## <u>What months are flu shots given</u>



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Can I fill pre-filled syringes for an anti-flu clinic? If so, how long before the clinic can pre-fill the syringes? The CDC recommends that vaccines should only be prepared and prepared immediately before administration. Generic syringes are designed for immediately before administration. syringes with pre-filled vaccine, especially with vaccines without preservatives. In addition, the components of the vaccine may interact over time with the polymers contained in a plastic syringes filled with the manufacturer for large vaccination clinics. However, if the vaccine needs to be pre-filled: Do not prepare the vaccines before a clinic is not acceptable. Each person administering the vaccine should not aspirate more than one multidose vial, or ten doses at a time. Monitor patient flow to avoid creating unnecessary doses. Dispose of the remaining vaccine in pre-filled syringes at the end of the working day. If different vaccines (such as anti-flu and pneumococci vaccines) are available, set up a separate dispensing station for each type of vaccine to avoid therapeutic errors. Further information on the storage and handling of the vaccine can be found in the CDC's Storage and Handling Toolkit. What is the appropriate time for children will need two doses of flu vaccine in the same season. The following children will need 2-dose flu vaccine, administered at least four weeks apart, for season 2020-2021: Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history Children aged between six months and eight years who have never received a seasonal flu vaccine or for whom the vaccination history children aged between six months and eight years who have never nev children will require a dose of influenza vaccine for 202020Ã ¢ ôâ "2021 season: children 6 months for eight years of age and more elderly \* It is not necessary to receive doses during the same or consecutive influenza seasons. What is the correct dose (volume) of the vaccine? The quantity of inactivated vaccine (injectable) that must be administered intramuscularly is based on the patient  $\tilde{A} \notin \hat{a} \notin$  months of age, the correct dosage (volume) is: 0.25 ml for Afluria Quadrivalent 0.5 ml for Fluarix Quadrivalent 0.25 ml or 0.5 ml for FuZonone Quadrivalent 0.5 ml for fuzone quadrivalent. For people of 65 years of age and ages, and the correct dosage is 0.7 ml. What is the site and the recommended length to administer influenza vaccine to adults for intramuscular injection? The decisions relating to the size of the muscle, the thickness of the adipose tissue in the injection site and the injection technique. For adults 19 years old and older, the deltoid muscle in the upper arm is the favorite site, even if the Vastus Lateralis muscle in the anterolateral thigh can be used if the Deltoid site cannot be used. Flu vaccines are not very viscous, so you can use a to fine gauge (22-25-gauge). Use a needle à ¢ â - For men and women who weigh less than 130 pounds (60 kg). Insert the needle to a 90-degree 90-degree 90-degree And stretch the plate skin between thumb and index. Use a needle of a millimeter for men and women weighing 152Å ¢ â € a € co 70 kg). Use a 1 to 1Å, cm needle for women weighing 152Å ¢ â € a € co 70 kg). kg). Use a 1ã.mm needle for women who weigh more than 200 pounds (90 kg) and men weighing more than 260 pounds (118 kg). CDC has resources for the administer the flu vaccine, including a length folder of needles and gauge and demonstration video for intramuscular injection and intranasal Guidelines on best practices for CDC immunization for injection safety One and unique campaign should I aspire before injection is not necessary first to inject vaccines. The advisory committee for immunization practices, 128; Â <sup>m</sup> General guidelines for best practices for immunization indicate that aspiration is not required before administering a vaccine. It can be administered an influenza vaccine inactivated simultaneously with other vaccines, such as polysaccharide pneumococcal vaccines (PPSV23) or zoster (RZV). Yes à ¢ â € Â "If other vaccines are indicated, they can be administered during the same clinical encounter with the vaccine should be administered at a separate injection site. Injection sites should be separated by one centimetre or more, if possible, so that any local reactions can be differentiated. live attenuated influenza vaccines are given at the same time as other vaccines. However, if two live attenuated vaccines (injectable and intranasal) are not administered during the same clinical visit, they should be separated by at least 4 weeks (28 days) to minimise the potential risk of interference. For example, if you have been given live attenuated influenza vaccine (LAIV), at least 4 weeks should elapse before you receive MMR. What are the current recommendations for people with an egg allergy? Can they get the flu shot? The Advisory Committee on Immunization Practices has recently updated its recommendations for the administration of influenza vaccine approved for use in adults is inadvertently administered to a child, is this considered a valid dose? If an inactivated influenza formulation approved for adults is inadvertently administered to a child, it should be counted as a single valid dose for the child. Healthcare providers should take steps to determine how the error occurred and implement strategies to prevent it from happening in the future. In addition, providers are encouraged to report all vaccine administration errors, including those not associated with an adverse event, to the Vaccine Adverse Event Reporting System (VAERS) external icon. A discussion of strategies to prevent mistakes can be found in the chapter "Administering vaccines." And prevention of diseases to preventing vaccines (â â â â ê Book "). Additional resources can be found on the CDC's web page dedicated to vaccine administration. I have to repeat a dose of an anti-flu vaccine administered by an incorrect route (e. g. intradermal route)? Yes, if a formulation labelled for intramuscular injection is administered subcutaneously or intradermally, it should be repeated. The dose can be given as soon as possible. A minimum interval between the non-valid dose (subcutaneous or intradermal) and the repeated dose is not required. Incorrect administration of the vaccine is considered to be a mistake. strategies to prevent it happening in the future. In addition, we encourage suppliers to report all vaccine administration errors, including those not associated with an adverse event, to the Adverse Event Reporting System (VAERS) external label. A discussion on strategies for preventing errors is given in the chapter Administration of vaccines' of Epidemiology and disease prevention for vaccine prevention (the Pink Paper). Additional resources can be found on the CDC website dedicated to the administration of a dose (volume) lower than that recommended for an inactivated influenza medicinal product, an additional vaccine is administered and re-vaccination may recommended for an inactivated influenza vaccine is administered and re-vaccination may recommended for an inactivated influenza vaccine is administered and re-vaccination may recommended for an inactivated influenza vaccine is administered and re-vaccination may recommended for an inactivated influenza vaccine is administered and re-vaccination may recommended for a second definition of the patient receives a complete dose. occur on the same day as the clinic, the patient should receive a residual volume to reach correct. For example, if the correct dose for the patient is 0,5 mL and the patient is 0,5 mL, an additional dose of 0,25 mL (for a total of 0,5 mL) should be given if relapse can occur. Recycling. the same day. If the patient cannot be revaccinated until the following day or later, a full dose of inactivated influenza vaccine is required. Giving an incorrect dose is considered a misadministration of the vaccine. Healthcare providers should take steps to determine how the error occurred and implement strategies to prevent it from happening in the future. In addition, we encourage providers to report all vaccine administration errors226;ÂA;ÂA to the external Vaccine Adverse Event Reporting System (VAERS) icon. A discussion of strategies to prevent errors can be found in the chapter on Epidemiology and Prevention of Vaccine-Predictable Diseases (A¢~~~~ Pink Book~;;Å). More resources can be found on the CDCA¢AÂ administration webpage Top of Page

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