

# STANDING ORDERS FOR Administering Meningococcal ACWY Vaccine to Adults

## Purpose

To reduce morbidity and mortality from meningococcal disease caused by serotypes A, C, W, or Y 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, pharmacists, and other healthcare professionals to assess the need for and vaccinate adults who meet any of the criteria below.

## Procedure

### 1 Assess Adults for Need of Vaccination Against Meningococcal Disease according to the following criteria:

#### Routine and catch-up meningococcal ACWY vaccination

- First-year college students living in a residential facility who were never vaccinated, who were last vaccinated when younger than age 16 years, or who were vaccinated after their 16th birthday but more than 5 years earlier.
- Military recruits
- Adults age 19 through 21 years who have not been vaccinated with a dose of MenACWY since their 16th birthday may be vaccinated.

#### Risk-based meningococcal ACWY vaccination

- Diagnosis of persistent complement component deficiency (an immune system disorder) or use of a complement inhibitor (i.e., Soliris [eculizumab], Ultomiris [ravulizumab]), or Enjaymo [sutimlimab])
- Diagnosis of anatomic or functional asplenia (including sickle-cell disease)
- Diagnosis of human immunodeficiency virus infection
- Part of an outbreak attributable to a vaccine serogroup
- Anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged
- Employment as a microbiologist with routine exposure to isolates of *N. meningitidis*

**Note:** For schedule of vaccination of adults with risk factors, refer to "Meningococcal Vaccination Recommendations by Age and Risk Factor for Serogroups A, C, W, or Y Protection" found at [www.immunize.org/catg.d/p2018.pdf](http://www.immunize.org/catg.d/p2018.pdf).

**Note:** When both MenACWY and MenB vaccines are indicated for an adult at the same visit, use of a pentavalent MenABCWY vaccine may be an option. MenABCWY products are not addressed in this standing orders template. Refer to the current CDC "Recommended Adult Immunization Schedule" (see [www.cdc.gov/vaccines/hcp/imz-schedules/adult.html](http://www.cdc.gov/vaccines/hcp/imz-schedules/adult.html)) for more information.

### 2 Screen for Contraindications and Precautions

#### Contraindication

- Do not give MenACWY vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturer's package insert ([www.immunize.org/official-guidance/fda/pkg-inserts/](http://www.immunize.org/official-guidance/fda/pkg-inserts/)) or go to [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

#### Precaution (requires evaluation before vaccination)

- Moderate or severe acute illness with or without fever

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### 3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS) available at [www.immunize.org/vis](http://www.immunize.org/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/vaccines/vis/menacwy](http://www.immunize.org/vaccines/vis/menacwy). For information about how to document that the VIS was given, see section 6 titled “Document Vaccination.”

### 4 Prepare to Administer Vaccine

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

| BIOLOGICAL SEX AND WEIGHT OF PATIENT | NEEDLE GAUGE | NEEDLE LENGTH | INJECTION SITE             |
|--------------------------------------|--------------|---------------|----------------------------|
| Female or male less than 130 lbs     | 22-25        | 5/8* - 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      |
| Female or male, any weight           | 22-25        | 1* - 1½"      | Anterolateral thigh muscle |

\* Alternate needle lengths may be used for intramuscular (IM) injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin, as follows: a) a 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

### 5 Administer MenACWY Vaccine, 0.5 mL, via the IM route, according to the table below:

| HISTORY OF PREVIOUS MenACWY VACCINATION  | DOSE AND SCHEDULE FOR ADMINISTRATION OF MenACWY         |
|--|---|
| 0 documented doses, or none known  | Give MenACWY dose #1**                                  |
| 1 or more previous doses and in a risk group (see #1 on page 1)  | Give an additional dose every 5 years if risk continues |
| A first year college student living in a residence hall with history of either a) no prior MenACWY vaccination, b) only 1 dose given and was younger than age 16 years, or c) most recent dose given after 16th birthday and more than 5 years have elapsed. | Give 1 dose   |

\*\* Persons with immunocompromising conditions or functional or anatomic asplenia should receive a 2nd dose at least 8 weeks after dose #1 followed by a dose every 5 years thereafter if they remain immunocompromised.

### 6 Document Vaccination

Document each patient’s vaccine administration information and update the following:

- Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. 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); discuss the need for vaccination with 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.

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### 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 Immunize.org’s “Medical Management of Vaccine Reactions in Adults in a Community Setting,” go to [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.pdf). For Immunize.org’s “Medical Management of Vaccine Reactions in Children and Teens in a Community Setting,” go to [www.immunize.org/catg.d/p3082a.pdf](http://www.immunize.org/catg.d/p3082a.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 Adverse Events to VAERS

Report all adverse events following the administration of meningococcal 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

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| <p>This policy and procedure shall remain in effect for all patients of the _____<br/> <small style="margin-left: 150px;">NAME OF PRACTICE OR CLINIC</small></p> <p>effective _____ until rescinded or until _____ .<br/> <small style="margin-left: 40px;">DATE</small> <small style="margin-left: 100px;">DATE</small></p> <p>Medical Director _____ / _____<br/> <small style="margin-left: 100px;">PRINT NAME</small> <small style="margin-left: 100px;">SIGNATURE</small> <small style="margin-left: 100px;">DATE</small></p> |
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