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 healthcare 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 50 Years and Older for Need of Vaccination** against herpes zoster virus infection based on the following criteria:

- Lack of documentation of ever receiving two doses of recombinant zoster vaccine (RZV; Shingrix)
- History of receiving zoster vaccine live (ZVL; Zostavax) only

2 **Screen for Contraindications and Precautions**

Contraindications

- Do not give herpes zoster vaccine (RZV or ZVL) to a person who has experienced a serious systemic or anaphylactic reaction to a vaccine component. 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 ZVL 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 ≤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 ZVL 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
- For ZVL only, 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.
- For RZV only, pregnancy and breastfeeding; consider delaying vaccination until after completion of the pregnancy.

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Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3092.pdf • Item #P3092 (2/18)

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.")

4 Prepare to Administer Vaccine

For administration of RZV (Shingrix), administer 0.5 mL intramuscularly according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	⅝"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A ⅝" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

For administration of ZVL (Zostavax), administer 0.65 mL (entire amount in vial) subcutaneously according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	⅝"	Fatty tissue overlying triceps muscle

For details on preparing to administer zoster vaccine, see the package insert. For RZV (Shingrix), reconstitute and use within 6 hours. For ZVL (Zostavax), reconstitute and use within 30 minutes.

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

PRIOR DOCUMENTED DOSES	AGE OF PATIENT	SCHEDULE/PRODUCT
0	50–59 years	Administer 2-dose series of RZV, separated by 2–6 months
0	60 years or older	Administer either 2-dose series of RZV, separated by 2–6 months, or 1 dose of ZVL*
1 dose ZVL	50 years or older	Administer 2-dose series of RZV, separated by 2–6 months, and at least 8 weeks following the dose of ZVL
1 dose RZV	50 years or older	Administer dose #2 of RZV, 2–6 months following dose #1

* ACIP states a preference for RZV over ZVL.

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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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

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 herpes zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable pdf form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____
NAME OF PRACTICE OR CLINIC

until rescinded or until _____.
DATE

Medical Director's signature_____Signature date_____Effective date_____