

*State of Wisconsin*  
*Emergency Medical Services*  
**Medical Guidelines and Procedures**

**2009 Seasonal Influenza  
Vaccination Administration  
– INTRANASAL Live Attenuated –**

**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 19<sup>th</sup> birthday. The recommendation to vaccinate children 6 months up to their 5<sup>th</sup> 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 5<sup>th</sup> 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 risk for complications from influenza
- Household contacts and out of home caregivers of children less than 6 months of age
- Health care workers

Live intranasal influenza vaccine is an intranasal administered vaccine approved for use in healthy persons **2 through 49 years of age**. Health care workers and other individuals who receive live attenuated influenza virus vaccine should refrain from contact with severely immunosuppressed patients (e.g., bone marrow or air flow restricted units) for 7 days after vaccine receipt. Severely immunosuppressed persons should not administer live attenuated influenza virus vaccine to other people.

**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

### Persons who should NOT receive live seasonal influenza vaccine

- Children ages < 2 years and adults  $\geq 50$  years.
- Persons with long term health problems including asthma, chronic pulmonary or cardiovascular systems disorders, underlining medical conditions (diabetes mellitus, renal dysfunction, hemoglobinopathies), known or suspected immunodeficiency diseases or receiving immunosuppressive therapies.
- Children and adolescents receiving long term aspirin treatment.
- Persons with a history of Guillian-Barré syndrome (GBS).
- Pregnant women.
- Children under 5 years of age with asthma or recurrent wheezing within the preceding 12 months.

### Storage

- Refrigerate at 35° - 46° F. (2° - 8° C.). DO NOT FREEZE.

### Contraindications

- Age less than 2 or greater than 49
- Children or adolescents receiving aspirin
- History of Guillain-Barre
- Serious allergic reaction to a previous dose of Influenza vaccine (intranasal or intramuscular)
- Allergic reaction to egg, egg products, gentamicin (an antibiotic), gelatin, or arginine
- Any acute illness more severe than the common cold
- Oral (or equivalent) temperature elevation  $\geq 101.5^{\circ}$  F (38.6° C).
- Immunocompromised patients
- If the vaccinee will be in regular close contact with someone with a severely compromised immune system in the next 7 days
- Pregnancy
- Long term medical conditions such as asthma/COPD, heart disease, kidney disease, or diabetes

### Reactions

- In children: Runny nose, headache, vomiting, and myalgia.
- In adults: Runny nose, nasal congestion, headache, and sore throat.

### Schedule

- Healthy persons aged 2 years through 49 years: One dose if vaccinated for the seasonal flu in any previous year.
- Healthy children 2 years 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 vaccination was last year, and they only received one dose.

### Dosage and site of administration

- Half the dose (0.1 mL) is administered into each nostril while the recipient is in an upright position.
- Insert the tip of the sprayer just inside the nose and depress the plunger until the dose divider clip prevents you from going further.
- The dose-divider clip is removed from the sprayer to administer the second half of the dose (0.1 mL) into the other nostril.
- If the patient sneezes, the dose does not need to be readministered.

### Transmission of vaccine virus to contacts

Available data indicates that both children and adults vaccinated with live attenuated influenza vaccine rarely transmit shed vaccine viruses after vaccination and shedding should not be equated with person-to-person transmission of infection. Health care workers and other individuals who receive live attenuated influenza virus vaccine should refrain from contact with severely immunosuppressed patients (e.g., bone marrow or air flow restricted units) for 7 days after vaccine receipt. Severely immunosuppressed persons should not administer live attenuated influenza virus vaccine to other people.

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 2009 vaccines from different vaccine manufacturers

- It is permissible to receive an inactivated (H1N1) 2009 vaccine as the first dose and a live (H1N1) 2009 vaccine as the second dose or vice versa separated by at least 21-28 days.

Simultaneous administration of seasonal influenza vaccine and other childhood vaccines

- Inactivated seasonal influenza vaccine can be administered during 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
- Half the dose (0.1 mL) is administered into each nostril while the recipient is in an upright position.
- Insert the tip of the sprayer just inside the nose and depress the plunger until the dose divider clip prevents you from going further.
- The dose-divider clip is removed from the sprayer to administer the second half of the dose (0.1 mL) into the other nostril.
- If the patient sneezes, the dose does not need to be readministered.

Liability Issues

Liability remains the same as for any other skill/procedure performed by an EMT/Paramedic, 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 \_\_\_\_\_