

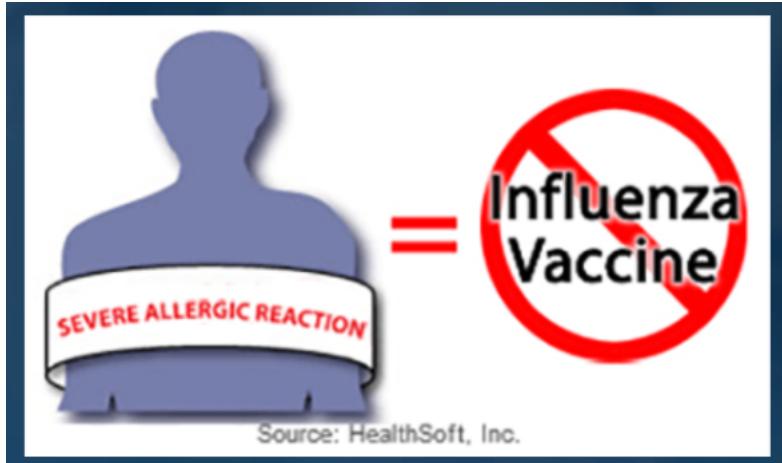
Drive Thru Vaccine Clinic –Medical Park (Large Scale)– Reference Guide

Safety Concerns

- All employees must be vaccinated and be wearing proper PPE
- Mask, gloves, to be interchanged after every vaccination and wash hands
- Vaccinator must be properly trained and CPR/AED Certified
- EpiPen and allergy kit on hand for anaphylactic reaction
- Implement proper social distancing
- Properly sanitize all equipment that has patient contact, sterile environment + hoods
- Ask Patients about current health before vaccinating
- Is the patient ill or pregnant, immune compromised, any seizures?
- Make sure patient is under 100 degrees Fahrenheit
- Look for contraindications – cancer patient or HIV and others?
- Swab shot location with alcohol
- Wipe with sterile cloth or wipe and give band aid for shot
- Make sure no allergic reaction for 15 minutes after vaccine
- Keep in mind patient comfort and some patients are fearful
- Have AC or fans for employees and patients if outside
- If there is ever a recall on vaccines you must be able to notify patients
- Proper disposal of vaccine needles into sharp lock box

There are several contraindications and precautions to seasonal influenza vaccine. Some apply to both IIV and LAIV formulations, and some apply only to LAIV. The only permanent contraindication to influenza vaccine is severe allergic reaction (anaphylaxis) to a previous dose of influenza vaccine or a vaccine component. Ask about allergies when screening persons for influenza vaccine. Do not give influenza vaccine to persons who have had a previous severe allergic reaction* to influenza vaccine or any vaccine component. Allergy to eggs must be distinguished from allergy to influenza vaccine.

*Persons who have a history of anaphylactic hypersensitivity to vaccine components but who also are at high risk for complications from influenza can benefit from vaccine after appropriate allergy evaluation and desensitization. Prophylactic use of antiviral agents is an option for preventing influenza among such persons.



Source: HealthSoft, Inc.

Influenza vaccines (like all vaccines) contain various components that might cause allergic and anaphylactic reactions. Not all such reactions are related to egg proteins; however, the possibility of reactions to influenza vaccines in egg-allergic persons might be of concern to these persons and vaccine providers. With the exceptions of RIV and ccIIV4, currently available influenza vaccines are prepared by propagation of virus in embryonated eggs and might contain trace amounts of egg proteins, such as ovalbumin.

ACIP recommends the following:

- Persons who have experienced only urticaria (hives) after exposure to egg should receive any licensed, recommended age-appropriate influenza vaccine (IIV, RIV, or LAIV).
- Persons reporting symptoms other than hives, such as angioedema or swelling, respiratory distress, lightheadedness, or recurrent vomiting, or who required epinephrine or another emergency medical intervention, may similarly receive any licensed, recommended age-appropriate influenza vaccine.
 - If a vaccine other than ccIIV4 or RIV4 is used, the selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.
- A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of causing the reaction, is a contraindication to future receipt of the vaccine.

