

**Inactivated (IIV) or (RIV4) or Live Attenuated (LAIV4) Influenza Vaccine  
Outpatient Flu Vaccination Record 2019 - 2020**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ MR#: \_\_\_\_\_

Please answer the following questions:

- 1. Any history of allergies to eggs or latex?  Yes  No
- 2. Previous sensitivity to thimerosal – a preservative?  Yes\*\*  No
- 3. Cold, fever greater than 100 degrees Fahrenheit, acute respiratory disease, or any other sign of infection?  Yes  No
- 4. Previous severe reaction to a flu vaccine?  Yes  No
- 5. History of seizure brought on by a fever?  Yes  No
- 6. History of Guillain-Barre Syndrome?  Yes  No

**If yes is checked in any box, the patient must be referred to a provider for further evaluation.**

*\*\*If yes, prefilled syringes or single use vials are the recommended flu vaccines for persons with thimerosal sensitivity. Review dosing schedule and package insert to confirm vaccine components prior to vaccine selection.*

I have read the vaccine information sheet (VIS) regarding the inactivated flu vaccine. I have had an opportunity to ask questions regarding the flu; flu vaccines; risks, as well as the usual and infrequent side effects. I have truthfully answered the above questions and the special precautions do NOT apply. I request that the inactivated flu vaccine be given. I understand that it would be best if I remain in the clinic for 15 minutes following administration of the vaccine in the event that I experience any adverse reactions. If I choose not to stay the recommended time, I will immediately contact my provider if I have symptoms that may be related to receiving the flu vaccine or I will go to the nearest emergency room.

\_\_\_\_\_  
Patient's Name (please print) \_\_\_\_\_ Age

\_\_\_\_\_  
Signature of person receiving vaccine (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Relationship to patient

**Administer flu vaccine based on guidelines on standing order appropriate for vaccine and dosing algorithm on the back of this document.**

Date/Time	Dosage	Route: circle location	Manufacturer	Lot # / Expire Date	VIS Date	Clinical Team Member Signature
1.	_____ml	IM _____ Deltoid / Thigh				
2.	_____ml	IM _____ Deltoid / Thigh				

**Note:** For adults and older children, the recommended site is the deltoid muscle – Needle size 22-25g 1 to 1.5 inch in length.  
For infants and young children lacking adequate deltoid mass, the preferred site is the anterolateral aspect of the thigh (vastus lateralis). Needle size 22-25g 1 to 1 1/4 inch in length.

If limited English proficient or hearing impaired, offer interpreter at no additional cost.

Interpreter Accepted \_\_\_\_\_  Interpreter Refused  
(Name/Number of Person/Services Chosen/Used)



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Influenza Vaccine  
Outpatient Flu Vaccination Record 2019-2020**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Or label

Name / MR # / Label

**TIMING OF VACCINATION RECOMMENDATIONS FOR 2019-2020**

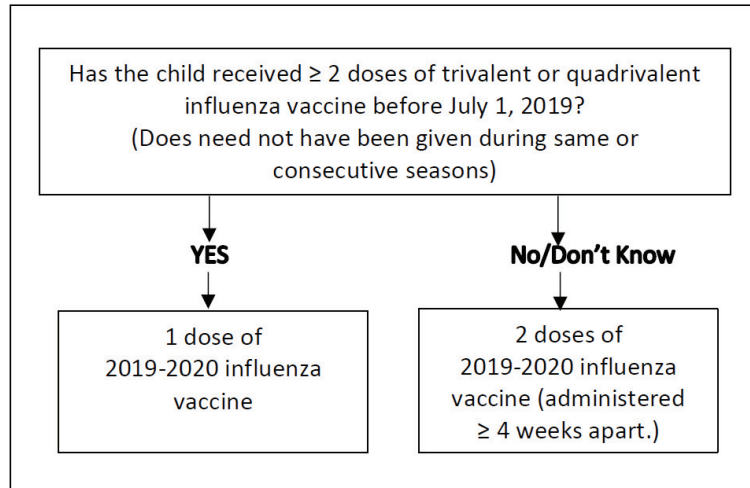
Balancing considerations regarding the unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, **it is recommended that vaccination should be offered by the end of October.**

