

Standing Orders for Administering Varicella (Chickenpox) Vaccine to Adults

Purpose: To reduce morbidity and mortality from varicella (chickenpox) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law), may vaccinate adults who meet any of the criteria below.

Procedure

1. Identify adults in need of varicella (chickenpox) vaccination who (a) were born in the U.S. in 1980 or later or (b) are a healthcare worker or non-U.S.-born person, and who also meet any of the following criteria:

- lack documentation of 2 doses of varicella vaccine
- lack a history of varicella based on diagnosis or verification of varicella by a healthcare provider
- lack a history of herpes zoster based on healthcare provider diagnosis
- lack laboratory evidence of immunity or laboratory confirmation of disease

Note: Because HIV-infected adults are at increased risk of severe disease from varicella, vaccination may be considered (2 doses, given 3 months apart) for HIV-infected adults and adolescents with CD4+ T-lymphocytes count ≥ 200 cells/ μ L.

2. Screen all patients for contraindications and precautions to varicella vaccine:

a. Contraindications:

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- pregnant now or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy)
- having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
- receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
- an adult or adolescent with CD4+ T-lymphocytes count < 200 cells/ μ L
- family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory

b. Precautions:

- recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- moderate or severe acute illness with or without fever

3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.

4. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.

5. Administer a second dose 4–8 weeks after the first dose.

6. Document each patient’s vaccine administration information and follow up in the following places:

a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.

7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

8. Report all adverse reactions to varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders