ARIZONA DEPARTMENT OF HEALTH SERVICES

Standing Order for Administering 2026-2027 Seasonal Influenza Vaccine

I. Purpose

Influenza infection remains a major cause of morbidity impacting the health of Arizonans. This infection has been associated with increased risk of hospitalization and other severe complications, including pneumonia and death. The purpose of this standing order is to reduce the burden of disease and associated morbidity and mortality from influenza infection by facilitating access to vaccines.

II. Authority

The Arizona Department of Health Services (ADHS) is the state's public health agency with the authority to investigate, control, and prevent reportable communicable diseases to ensure the public health and safety of Arizonans. This standing order has been created under the review and signature of a physician in their official ADHS capacity and grants authority to authorized health care professionals (HCP) to vaccinate all persons aged 6 months and older (pending their scope of practice), including pregnant individuals, with the 2026-2027 seasonal influenza vaccine as supported by evidence-based guidance and this order.

III. Policy

A standing order is a written directive that allows authorized HCPs to order or administer immunizations, vaccines, emergency medications, or devices for individuals who meet the criteria set forth in the standing order (A.A.C. R4-23-411). As defined in this order, HCPs include those who hold an active license such as physicians (A.R.S. § 32-1401), physician assistants (A.R.S. § 32-2531), advanced practice registered nurses or nurse practitioners (A.R.S. § 32-1601), and

pharmacists (A.R.S. § 32-1901). More specifically, a pharmacist may order and administer an immunization or vaccine to an eligible adult patient or eligible minor patient in accordance with a valid standing order issued by ADHS (A.A.C. R4-23-411).

The protocol included has been reviewed by the Arizona Board of Pharmacy, but this standing order is not limited only to Pharmacists. This standing order authorizes HCPs as defined to assess, screen, educate, order, and administer seasonal influenza vaccines consistent with this protocol and the Standing Order. It also authorizes a licensed, qualified pharmacist to delegate the administration of seasonal influenza vaccines to an active, licensed, trained intern and pharmacy technician who is supervised by a qualified pharmacist. **NOTE:** Pharmacists in Arizona are authorized to immunize individuals **3 years of age and older** pursuant to this standing order, in line with Arizona law (A.R.S. § 32-1974).

IV. Procedure

Licensed HCPs are required to evaluate criteria of eligibility for vaccination, provide appropriate information and education regarding adverse side effects, screen for any contraindications to vaccination, prepare and administer the vaccine per the product manufacturer recommendations, and perform appropriate documentation regarding vaccination. Vaccine administration sites need to be prepared to provide immediate medical attention in case of vaccine-related emergencies.

The following steps are necessary to administer the 2026-27 seasonal influenza vaccination:

A. Patient Assessment

1. Evaluate an individual's eligibility for Influenza vaccination.

2. Screen for health conditions as listed below and follow guidance as indicated.
    a) Individual factors and conditions that can increase the risk of getting very sick from influenza are listed on the CDC webpage People at Increased Risk for Flu Complications.
    b) Severe allergic reaction (e.g., anaphylaxis) due to any cause that does not qualify as a vaccine contraindication or precaution (including to other oral medications, food, environmental exposures, etc.): Vaccine may be given.
    c) Moderate or Severe Immunosuppression: Vaccine may be given and should be safe, but the vaccine may be less effective due to their immune system. Counsel the person to continue to take steps to protect themselves from influenza after vaccination. If questions or concerns, refer to their health care provider.
    d) Pregnancy/Breastfeeding: Vaccines may be given, but provide appropriate counseling and education.
    e) Bleeding disorder or taking blood thinner: Vaccine may be given, but use a fine-gauge needle (23 gauge or smaller), followed by firm pressure on the site (without rubbing) for at least 2 minutes.

B. Screening for Contraindications and Precautions

1. **Contraindications**: Anaphylaxis to a previous dose of any influenza vaccine or to any vaccine component
    a) For live attenuated influenza vaccine, trivalent (LAIV3):
        (1) Concomitant aspirin- or salicylate-containing therapy in children and adolescents
        (2) Children aged 2-4 years with a diagnosis of asthma or a documented/caregiver-reported episode of wheezing or asthma within the past 12 months

(3) Immunocompromised or in close contact with severely immunocompromised persons
(4) Pregnancy
(5) Presence of any cranial CSF leak
(6) Presence of cochlear implant
(7) Receipt of influenza antiviral medications such as oseltamivir or zanamivir within the previous 48 hours
(a) *Note*: Influenza antiviral receipt might interfere with LAIV3 if initiated within 2 weeks after vaccination. Thus, revaccination with an age-appropriate IIV or RIV is recommended if receiving antivirals during the 2-week period.
(8) Receipt of peramivir within the previous 5 days
(9) Receipt of baloxavir within the previous 17 days

b) An "immediate allergic reaction" is defined as any hypersensitivity-related signs or symptoms consistent with urticaria (hives), angioedema, respiratory distress, or anaphylaxis that occurs within 4 hours following administration.
c) Allergic reactions after vaccination should be differentiated from non-allergic reactions, such as vasovagal episodes and normal vaccine side effects.