- **Children aged 6 months through 8 years who require 2 doses** should receive their first dose as soon as possible after the vaccine becomes available to allow the second dose (which must be administered  $\geq 4$  weeks later) to be received by the end of October.
- **Children and adults requiring only 1 dose for this season**, early vaccination (i.e., in July and August) is likely to be associated with suboptimal immunity before the end of the influenza season, particularly among older adults.
- Community vaccination programs should balance maximizing likelihood of persistence of vaccine-induced protection through the season with avoiding missed opportunities to vaccinate or vaccinating after onset of influenza circulation occurs. Efforts should be structured to optimize vaccination coverage before influenza activity in the community begins.
- No recommendation is made for revaccination later in the season of persons who have already been fully vaccinated (i.e., providing a booster dose).
- Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available.
- To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations.

To ensure the appropriate vaccine selection, review the NHMG Influenza Advisory and Standing Order for available vaccines for your patient population, contraindications, age appropriateness for each patient.

Review Figure 1 below (influenza dosing algorithm) for children aged 6 months through 8 years.

Figure 1. Influenza vaccine dosing algorithm for children aged 6 months through 8 years – Advisory Committee on Immunization Practices, United States, 2019-20 influenza season.



**2019 – 2020 Influenza Vaccines Available for NHMG**

**Novant Health Medical Group (NHMG) Patient Influenza Vaccine (Private/Purchased Vaccine – Not VFC eligible)**

- **FLULAVAL® Quadrivalent Influenza Vaccine** Available preparations: 0.5mL prefilled syringe
- **FLUAD® Adjuvant Trivalent Influenza Vaccine** Available preparations: 0.5mL prefilled syringe

**STATE IMMUNIZATION PROGRAMS - VACCINES FOR CHILDREN (VFC) ELIGIBLE PATIENTS ONLY**

- **AFLURIA® Quadrivalent Influenza Vaccine (State Immunization Programs - Vaccine for Children Program (VFC) clinics)**  
Available preparations: 0.25 prefilled syringe, 0.5mL prefilled syringe, multi-dose vial 5.0mL (administer 0.25 mL or 0.5 mL – refer to dosing schedule for age appropriate dose)
- **FLUARIX® Quadrivalent Influenza Vaccine (State Immunization Programs - Vaccine for Children Program (VFC) clinics)**  
Available preparations: 0.5mL prefilled syringe
- **FLUCELVAX® Quadrivalent Influenza Vaccine (State Immunization Programs - Vaccine for Children Program (VFC) clinics)**  
Available preparations: 0.5mL prefilled syringe, multi-dose vial 5.0mL (administer 0.5 mL – refer to dosing schedule for age appropriate dose)
- **FLULAVAL® Quadrivalent Influenza Vaccine (State Immunization Programs - Vaccine for Children Program (VFC) clinics)**  
Available preparations: 0.5mL prefilled syringe, multi-dose vial 5.0mL (administer 0.5 mL – refer to dosing schedule for age appropriate dose)
- **FLUZONE® Quadrivalent Influenza Vaccine (State Immunization Programs - Vaccine for Children Program (VFC) clinics)**  
Available preparations: 0.25 mL prefilled syringe, 0.5mL prefilled syringe, 0.5 mL single-dose vial, multi-dose vial 5.0mL (administer 0.25 mL or 0.5 mL – refer to dosing schedule for age appropriate dose)
- **FLUMIST® Quadrivalent Influenza Vaccine (LAIV4) (State Immunization Programs - Vaccine for Children Program (VFC) clinics)**  
Available preparations: 0.2mL dose in a suspension supplied in a single-dose pre-filled intranasal sprayer