

PURPOSE:

The purpose of this policy is to reduce morbidity and mortality from influenza by vaccinating EMS personnel who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220 & 1798 et seq.

POLICY:

The administration of vaccine is limited to those Advanced Life Support (ALS) providers and paramedics that have received specialized training in vaccine administration and have been approved by the San Joaquin County EMS Agency in cooperation with the San Joaquin County Public Health Services. Each vaccination clinic performed by ALS providers must have the prior approval by the EMS Agency.

PROCEDURE:

- I Administration of Trivalent (seasonal) or Monovalent (H1N1) Inactivated Influenza Vaccine (TIV/MIV):
 - A. Determine whether conditions exist that support providing either "seasonal" influenza vaccine or H1N1 vaccine to EMS personnel through a system overseen by the San Joaquin County EMS Agency.
 - B. Identify EMS Personnel in need of influenza vaccination based upon the criteria established by the federal Centers for Disease Control and Prevention (CDC) for a given influenza season or a given influenza vaccine formulation. (For healthy individuals 2-49 years of age Live Attenuated Influenza Vaccine (LAIV) should be considered; see Section III.A below).
 - C. NOTE: If using California Department of Public Health or federally purchased vaccine distributed from San Joaquin County Public Health Services the guidelines for use of that vaccine will need to be followed. This may include restricted target groups.
 - D. Screen individuals for contraindications and precautions to TIV/MIV
 1. Contraindications: History of a serious reaction (i.e. anaphylaxis) after ingesting eggs, after receiving a previous dose of TIV/MIV or after receiving a TIV/MIV component. (For a list of vaccine components see: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

Effective: January 1, 2010

Page 1 of 4

Supersedes:

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Medical Director

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2. Precautions: Current moderate or severe acute illness with or without fever.
- E. Provision of Vaccine Information Statements (VIS): Provide all recipients of the vaccine with a copy of the most current federal Vaccine Information Statement (VIS). You must document on a log sheet the recipient's name, the publication date of the VIS and the date it was given to the recipient. Spanish or other language VIS forms are to be given to those who need them.
- F. Vaccine Administration:
 1. For adults administer 0.5 mL of TIV/MIV intramuscularly into the deltoid muscle, utilizing a 22-25 g, 1-1½ needle.
 2. For infants and toddlers lacking adequate deltoid mass use the vastus lateralis.
 3. For toddlers, children and teens use the deltoid muscle.
 4. Use a 22-25 g needle and a needle length appropriate to the child's age and body mass: infants 6-11 months: 1"; 12 months and older: 1-1½".
 5. Give 0.25 ml for children 6-35 months and 0.5 ml for all others age 3 years and older.

II Administration of Live Attenuated Influenza Vaccine (LAIV):

- A. Identify individuals in need of influenza vaccination and eligible for use of the Live Attenuated Influenza Vaccine (LAIV) based upon the following criteria:
 1. Healthy individuals ages 2-49 years of age.
 2. For all others Inactivated Influenza Vaccine (TIV/MIV) must be used (see Section II.A. above).
- B. Screen for contraindications and precautions to LAIV:
 1. Contraindications:
 - a. Chronic medical conditions of the pulmonary or cardiovascular systems, including asthma.
 - b. Chronic metabolic disease (e.g. diabetes, renal dysfunction, hemoglobinopathy or immunosuppression (caused by medications or illnesses such as HIV).
 - c. Children younger than 5 yrs. with recurrent wheezing.
 - d. Any disease that compromises respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (i.e. cognitive dysfunction, spinal cord injury, seizure disorder or other neuromuscular disorder).
 - e. Serious reaction (i.e. anaphylaxis) after ingesting eggs, after receiving a previous dose of LAIV or after receiving a LAIV component. (For a list of vaccine components see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf)

Effective: January 1, 2010
Supersedes:

Page 2 of 4

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- f. Pregnancy.
 - g. History of Guillain-Barré syndrome.
 - h. TIV/MIV is preferred for close contacts of severely immunocompromised persons during periods when the immunocompromised person requires a protective isolated environment.
- C. Precautions: Moderate or severe acute illness with or without fever.
- D. Provision of Vaccine Information Statements (VIS): Provide all recipients of the vaccine with a copy of the most current federal Vaccine Information Statement (VIS). You must document on a log sheet the recipient's name, the publication date of the VIS and the date it was given to the recipient. Spanish and other language VIS forms are to be given to those who need them.
- E. Vaccine Administration: Administer 0.2 mL of intranasal LAIV – 0.1 mL into each nostril- while the recipient is in an upright position.

III Timing of Influenza Vaccines:

- A. Children age 8 years and younger who are receiving seasonal trivalent influenza vaccine for the first time should receive 2 doses, separated by at least 4 weeks.
- B. Children age 9 years and younger who are receiving H1N1 monovalent influenza vaccine for the first time should receive 2 doses, separated by at least 3 weeks.
- C. LAIV doses of seasonal trivalent and H1N1 monovalent influenza vaccines cannot be given at the same time. LAIV seasonal trivalent and LAIV H1N1 monovalent doses must be separated by minimum of 2 weeks.
- D. Both seasonal trivalent and H1N1 monovalent vaccines may be given on the same day if either both are inactivated influenza vaccines (TIV and MIV) or one is inactivated vaccine and one is LAIV.
- E. LAIV may not be given if any live virus vaccine (MMR, varicella, Zostavax or yellow fever) was given in the past 30 days then.

IV Medical Emergencies:

- A. Be prepared for management of a medical emergency related to the administration of the vaccine by having a written emergency medical protocol available, as well as equipment and medications.

V Adverse Reactions:

- A. All adverse reactions to TIV/MIV and LAIV are to be reported to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS reporting forms are available at www.vaers.hhs.gov.

Effective: January 1, 2010
Supersedes:

Page 3 of 4

Approved: Signature on File
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Signature on File
EMS Administrator

VI Documentation:

- A. Documentation of vaccine storage and administration shall be conducted in accordance with the requirements of San Joaquin County Public Health Services.

Effective: January 1, 2010
Supersedes:

Page 4 of 4

Approved: Signature on File
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