FLU SHOT FAQ AND IMPORTANT POINTS:

DO NOT OPEN BAND-AIDS until you are ready to use them. Band-aids are sterile and opening a bunch before use always ends up being wasteful.

DO NOT REMOVE NEEDLE CAPS with your mouth. It is unclean and appears unprofessional.

RE Pregnant Women:
As is always noted in the CDC’s annual report on flu vaccine information and recommendations, experts consider the FLU SHOT safe for pregnant women and breastfeeding women and their infants. Vaccination is recommended for women who will be pregnant during the flu season because of their increased risk for flu-related complications. And, chances are they have already spoken with their doctors about it. HOWEVER, be advised that the states of CA, DE, MO, NY and WA have enacted legislation about not giving mercury-containing vaccine to pregnant women. This particularly pertains to flu vaccine from multi-dose vials, which contain greater amounts of thimerosal. Pregnant women in these states should be vaccinated with “thimerosal-free” vaccine. Also, be aware that certain clients may have special requests related to this. For examples, some companies may not want you to administer shots to pregnant women at all and some may order “thimerosal-free” vaccine for them. Carefully review your Event Worksheet for any notes regarding such special requests. There is increased awareness about giving flu shots to pregnant women. Of particular concern to many is the fact that a lot of flu vaccine contains thimerosal, a mercury-containing organic compound that is widely used as a preservative. In the late 1990s, overly conservative risk assessments led to the removal of thimerosal from childhood vaccines. The assessment made the assumption that the ethylmercury in thimerosal could affect the body as much as methylmercury, which can have negative affects on the nervous system. However, since then, it has been found that ethylmercury is cleared from the body and the brain significantly faster than methylmercury. Basically, in the late 90s, thimerosal was removed from vaccines purely as a precautionary measure. The current scientific consensus is that no convincing evidence supports claims that thimerosal is connected to autism or any other neurodevelopmental disorders. Despite this, many parents and some scientists and doctors, believe there is a connection, which makes this a controversial topic.

RE Changing Gloves After Each Shot:
The use of gloves during vaccine administration is primarily for your (the nurse’s) protection and we require that you wear two gloves (one on each hand). Gloves must be changed when contaminated with body fluids such as blood, but not necessarily between each vaccine administration the way you must when drawing blood via finger stick or venipuncture. In fact, it is rare that gloves are contaminated during flu shot administration and it is very wasteful to use a new pair of gloves for each flu shot participant. For this reason, as mentioned above, we do not send a pair of gloves for each expected flu shot participant and we ask that you please only change gloves when they are contaminated. If you do not follow this, you may run out of gloves at your flu shot event.

RE Participants Staying With Nurse After Receiving Flu Shot:
Life-threatening allergic reactions (which usually occur immediately) are very rare but possible in individuals allergic to any vaccine component. It is not mandatory for a flu shot recipient to stay next to the nurse after vaccination, however, he or she should be instructed to stay in the vicinity and in the presence of others for at least 15 minutes, whether or not he/she has had a flu shot before.

RE Aspirating Before Injecting Flu Vaccine:
It is not necessary to aspirate before injecting flu vaccine. Generally, IM injection procedures involve aspirating before administering medicine, etc. to ensure that it is not in a blood vessel. Certain meds intended for IM absorption could do harm if administered directly into the blood stream. This is not the case for flu vaccine.

RE 2009 H1N1:
The 2009 Novel H1N1 Flu vaccine is part of this year’s Seasonal Flu vaccine. Remember, there are many different strains of the flu virus, as well as other similar illnesses. The flu vaccine covers only the three flu viruses that are chosen to be most likely to cause illness during the upcoming season, though it might also provide protection against other closely related or similar flu viruses. If the 2009 Novel H1N1 Flu had presented sooner, it would have been one of the three strains included in the 2009-2010 Seasonal Flu vaccine. Unfortunately, the 2009 Novel H1N1 Flu started making people sick after the 2009-2010 Seasonal Flu vaccine was already in production. Because it was too late to add the 2009 Novel H1N1 to the 2009-2010 Seasonal Flu vaccine, and because the 2009 Novel H1N1 Flu was expected to cause a lot of illness, it was determined that an additional flu vaccine should be made. THE ONLY DIFFERENCE in the two vaccines last year was the strains included in them. A flu shot is a flu shot. The strains included in Seasonal Flu vaccine are updated each year, which is one of the reasons why annual flu vaccination is recommended. While the H1N1 virus is the same, the H3N2 and B vaccine viruses are different from those that were selected for the northern hemisphere the last two years. This year, the 2012-2013 Seasonal Flu vaccine includes the following three strains:

- A/California/7/2009 (H1N1)pdm09-like virus (the same strain used for 2009 H1N1 monovalent vaccines)
- A/Victoria/361/2011 (H3N2)-like virus
- B/Wisconsin/1/2010-like virus
Administering Flu Shots:

- Make sure that Consent Forms are complete, signed and dated with questions answered and blanks filled in.
- Simultaneously complete, before or after administration, the “Nurse Box” with the Clinic ID, date, your name, injection site and vaccine lot number. Be careful if you are working with multiple lots.
- Uncover the deltoid muscle and locate the center of the “upside-down triangle.” You may also pinpoint the spot between two imaginary lines, one just below the shoulder bone and one at the armpit. Believe it or not, many nurses do not properly administer deltoid IM injections. View the sites indicated in the pictures above. Some nurses administer too low or towards the back of the arm while some administer too high, near the shoulder joint. In those cases, it is very likely that vaccine is not injected into muscle at all and could possibly cause damage. It is very important that you administer the shot into the very center of the deltoid. For large participants, you may need to use the 1.5-inch needles included in your shipment in order to reach the center of the deltoid. If participants have sleeved shirts, you may reach the site by having them pull their shirts down over their shoulders or push their sleeves up over them. If neither exposes the site sufficiently, participants may need to remove their shirts. You must be able to reach the proper site so that vaccine is absorbed as it should be!
- Choose an injection site that is free of tattoos, moles, bruises, scars, rashes, and visible blood vessels.
- Wipe injection site with alcohol pad in a circular and outward-moving motion and wait for it to dry.
- Ensure that participant is sitting comfortably and instruct him/her to hold still and relax his/her arm as best as he/she can. If the muscle is tense, the needle will go through more layers of it, and the participant will more likely feel pain and/or soreness during and afterwards. NOTE that if participants hold their arms up for you to inject, their deltoid muscles are tense. Have them hang their arms at their sides to ensure they are as relaxed as possible. Be sensitive to participants’ feelings. If they are uncomfortable, instruct them to look away and try to relax. If they remain uncomfortable, allow them the option to wait until later during the clinic to receive the shot.
- Check syringe for correct dosage, air bubbles, precipitate, freezing, discoloration, etc.
- When alcohol is dry, stretch skin between thumb and forefinger.
- Introduce needle at a 90-degree angle with a quick thrust and advance as necessary into the muscle tissue. Consider that you want to inject the vaccine right into the middle of the muscle tissue away from blood vessels, nerves and bones. In people with little body fat and small muscles you might not need to advance the needle very far, while in obese individuals you might need to advance the needle all the way to ensure you are injecting vaccine into muscle and not fat tissue.
- Inject the vaccine, remove the syringe and dispose of it.
- Use cotton balls and bandages and instruct participants to apply pressure to site as necessary.
- You must give each individual a copy of the CDC’s current Vaccine Information Statement (VIS).