

# STANDING ORDERS FOR Administering Varicella Vaccine to Adults

## Purpose

To reduce morbidity and mortality from varicella 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

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 for Need of 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 do not meet evidence of immunity by having met any of the following criteria:

- Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks
- History of varicella disease based on diagnosis or verification of varicella by a healthcare provider
- History of herpes zoster based on a diagnosis or verification of herpes zoster by a healthcare provider
- Laboratory evidence of immunity or laboratory confirmation of disease

## 2 Screen for Contraindications and Precautions

### *Contraindications*

- Do not give varicella vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
- Do not give varicella vaccine to a woman who is pregnant or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy)
- Do not give varicella vaccine to a person having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems.
- Do not give varicella vaccine to a person 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)
- Do not give varicella vaccine to an adult or adolescent with CD4+ T-lymphocytes count <200 cells/ $\mu$ L
- Do not give varicella vaccine to a person with a 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.

### *Precautions*

- History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- History of receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after 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). 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](http://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

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

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	5/8"	Fatty tissue over triceps

Reconstitute the vaccine with the manufacturer-supplied diluent just prior to administration.

### 5 Administer Varicella Vaccine, 0.5 mL, via the subcutaneous (SubCut) route, according to the following criteria and schedule:

HISTORY OF PREVIOUS VARICELLA VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF VARICELLA
0 documented doses, or none known	Give 0.5 mL VAR as dose #1. Give dose #2 at least 4 weeks later.
1 previous dose of VAR	Give 0.5 mL VAR as dose #2 at least 4 weeks after dose #1.

### 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](http://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 varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://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: 100px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>
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