

**NURSE PROTOCOL/PROCEDURE FOR  
PREVENTION OF NOVEL H1N1 INFLUENZA  
USING LAIV**

**Revised 10/09/2009 @ 3:00PM**

**INFLUENZA A (H1N1) 2009 MONOVALENT VACCINE LIVE, INTRANASAL (LAIV)**

**1 INDICATIONS AND USAGE**

Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal (LAIV) is indicated for the active immunization of healthy individuals 2 through 49 years of age against influenza disease caused by pandemic (H1N1) 2009 virus.

**2 DOSAGE AND ADMINISTRATION**

**2.1 Dosing Information**

Clinical studies are ongoing with Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal (LAIV) to determine the optimal number of doses.

Available data show that children 9 years of age and younger are largely serologically naïve to the pandemic (H1N1) 2009 virus. Based upon these data Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal (LAIV) should be administered as follows:

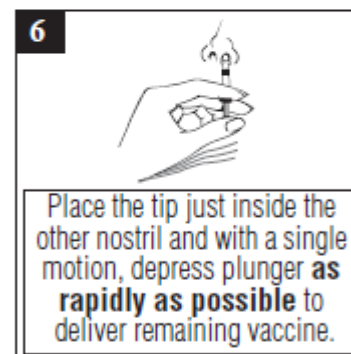
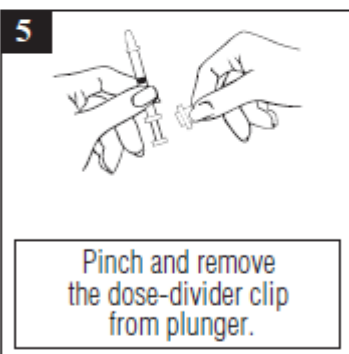
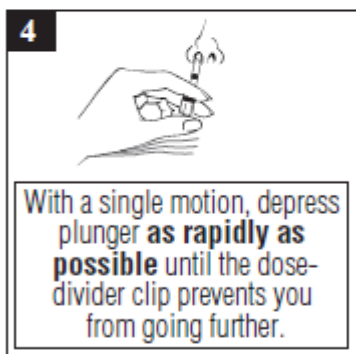
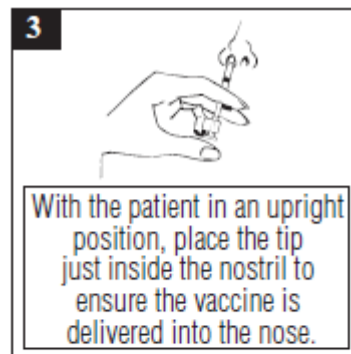
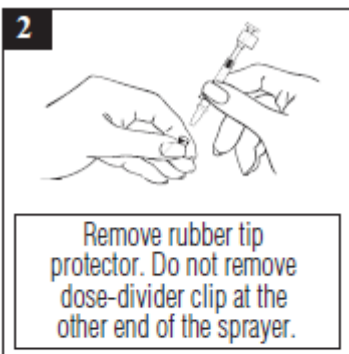
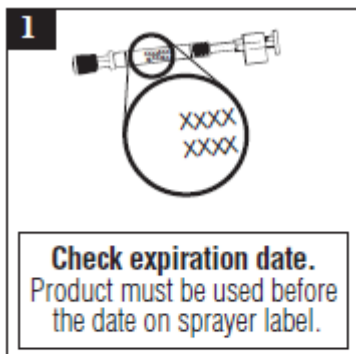
<b>Age Group</b>	<b>Dosage Schedule</b>
Children age 2 years through 9 years	2 doses (0.2 mL* each, approximately 1 month apart)
Children, adolescents and adults age 10 through 49 years	1 dose (0.2 mL*)

Administer as 0.1 mL per nostril.

Each 0.2 mL dose is administered as 0.1 mL per nostril.

**2.2 Administration Instructions**

Each sprayer contains a single dose; approximately one-half of the contents should be administered into each nostril. Refer to the administration diagram for step-by-step administration instructions. Once the vaccine has been administered, the sprayer should be disposed of according to the standard procedures for medical waste (e.g., sharps container or biohazard container)



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

### 3 CONTRAINDICATIONS

- Persons with a history of hypersensitivity, including anaphylaxis, to eggs, egg proteins, gentamycin, gelatin, or arginine
- Persons aged <2 years or those aged  $\geq 50$  years
- Persons with any of the underlying medical conditions that serve as an indication for routine influenza vaccination, including asthma, reactive airways disease, or other chronic disorders of the pulmonary or cardiovascular systems; other underlying medical conditions, including neurological, neuromuscular or metabolic diseases such as diabetes, renal dysfunction, and hemoglobinopathies
- Known or suspected immunodeficiency diseases or immunosuppressed states due to HIV/Aides, high-dose steroid therapy or cancer treatment with drugs or radiation therapy
- Children aged 2-4 years whose parents or caregivers report that a health-care provider has told them during the preceding 12 months that their child had wheezing or asthma, or whose medical record indicates a wheezing episode has occurred during the preceding 12 months
- Children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection)
- Persons with a history of Guillain-Barre Syndrome
- Pregnant women
- Nursing mothers
- Persons who have received antiviral therapy in the past 48 hours
- Persons with moderate to severe illnesses with or without fever

#### 4 ADVERSE REACTIONS

The most common adverse reactions are runny nose or nasal congestion in all ages, fever > 100° F in children 2-6 years of age, and sore throat in adults. Other possible side effects include decreased appetite, irritability, decreased activity or lethargy, headache, muscle aches and chills. For further information see package insert.

#### 5 DRUG INTERACTIONS

Antiviral Agents Such As Tamiflu (oseltamivir) and Relenza (zanamivir): Do not administer Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal (LAIV) until 48 hours after antiviral therapy cessation. Antiviral agents should not be administered until 2 weeks after LAIV administration.

Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal (LAIV) can **not** be given at the same visit with other live vaccines (such as MMR, VZV, Rotarix or Rotateq).

The interval between LAIV and any other live vaccine must be at least 30 days.

Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal (LAIV) can be given at the same visit with inactivated vaccines or at any time before or after the administration of inactivated vaccines.

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