

OREGON HEALTH AUTHORITY
IMMUNIZATION PROTOCOL FOR PHARMACISTS
RECOMMENDED SITES FOR SIMULTANEOUS VACCINE ADMINISTRATION

01-2016

- Vaccination age changed to clients ≥ 7 years of age

I. OREGON IMMUNIZATION PHARMACY PROTOCOL:

Pharmacists should use the appropriate gauge and needle length for the administration of different vaccines. The selection of a site is important in determining how well the client may tolerate the vaccine and how well the vaccine is absorbed.

Hepatitis B and Rabies vaccines must be given deep IM in the deltoid or the dose is invalid and must be repeated.¹

Influenza Intradermal if inadvertently given into the subcutaneous space is invalid and must be repeated.¹

Immunizing Pharmacist Signature

Date

For multiple signatures see: <http://1.usa.gov/PharmacyImmunizationProtocols>

II. RECOMMENDED SITES FOR SIMULTANEOUS VACCINE ADMINISTRATION

A. ≥7 YEARS OF AGE²

Domestic Vaccine	Route ^o	Site of Injection
Tdap	IM	Deltoid
Td	IM	Deltoid
Hep B [*]	IM	Deltoid
Hep A	IM	Deltoid
Twinrix ^{®*}	IM	Deltoid
HPV	IM	Deltoid
TIV	IM	Deltoid
TIV	ID ^s	Deltoid
FluMist [®] (Live)	Topical	Intra-Nasal
MMR, MMRV (Live)	SQ	Fat of upper arm or thigh
Varicella (Live)	SQ	Fat of upper arm
Zoster (Live)	SQ	Fat of upper arm
Polio	SQ or IM	Deltoid or fat of upper arm
Pneumovax [®] 23	SQ or IM	Deltoid or fat of upper arm
Prevnar [®] 13	IM	Deltoid
Menomune [®]	SQ	Fat of upper arm
Menactra	IM	Deltoid
Menveo [®]	IM	Deltoid
Bexsero [®]	IM	Deltoid
Trumenba [®]	IM	Deltoid

* In general, the injection of vaccine should occur at a site that would allow for administration with little likelihood of local neural, vascular or other tissue injury. The buttock should **not** be used as a vaccination site for active immunization. Injection into the buttock has been associated with decreased immunogenicity of the Hepatitis B and Rabies vaccines. An individual decision must be made for each patient for IM administration based on the volume of the material to be administered and, the size of the muscle into which it is to be injected.¹

- ◇ In patients with bleeding disorders, the risk of bleeding after an IM injection can be minimized by vaccine administration immediately after receipt of replacement factor, use of a 23 gauge (or smaller) needle, and immediate application of direct pressure to the immunization site for at least 2 minutes by the clock.³
- § Intradermal injection. Hand and Finger placement on microinjector are crucial. If the pressure on the plunger forces the dose into the subcutaneous tissue the dose is invalid and needs to be repeated.¹

II. RECOMMENDED SITES FOR SIMULTANEOUS VACCINE ADMINISTRATION

B. ≥7 YEARS OF AGE²

Travel Vaccine	Route [◇]	Site of Injection
IXIARO [®]	IM	Deltoid
IPOL [®]	IM	Deltoid
IMOVAX ^{®*}	IM	Deltoid
RabAvert ^{®*}	IM	Deltoid
Vivotif [®]	Oral	Oral
Typhim Vi [®]	IM	Deltoid
YF-VAX [®]	SQ	Fat of upper arm

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III. RECOMMENDED NEEDLE SIZE

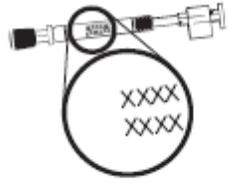
A. Intramuscular Injections⁴		
<u>Age Group</u>	<u>Needle Gauge</u>	<u>Needle Length</u>
7—18 Years of age	22—25	
≥19 Years of age	22—25	
Male or Female Less than 130 pounds		5/8" to 1" Deltoid
Female 130—200 pounds		1" to 1½" Deltoid
Male 130—260 pounds		1" to 1½" Deltoid
Female ≥200 pounds		1½" Deltoid
Male ≥260 pounds		1½" Deltoid
B. Subcutaneous Injections		
≥7 Years of age	23—25	5/8" to 1"

IV. ADVERSE EVENTS REPORTING

Adverse events following immunization must be reported to the Vaccine Adverse Events Reporting System (VAERS) at 1-800-822-7967. Forms and procedures can be found at the VAERS website: www.vaers.hhs.gov. In addition, a copy of the reporting form should be reported to the patient's primary provider, per Oregon Revised Statute (ORS) 855-019-0280(4).

