

**Mississippi Department of Human Services
Division of Youth Services
Medical Services**

SEASONAL INFLUENZA VACCINATION PROTOCOL

This protocol shall serve as a prescription guideline for the ordering of each Seasonal Influenza vaccine and the administration by an MDYS nurse. All vaccines require a physician order on the Doctor's Order Form prior to administration.

Information, contraindications, precautions, and side effects are provided in the attached vaccine information statement from the Mississippi Department of Health. Follow the procedure within this protocol for reviewing the medical record for allergies, contraindications or precautions.

If it is determined that the youth (up to 18 years old) is to receive this vaccine, the dosage shall be written as follows:

Seasonal Influenza (Single dose administration in the deltoid muscle)

Primary Course: 1st dose 0.5 ml IM Elected Time

Physician Signature

Date

Printed Name of Physician