2. Specific Note on Egg Allergy:

a) The following organizations recommend egg-allergic individuals (regardless of severity) receive any age-appropriate influenza vaccine (egg-based or non-egg-based) without special precaution.
(1) Asthma and Allergy Foundation of America (AAFA)
(2) American Academy of Pediatrics (AAP)
(3) American Academy of Allergy, Asthma, and Immunology (AAAAI)

(4) American College of Allergy, Asthma, and Immunology (ACAAI)
(5) Centers for Disease Control and Prevention (CDC)

b) No additional safety (including screening) measures beyond standard vaccination procedures are needed in egg-allergic individuals, regardless of severity of allergy.
c) Providers do not need to inquire about egg allergy before administering an influenza vaccine, including on screening forms.
   (1) Routine prevaccination questions regarding anaphylaxis after previous vaccine receipt are indicated.
d) **Note**: If a patient experienced anaphylaxis to a previous dose of any influenza vaccine, all future egg-based IIVs or LAIVs are contraindicated.

3. **Precautions:** Take additional precautions if a person has a history of either:
   a) An immediate allergic reaction to other non-influenza vaccines or injection medication therapies (including intramuscular, intravenous, or subcutaneous injections)
   b) A non-severe, immediate allergic reaction after a previous dose of influenza vaccine
   c) Anyone with a vaccine "precaution" is recommended to discuss their allergy histories with their primary care provider so their provider can help perform a risk assessment and discuss the potential risks/benefits of the influenza vaccination.
   d) If the vaccine recipient chooses not to discuss their allergy history with their primary care provider before vaccination, the vaccine can still be administered.
   e) Vaccine recipients with a history of a vaccine precaution must be monitored for at least 15 minutes after vaccination.

(1) At least 30 minutes after vaccination in recipients with a history of severe allergic reactions.

f) If the vaccine recipient has a history of anaphylactic reaction to influenza vaccine, the CDC recommends vaccination take place in a medical setting with a healthcare provider who can recognize and manage severe allergic conditions.

Table 1. Influenza vaccine contraindications and precautions for persons with a history of severe allergic reaction to a previous dose of an influenza vaccine - United States, 2025-2026 influenza season

Vaccine associated with severe allergic reaction (e.g., anaphylaxis)	**Egg-based inactivated influenza vaccines (IIV) and live attenuated influenza vaccine (LAIV)**	**Cell culture-based inactivated influenza vaccine (ccIIV)**	**Recombinant influenza vaccine (RIV)**
Any egg-based IIV or LAIV	Contraindication	Precaution	Precaution
Any ccIIV	Contraindication	Contraindication	Precaution
Any RIV	Contraindication	Precaution	Contraindication
Unknown influenza vaccine	Allergist consultation recommended		

- When a contraindication is present, a vaccine should **NOT** be administered.
- When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. Vaccination should occur in a medical setting with supervision by a healthcare provider who is able to recognize and manage severe allergic reactions.

Source: Grohskopf LA, Blanton LH, Ferdinands JM, Reed C, Dugan VG, Daskalakis DC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season. MMWR Morb Mortal Wkly Rep 2025;74:500–507.

If contraindications or precautions are present, defer vaccination and refer the patient to their healthcare provider.

C. Patient Education

1. Provide each patient, parent, guardian, or caregiver with the most current **Seasonal Influenza Vaccine Information Statement (VIS)** before administration.
    a) Offer VIS in the patient's preferred language, if available.
2. Allow time for questions to ensure informed consent before administration.

D. Preparation for Vaccine Administration

1. The standard needle gauge for intramuscular (IM) injection is **22-25** gauge.
2. Choose the needle gauge, length, and injection site according to the following Table 2:

Table 2. Influenza vaccine needle and injection site recommendations by age and weight

Age	Needle Length	Injection Site
Children (birth - 18 years)		
1–12 months	1 inch (in)	Vastus lateralis (anterolateral thigh) – only site
1–2 years	1–1¼ in	Vastus lateralis (preferred)
	5/8*–1 in	Deltoid if adequate muscle mass
3–10 years	5/8*–1 in	Deltoid (preferred)
	1-1.25 in	Vastus lateralis
11–18 years	5/8*–1 in	Deltoid (preferred)
	1–1.5 in	Vastus lateralis

Age	Needle Length	Injection Site
Adults (19 years and older)		
Female or male, any weight	1*–1.5 in	Vastus lateralis
Female or male, < 130 lbs (60 kg)	5/8*–1 in	Deltoid
Female or male, 130-152 lbs (60-70 kg)	1 in	
Female, 152-200 lbs (70-90 kg)	1–1.5 in	
Male, 152-260 lbs (70-118 kg)		
Female, >200 lbs (90 kg)	1.5 in	
Male, >260 lbs (118 kg)		

* if the skin is stretched tightly and subcutaneous tissues are not bunched. *Source:* Centers for Disease Control and Prevention - Vaccine administration. CDC. Published September 25, 2025. Accessed July 15, 2026.

E. Vaccine Administration

1. Administer the age-appropriate vaccine product and dose according to patient age and immune status. Table 3 below details the vaccine products available.
2. Follow **Appendix A** (child and adolescent schedule) and **Appendix B** (adult schedule)

Table 3. Influenza Vaccine Products and Available Dosage (2026-2027)

Vaccine Type and Trade Name (Manufacturer)	Age Group	Dose	Administration Route
Egg-based Inactivated Influenza Vaccine - Trivalent Standard Dose (IIV3)			
Afluria (Seqirus)	6 mo of age and older	0.5 mL	Intramuscular
Fluarix (GlaxoSmithKline)	6 mo of age and older	0.5 mL	

Vaccine Type and Trade Name (Manufacturer)	Age Group	Dose	Administration Route
FluLaval (GlaxoSmithKline)	6 mo of age and older	0.5 mL	
Fluzone (Sanofi Pasteur)	6 mo of age and older	0.5 mL	
Cell Culture-based Inactivated Influenza Vaccine - Trivalent Standard Dose (ccIIV3)			
Flucelvax (Seqirus)	6 mo of age and older	0.5 mL	Intramuscular
Egg-based Inactivated Influenza Vaccine - Trivalent High Dose (HD-IIV3)			
Fluzone High-Dose (Sanofi Pasteur)	65 years of age and older	0.5 mL	Intramuscular
Egg-based Inactivated Influenza Vaccine with MF59 Adjuvant - Trivalent Standard Dose (aIIV3)			
Fluad (Seqirus)	65 years of age and older	0.5 mL	Intramuscular
Recombinant Hemagglutinin Influenza Vaccine - Trivalent (RIV3)			
Flublok (Sanofi Pasteur)	9 years of age and older	0.5 mL	Intramuscular
Egg-based Live Attenuated Influenza Vaccine - Trivalent (LAIV3)			
FluMist (AstraZeneca)*	2 - 49 years of age	0.2 mL	Intranasal

*FluMist has been approved for self-administration for persons aged 18 years and older or administration by a caregiver, who is 18 years and older, for recipients aged 2 through 17 years. Screening for eligibility is performed by central pharmacy or primary care physician, based on screening criteria.

Source: Grohskopf LA, Blanton LH, Ferdinands JM, Reed C, Dugan VG, Daskalakis DC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season. MMWR Morb Mortal Wkly Rep 2025;74:500–507.

F. Documentation

1. **Those who administer vaccines shall record the following information:**
   - **a)** Patient name, date of birth (DOB), address.
   - **b)** Document the product name, manufacturer, lot number, and expiration date for all vaccine(s) or emergency medications, along with the date, dose, route, and site of administration.
   - **c)** Name and title of qualified licensee administering the vaccine.
     - i) Name of the qualified pharmacist that supervised a qualified pharmacy intern or qualified pharmacy technician.

d) Name of the qualified individual administering the emergency medication.
e) VIS publication date and date provided.
f) Consultation and other professional information provided to the patient by the pharmacist or intern.
g) For an immunization or a vaccine given to an eligible minor patient, a consent form signed by a parent or guardian.

2. **Those who administer vaccines shall document the appropriate information in:**
   a) The patient's prescription record.
   b) The patient's personal immunization card.
   c) The Arizona State Immunization Information System (ASIIS) as required by state law.
   d) As required under A.R.S. § 32-1974(E)(1), the pharmacist shall provide a report to the patient's primary-care provider or physician containing the information required in subsections (E)(1)(a) through (d) within 48 hours after administering vaccine or emergency medication.

G. Emergency Preparedness

1. Keep epinephrine, corticosteroids, albuterol, and antihistamines immediately available.
2. Vaccinators shall know how to recognize and respond to vaccine reactions, including, but not limited to, an anaphylaxis reaction.
3. A qualified licensee shall be present to administer emergency medication if an adverse event occurs.
4. Administer vaccines with the patient seated or lying down when possible.
5. Observe patients for at least 15 minutes post-vaccination (30 minutes for those with allergy history).

H. Adverse Event Reporting

6. Report all adverse events following influenza vaccination to the Vaccine Adverse Event Reporting System (VAERS).
7. Report all clinically significant adverse events to the patient's primary care provider within 24 hours.

V. Effective Period

This standing order will be reviewed and may be updated if there is relevant new evidence, data, reporting requirements, or legal language that would impact the process or utilization.

This standing order may be revised or withdrawn at any time by the signee or a higher-ranking physician at the Department with prescribing ability.

This standing order is issued by Dr. Richard Carmona, M.D., M.P.H. at the Arizona Department of Health Services (NPI#1932532249). It will be reviewed as needed on an annual basis.

Richard Carmona Digitally signed by Richard Carmona
Date: 2026.08.17 14:42:36 -07'00'

Dr. Richard H. Carmona, M.D., M.P.H., FACS
Arizona Department of Health Services
[Expiration date: 8/5/2027]

ARIZONA DEPARTMENT OF HEALTH SERVICES

Appendices A & B

2026–2027 Influenza Vaccination Schedules

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Health and Wellness for all Arizonans

ARIZONA DEPARTMENT OF HEALTH SERVICES

Appendix A: Routine Influenza Vaccination Schedule for Child and Adolescent

NOTE: For **pharmacists,** Arizona law allows only for ages 3 years and older. (A.R.S.§32-1974)

Age Group	Influenza Vaccine History	Recommended Vaccine and Interval
6 months - 8 years	Unvaccinated or Unknown	2 doses of any influenza vaccine appropriate for age and health status, separated at least 4 weeks. Administer Dose 2 even if the child turns 9 while completing the series In a given season, the doses do not need to be the same brand or formulation.
	Receipt at least 2 influenza vaccine doses prior to 2026	1 dose of any influenza vaccine appropriate for age and health status
9 years and older	N/A	1 dose of any influenza vaccine appropriate for age and health status
18 years solid organ transplant recipients receiving immunosuppressive medications*	N/A	High-dose inactivated (HD-IIV3) or adjuvanted inactivated (aIIV3) influenza vaccines No preference over other age-appropriate IIV3 or RIV3

*For other special populations:

- Children with malignant neoplasms receiving chemotherapy: IIV or RIV should be administered at least 2 weeks before cytotoxic chemotherapy.
- Children starting anti-B cell therapies: IIV or RIV should be administered at least 2-4 weeks before starting anti-B cell therapies.
- Children who have received anti-B cell therapies: IIV should be deferred for 6 months after the last dose, and ideally once there is evidence of B cell recovery.
- Hematopoietic cell transplant (HCT) recipients: IIV or RIV can be given starting 4-6 months after transplantation
- Solid organ transplant (SOT) recipients: IIV or RIV can be given starting 3 months after receipt of SOT, although it may be considered starting 1 month after SOT during the influenza season. *Source:* Grohskopf LA, Blanton LH, Ferdinands JM, Reed C, Dugan VG, Daskalakis DC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season. MMWR Morb Mortal Wkly Rep 2025;74:500–507.

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Appendix B: Routine Influenza Vaccination Schedule for Adults

NOTE: For **pharmacists,** Arizona law allows only for ages 3 years and older. (A.R.S.§32-1974)

Age Group	Influenza Vaccine History	Recommended Vaccine and Interval
19 years and older	N/A	1 dose of any influenza vaccine appropriate for age and health status annually
19-64 years with the receipt of solid organ transplant and active immunosuppressive medications	N/A	HD-IIV3 and aIIV3 are acceptable options. No preference over other age-appropriate IIV3 or RIV3
65 years and older	N/A	Any one of HD-IIV3, RIV3, or aIIV3 is preferred. If none of these vaccines is available, any other age-appropriate influenza vaccine should be used.

Source: Grohskopf LA, Blanton LH, Ferdinands JM, Reed C, Dugan VG, Daskalakis DC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season. MMWR Morb Mortal Wkly Rep 2025;74:500–507.