0.5 mL	4 years and older
GlaxoSmithKline	0.5 mL prefilled syringe	0.5 mL	18 years and older
CSL Biotherapies	0.5 mL prefilled syringe	0.5 mL	18 years and older
	5.0 mL multidose vial	0.5 mL	18 years and older

Simultaneous administration of seasonal and Influenza A (H1N1) 2009 vaccines

In an individual who will be vaccinated with both seasonal (trivalent) vaccine and H1N1 2009 (monovalent) vaccines:

- If both vaccines are inactivated they may be received during the same visit at different anatomical sites or they may be received on different dates at any time.
- If one vaccine is inactivated and one vaccine is live attenuated, they may be received during the same visit or they may be received on different dates at any time.
- If both vaccines are live attenuated, they should not be received during the same visit but can be received if separated by a minimum of 4 weeks.

Two doses of seasonal influenza vaccines from different vaccine manufacturers

- It is permissible to receive an inactivated seasonal influenza vaccine as the first dose and a live seasonal influenza vaccine as the second dose or vice versa separated by at least 21-28 days.
- It is permissible to receive 2 doses from 2 different manufacturers

Simultaneous administration of seasonal influenza vaccine and other childhood vaccines

- Inactivated seasonal influenza vaccine can be administered at the same visit as any other vaccine (e.g., DTaP, MMR).
- Live attenuated seasonal influenza vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT H1N1 2009 live attenuated influenza vaccine.

Procedure

- All vaccinees to receive appropriate CDC Vaccination Information Sheet (VIS)
- All vaccinees to complete the top section of the Vaccination Administration Record (VAR)
- Vaccinator to review completed VAR. VAR serves as written consent for the vaccination.
- If a potential vaccinee answers “yes” to any of the questions, the potential vaccinee should not receive the vaccination until cleared by a physician
- The appropriate dose should be verified and prepared
- The injection site (L or R deltoid or L or R anterolateral aspect of thigh) should be identified and cleansed with alcohol pad
- A 21-25 gauge needle 1-1.5 inches long should be used for adults. In those less than 60kg, a 5/8 to ¾ inch needle is preferred
- The needle should be inserted at a 90 degree angle into the appropriate muscle
- An attempt at aspiration should be made
- If blood is obtained on aspiration, the needle should be removed without administration of the vaccine, and the vaccine should be disposed of and a second attempt shall be made with a new needle, syringe, and dose.
- If no aspiration occurs, the appropriate dose of vaccine should be delivered in the muscle in a quick, steady manner
- The needle and syringe should then be removed and disposed of in a sharps container
- Apply bandage to site of injection as needed.

Liability Issues

Liability remains the same as for any other skill/procedure performed by an EMT, while functioning with a licensed EMS service. There are no Federal or State Acts that provides immunity from liability for this procedure.

Signatures

As the Service Director for _____,
I accept the 2009 Seasonal Influenza vaccination guideline/protocol and procedures as written.

Service Director name (print) _____

Service Director signature _____ Date _____

As the Medical Director for _____,
I accept the 2009 Seasonal Influenza vaccination guideline/protocol and procedures as written.

Physician name (print) _____

Physician signature _____ Date _____