V: APPLICATION PROCEDURE: Flumist[®] 5

1



Check expiration date.
Product must be used before the date on sprayer label.

2



Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.

3



With the patient in an upright position, place the tip just inside the nostril to ensure FluMist is delivered into the nose.

4



With a single motion, depress plunger **as rapidly as possible** until the dose-divider clip prevents you from going further.

5



Pinch and remove the dose-divider clip from plunger.

6



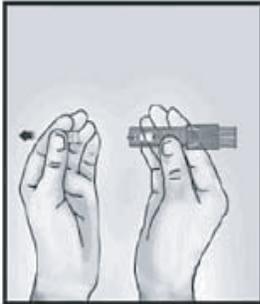
Place the tip just inside the other nostril and with a single motion, depress plunger **as rapidly as possible** to deliver remaining vaccine.

 **DO NOT INJECT. DO NOT USE A NEEDLE.**

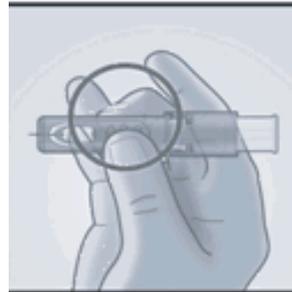
Note: Active inhalation (i.e., sniffing) is not required by the patient during FluMist administration

V: APPLICATION PROCEDURE: Fluzone[®] Intra Dermal⁶

Position of hand and fingers are crucial.



Remove Needle Cap



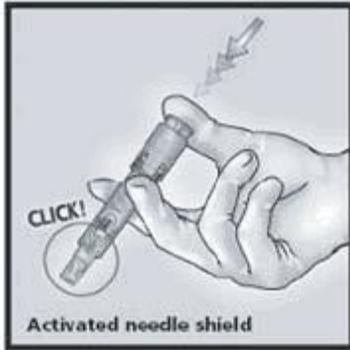
Hold Microinjection System Between Thumb and Middle Finger.



Insert the Needle Rapidly and Perpendicular to the Skin



Inject Using the **Index Finger**



Remove Needle from Skin and Activate Needle Shield
by Pushing Firmly on Plunger.

Video available at: [https://www.vaccineshoppe.com/static/FluID2/fluid-video-desktop.html?utm_medium=cpc&utm_source=google&utm_campaign=Branded&grp=ID&utm_term=fluzone intradermal&utm_content=Branded Fluzone](https://www.vaccineshoppe.com/static/FluID2/fluid-video-desktop.html?utm_medium=cpc&utm_source=google&utm_campaign=Branded&grp=ID&utm_term=fluzone%20intradermal&utm_content=Branded%20Fluzone)

Accessed 30 December 2015.

REFERENCES

1. Immunization Action Coalition. Ask the Experts. Administering Vaccines. 2015. Available at: www.immunize.org/askexperts/administering-vaccines.asp . Accessed 30, December 2015.
2. FDA. Vaccines, Blood and Biologics. 2015. Available at: www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833 . Accessed 30 December 2015.
3. CDC. General Recommendations on Immunizations. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011; 60 (RR-2). Available at: www.cdc.gov/mmwr/pdf/rr/rr6002.pdf Accessed 22 December 2015.
4. Immunization Action Coalition. Administering vaccines: dose, route, site, and needle size. 2015. Available at: www.immunize.org/catg.d/p3085.pdf Accessed 30 December 2015.
5. FluMist[®] package insert. 2015–2016. Available at: www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM294307.pdf Accessed 30 December 2015.
6. Fluzone[®] Intradermal Microinjector package insert. 2015–2016. Available at: <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM426679.pdf> Accessed 30 December 2015.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 971.673.0300. For other questions, consult with the vaccine recipient's primary health care provider or a consulting physician.

Electronic copy of this protocol available at:

<http://1.usa.gov/PharmacyImmunizationProtocols>