Some vaccine vial stoppers or syringe parts (plungers or needle covers) are made with natural rubber, which may contain latex as well as other impurities from the original latex material. Latex and other impurities may, therefore, be present in very small quantities in the vaccine, on the needle as it passes through the stopper, or in the syringe itself. Synthetic rubber and synthetic latex also are used in syringe plungers and vial stoppers and do not contain natural rubber or natural latex nor the impurities linked to allergic reactions. Latex or dry natural rubber used in vaccine packaging is generally noted in the manufacturer's package insert and sometimes in the product labeling and packaging information.

Persons with a history of anaphylactic reactions to latex should generally not be given vaccines that have been in contact with natural rubber, either in the vial or in the syringe.

Persons with latex allergies that are not anaphylactic in nature may be vaccinated as usual. For latex allergies other than anaphylactic allergies (e.g., a history of contact allergy to latex gloves), vaccines supplied in vials or syringes that contain dry natural rubber or natural rubber latex can be administered.

Influenza Vaccine Brands and Approved Ages

Influenza Vaccine Brand		Age
Afluria Quadrivalent	IIV4	6 months of age & older by needle/syringe (18 through 64 years by jet injector)
Fluarix Quadrivalent	IIV4	6 months of age & older
FluLaval Quadrivalent	IIV4	6 months of age & older
Fluzone Quadrivalent	IIV4	6 months of age & older
Flucelvax Quadrivalent	clIIV4	4 years of age & older
Fluzone High-Dose Quadrivalent	HD-IIV4	65 years of age & older
Fluad Quadrivalent	alIIV4	65 years of age & older
Fluad	alIIV3	65 years of age & older
Flublok Quadrivalent	RIV4	18 years of age & older
Flumist	LAIV4	2 years through 49 years of age

One temporary precaution to all vaccines is moderate or severe acute illness. Defer any influenza vaccine when moderate or severe illness is present. Defer LAIV, or give IIV, if a person has nasal congestion that may keep the vaccine from reaching the mucous membranes in the nasopharynx. Both types of seasonal influenza vaccine can be given, as appropriate, when a person:

However, influenza vaccine can be given when a person:

- Has a mild illness.
- Is in the convalescent phase of an acute illness.
- Is taking antibiotics.

Clinical experience with influenza vaccination of persons with COVID-19 is limited. For those who have acute illness with suspected or laboratory-confirmed COVID-19, clinicians can consider delaying influenza vaccination until the patients are no longer acutely ill. If influenza vaccination is delayed, patients should be reminded to return for influenza vaccination once they have recovered from their acute illness.



Cold Chain Management

- Vaccines shipped in pre packed Styrofoam coolers with layers of ice packs and temperature indicators
- Either pre filled syringes or viles to be drawn out with syringe
- Put straight into temperature controlled fridge between 36-44 degrees Fahrenheit
- Optimal temp of 40 degrees
- Take out a box in the morning to let warm up 15 minutes before first vaccine
- Might have to warm vaccine between hands before administering if too cold
- Use qualified drivers to ship vaccines that are aware of proper cold chain management
- Do not break cold chain
- Vaccines in coolers no longer than 24 hours
- Temperature indicators turn red if cold chain is broken
- Fridge has alarm to notify if temperature gets too high
- Either go inside to get vaccines from fridges or have fridges outside
- Take 100 doses at a time must be used within an hour after removed from fridge
- Must dispose of vaccines properly if too warm

Vaccine Storage and Handling

- Store all influenza vaccines (IIV, RIV, and LAIV) refrigerated between 2°C and 8°C (36°F and 46°F), with a desired average temperature of 5°C or 40°F.
- Do not freeze influenza vaccines. If the vaccine has been exposed to freezing temperatures, store the vaccine at the appropriate temperature, isolate and mark "Do NOT Use," and consult the vaccine manufacturer and/or your state or local immunization program for guidance.
- Store in the original package to protect influenza vaccines from light.
- Do not use any influenza vaccines beyond the expiration date printed on the label.
- Some influenza vaccines in multidose vials have a "beyond use date" (BUD) once the vial is entered. Do not use the vaccine after the BUD, even if the expiration date printed on the label has not been reached. Refer to the manufacturer's package insert for the information needed to establish the BUD.

- Multidose vials typically contain a preservative to help prevent the growth of microorganisms, so they can be entered or punctured more than once.
 - Only the number of doses indicated in the manufacturer's package insert should be withdrawn from the vial. After the maximum number of doses has been withdrawn, the vial should be discarded, even if there is residual and the expiration date has not been reached. (For example: the manufacturer's package insert for FluZone Quadrivalent indicates that "a maximum of ten doses can be withdrawn from the multi-dose vial.")
- Between uses, return a multidose vial to the recommended storage conditions between 2°C and 8°C (36°F and 46°F).
- Do not activate a manufacturer-filled syringe until ready to use. Once activated (needle added or needle cover removed), a manufacturer-filled syringe must be used that day or discarded at the end of the workday because the sterile seal has been broken.

- Predrawing vaccine doses is not recommended because there are no data on the stability of vaccines stored in syringes filled by providers. CDC recommends using manufacturer-filled syringes for large immunization events, such as community influenza clinics because these syringes are designed for both storage and administration.
- Discard vaccine vials and syringes using proper medical waste disposal procedures.

Process and Flow of Vaccine Clinic

- Ideally have patients pre-register for vaccine via website or phone before clinic starts
- Ideally no walk ups as this slows process and creates bottlenecks
- Ideally already collect payment online or over the phone

- Patients are greeted by a nurse or employee that asks initial questions
Are they registered, are they feeling ill, and contra indications
- Patients then go to paperwork station, includes verification of all paperwork and consent forms as well as payment if not already collected
- Patients drive on to vaccine stations and get vaccinated
- Document all vaccinations
- Patients drive to a brief waiting area, are given callback and safety info
- Patients Leave

Vaccine Administration

All presentations of IIV and RIV available in the United States for the 2020–21 influenza season are administered by the intramuscular (IM) route. A needle length appropriate for the age and size of the person receiving the vaccine should be used. The preferred injection site in infants and small children is the vastus lateralis muscle on the anterolateral aspect of the thigh. The preferred injection site in older children and adults is the deltoid muscle.



Afluria Quadrivalent brand influenza vaccine may be administered intramuscularly to adults 18 through 64 years of age using the PharmaJet Stratis® needle-free injection system. The Stratis jet injector is a reusable spring-powered device that injects the vaccine into the deltoid muscle through a single, sterile, needle-free syringe. All other inactivated influenza vaccines are approved for administration by sterile needle and syringe only. For more information, go to the manufacturer's website at <http://pharmajet.com>.

The dose and number of doses of seasonal influenza IIV varies by age. The table below shows intramuscular IIV and RIV influenza vaccine dosages and doses by age group.

Age Group	Dose	Number of Doses
6 through 35 months of age	Afluria Quadrivalent: 0.25 mL Fluarix Quadrivalent: 0.5 mL FluLaval Quadrivalent: 0.5 mL Fluzone Quadrivalent: 0.25 mL or 0.5 mL*	1 or 2 doses**
36 months through 8 years of age	0.5 mL	1 or 2 doses**
9 through 64 years of age	0.5 mL	1 dose
65 years of age or older	Fluzone High-Dose Quadrivalent: 0.7 mL All other IIV or RIV vaccines: 0.5 mL	1 dose

*Fluzone Quadrivalent is currently licensed for ages 6 through 35 months at either 0.25 mL or 0.5 mL per dose. However, 0.25-mL prefilled syringes are not expected to be available for the 2020–21 influenza season. If a prefilled syringe of Fluzone Quadrivalent is used for a child in this age group, the dose volume will be 0.5mL per dose.

**Recommendations for the number of doses of inactivated influenza vaccine (IIV) for children 6 months through 8 years of age are reviewed on an upcoming screen.

The number of doses of LAIV varies according to the recipient's age. The table contains the dosage information for seasonal influenza LAIV by age group.

Age Group	Dose	Number of Doses
2 through 8 years of age	0.2 mL / dose (0.1 mL in each nostril)	1 or 2 doses*
9 through 29 years of age	0.2 mL / dose (0.1 mL in each nostril)	1 or 2 doses*

*Recommendations for the number of doses of live, attenuated influenza vaccine (LAIV) for children 2 through 8 years of age are reviewed on an upcoming screen.



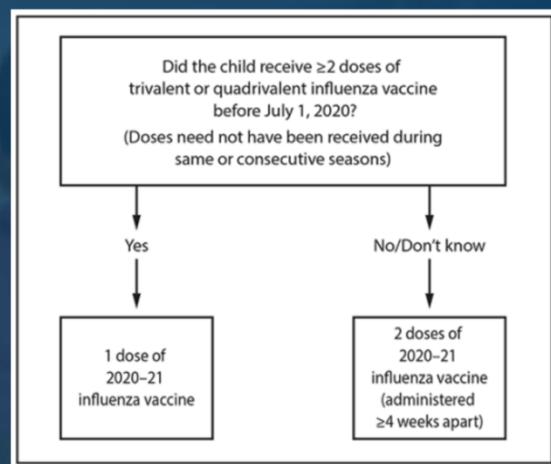
LAIV is administered by the intranasal (NAS) route. The dose is the same for all age groups. LAIV is supplied in a prefilled, single-use sprayer containing 0.2 mL of vaccine. Approximately 0.1 mL (i.e., half of the total sprayer contents) is sprayed into the first nostril while the recipient is in an upright position. An attached dose-divider clip is removed from the sprayer before administering the second half of the dose into the other nostril. If the vaccine recipient sneezes after administration, do not repeat the dose.

Source: Sanofi Pasteur

Children 6 months through 8 years old require 2 doses of influenza vaccine (given at least 4 weeks apart) during their first season of vaccination to optimize response.

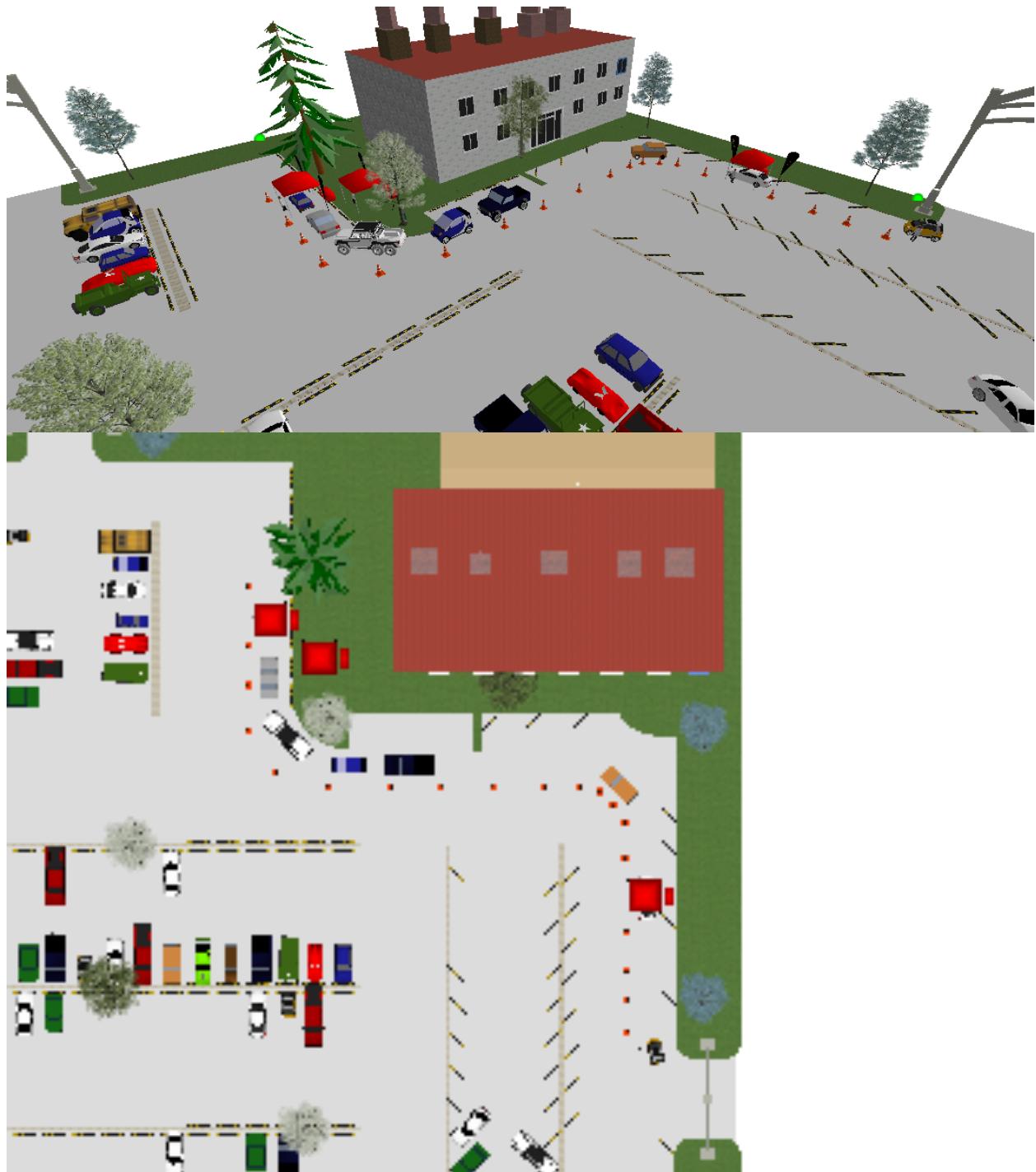
For 2020–21, ACIP recommends that children 6 months through 8 years old who have previously received 2 or more total doses of trivalent or quadrivalent influenza vaccine at least 4 weeks apart before July 1, 2020 require only 1 dose for 2020–21. The 2 previous doses need not have been given during the same season or consecutive seasons.

Children in this age group who have not previously received a total of 2 or more doses of trivalent or quadrivalent influenza vaccine at least 4 weeks apart before July 1, 2020 require 2 doses for the 2020–21 season. The interval between the 2 doses should be at least 4 weeks. Two doses are recommended even if the child turns 9 years old between dose 1 and dose 2.



An algorithm for vaccination of children 6 months through 8 years of age for 2020–21 influenza season.

