

STANDING ORDERS FOR Administering Zoster Vaccine to Adults

Purpose

To reduce morbidity and mortality from herpes zoster infection (shingles) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults Age 60 Years and Older for Need of Vaccination against herpes zoster virus infection. Documentation of prior receipt of a single dose of zoster vaccine is evidence of immunity.

2 Screen for Contraindications and Precautions

Contraindications

- Do not give zoster vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a vaccine component, including gelatin and neomycin. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give zoster vaccine to a person who has primary or acquired immunodeficiency, including:
 - leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system
 - AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values ≤ 200 per mm^3 or $\leq 15\%$ of total lymphocytes
 - current immunosuppressive therapy, including high-dose corticosteroids (≥ 20 mg/day of prednisone or equivalent) lasting two or more weeks, or current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor alpha agents adalimumab, infliximab, and etanercept
 - clinical or laboratory evidence of other unspecified cellular immunodeficiency
 - history of hematopoietic stem cell transplantation
- Do not give zoster vaccine to a patient who is pregnant or has a possibility of pregnancy within 4 weeks of receiving the vaccine.

Precautions

- Moderate or severe acute illness with or without fever
- History of having received specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) within the previous 24 hours. Delay resumption of these antiviral drugs for 14 days after vaccination.

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
60 years or older	23–25	5/8"	Fatty tissue overlying triceps muscle

For details on preparing to administer zoster vaccine, see the package insert. Once reconstituted, the vaccine must be used within 30 minutes.

5 Administer Zoster Vaccine, 0.65 mL, Subcut, according to the information in the package insert and the table below:

AGE OF PATIENT	DOSE	ROUTE	INSTRUCTIONS
60 years or older	0.65 mL (entire amount in vial)	Subcutaneous (Subcut)	Administer vaccine in fatty tissue overlying triceps muscle.

6 Document Vaccination

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

Medical record: Document 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

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

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC’s “Medical Management of Vaccine Reactions in Adults,” go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

Standing Orders Authorization

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ <small style="margin-left: 200px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>
