
Standing Orders for Administering Meningococcal Vaccine to Adults

Purpose: To reduce morbidity and mortality from meningococcal disease 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 vaccination against meningococcal disease based on any of the following criteria:
 - a. anticipated college enrollment, particularly anticipated residence in an on-campus dormitory
 - b. anticipated travel to a country in the “meningitis belt” of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged
 - c. anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
 - d. diagnosis of a damaged spleen; splenectomy
 - e. diagnosis of persistent complement component deficiency (an immune system disorder)
 - f. employment as a microbiologist with routine exposure to isolates of *N. meningitidis*
 - g. military recruits
 - h. any other adult wishing to decrease their risk for meningococcal disease
 - i. history of receiving either meningococcal conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4) at least 5 years earlier and with continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose if the previous dose was MCV4.
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/appendices/B/excipient-table-2.pdf.
 - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome (if not at extremely high risk of meningococcal disease)
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 and preferred; these can be found at www.immunize.org/vis.
4. For adults ages 55 years and younger, administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a 5/8" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4 or if MCV4 is unavailable and immediate protection is needed, MPSV4 is an acceptable alternative, although it must be given subcutaneously. For adults older than age 55 years, administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, 5/8" needle) in the posterolateral fat of the upper arm. Adults who remain at high risk should receive subsequent vaccination 5 years after the previous dose.
5. 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.
6. 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.
7. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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: _____