Recommended Layout – 1 Lane





Recommended Layout – 2 Lane





Recommended Layout – 3 Lane



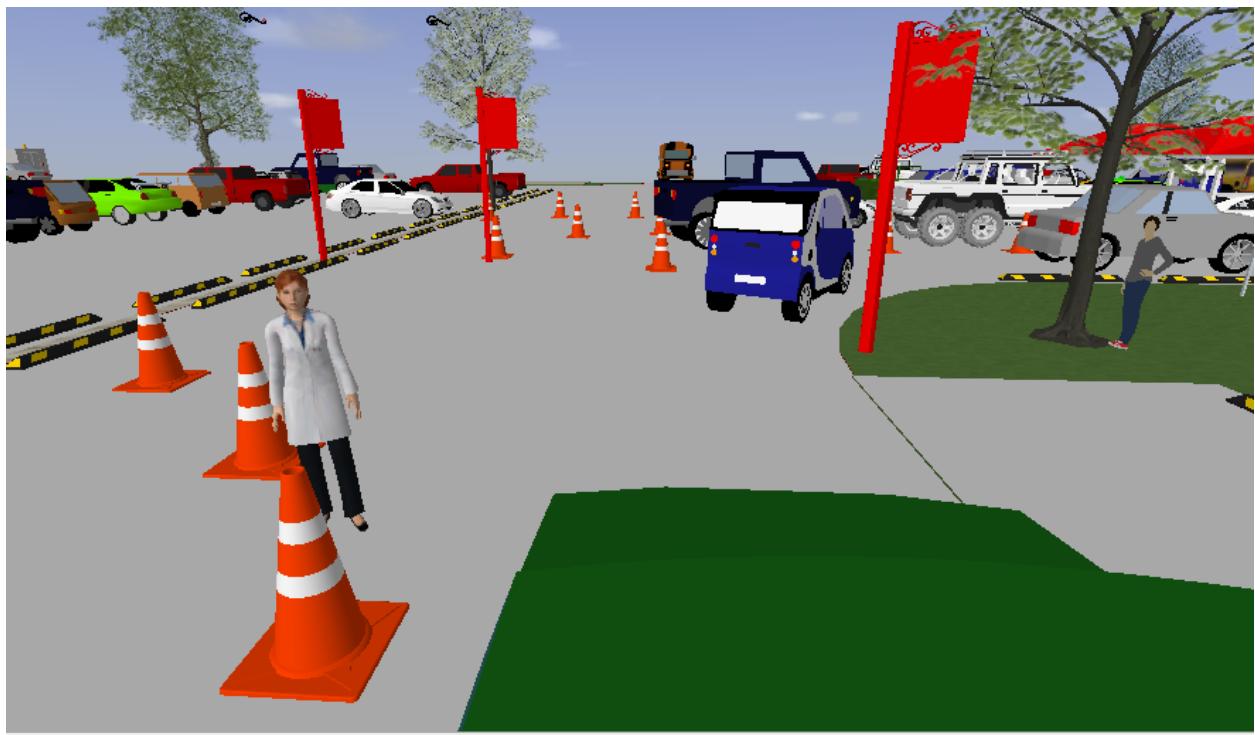


Extra Considerations:

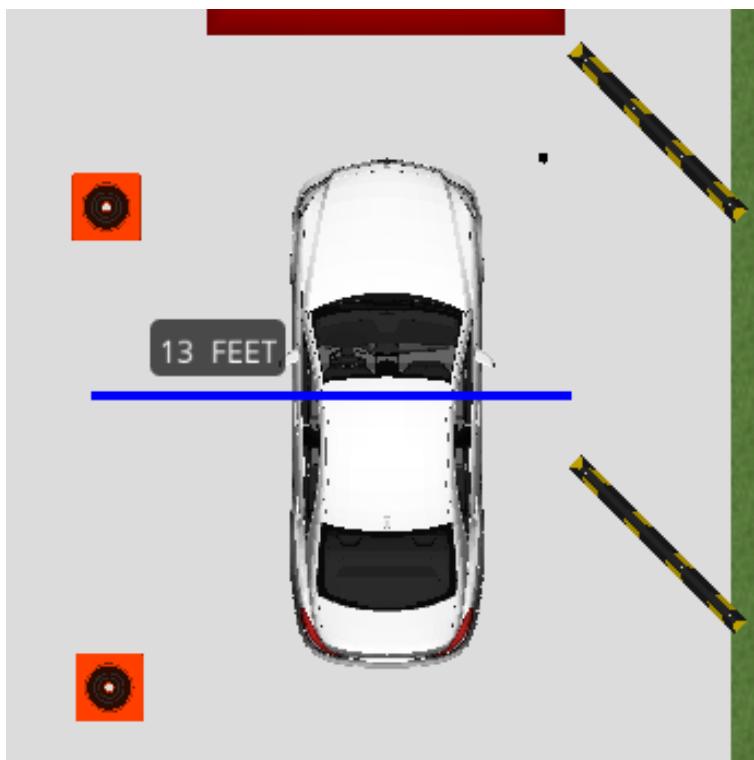
- For 3 or more lane drive thru:

At the point where the single line splits into multiple lanes ; having large signs that can be easily seen by the driver aids in traffic flow.

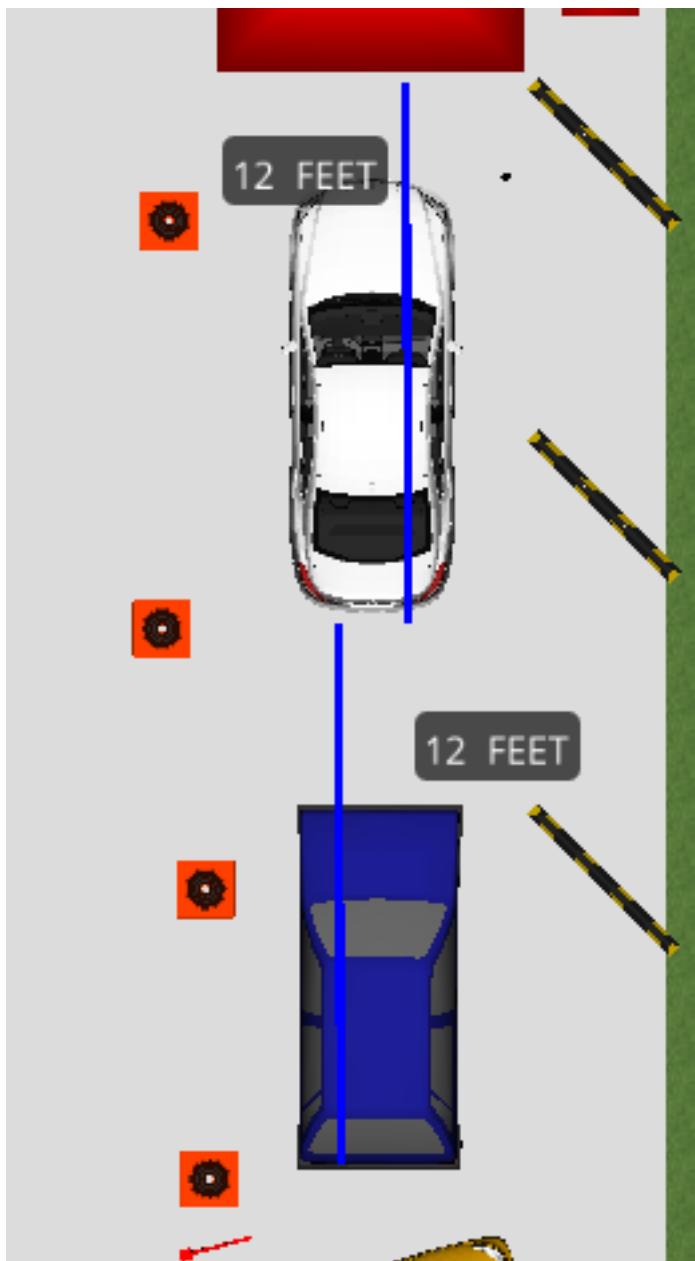
It is essential to have a traffic controller at points where cars move to different stations.



Leave an 18 – foot radius for vehicles at any turning points.



Minimum of 13 – foot width for lanes.



Good assumption is 12 feet of space per vehicle in lanes.

Supplies Needed

- COVID - 19 PPE
- Masks, face shields, gloves
- Band aids, alcohol swabs or wipes
- Clipboards, pens (patient paperwork)
- Tent or coverings for stations
- Fans or AC units if required
- Cones or markers to direct traffic
- Fridges or coolers if vaccine kept outside
- Sterile hoods or tables to prepare vaccines
- Vaccines (pre filled syringes or viles)
- Sharp lock box for disposing used vaccines
- Allergic Reaction Kit (epinephrin)
- Accidental Stick Kit (if nurse gets stuck from needle)
- Payment equipment (laptop, credit card machine, receipts)

Recommended Staffing

-Staffing requirements:

- CPR/AED certified

-Pharmacist, CRNA, Physician, Pediatrician, Nurse, Vaccine Coordinator

	Large Clinic ~ 15,000 patients		
	1-lane	2-lane	3-lane
# of vaccines/hour	42	80	113
# of staffing	7	14	21
Total Output/week	1890	3600	5085

Sources and Other Recommendations

<https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/curbside-vaccination-clinics.html>

<https://www.cdc.gov/flu/school/slv/support.htm>

