Standing Order for Administering Japanese Encephalitis Vaccine (Adult)

Purpose: To reduce the morbidity and mortality from Japanese encephalitis (JE) by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DOD).

Policy: Under these standing orders, eligible nurses and other health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify all persons ≥18 years of age in need of vaccination against JE based on the following criteria:
    - Vaccination is required for service members and beneficiaries as indicated per Combatant Command (CCMD) force health protection requirements
    - Travelers who plan to spend 1 month or longer in endemic areas (per CDC Yellow Book, TRAVAX, or other travel medicine guidelines) during JE transmission season (including long-term travelers and recurrent travelers based in urban areas but likely to visit endemic or rural or agricultural areas)
    - Short-term (<1 month) travelers to endemic areas during JE transmission season if they plan to travel outside of an urban area and will have increased risk for JE exposure
    - Travelers to an area with ongoing JE outbreak
    - Travelers to endemic area who are uncertain of specific destinations, activities, or duration of travel

2. Screen all persons for contraindications and precautions to the JE vaccine (JE-VC):
   Contraindications:
    - A history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of JE-VC or to a vaccine component (to include protamine sulfate.) Ask diabetic patients about allergic reactions to their insulin (which may also contain protamine sulfate)
    - For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

   Precautions:
    - Pregnancy: vaccination is generally deferred during pregnancy, though pregnant women traveling to high-risk areas may receive JE-VC if benefit outweighs risk
    - Moderate or severe acute illness with or without fever
    - Syncope (fainting) can occur in association with administration of injectable vaccines Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

Note: although JE-VC vaccination during pregnancy may be warranted, this is an off-label use of the vaccine and is not covered under these standing orders. Patients must obtain a written order from a privileged provider for this situation

3. Provide all persons (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the person's medical record, the publication date of the VIS and the date it was given to the person (or parent/ legal representative). Provide non-English speaking persons with a copy of the VIS in their native language, if available and preferred.

4. Provide vaccine as follows:
   - Follow dosing schedule as below
   - JE-VC (IXIARO®) consists of a 2-dose primary series and a single booster for continued risk
   - Primary series should be completed ≥1 week before travel. Administer 0.5mL intramuscularly in the deltoid muscle for adults.

Adult Dosing Schedule for JE-VC Vaccine				
AGE	**DOSE**	**ROUTE**	**SCHEDULE**	**BOOSTER†**
18–65 y	0.5 mL	IM	0, 7-28 days	≥1 y after primary series
>65 y	0.5 mL	IM	0, 28 days	≥1 y after primary series

† If potential for JEV exposure continues

Needle Length and Injection Site of IM Injections for Adults		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Men and Women (<130 lbs)	1 inch†	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as appropriate equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at https://vaers.hhs.gov.

8. This policy and procedure shall remain in effect for all patients of the Hart Medical Consulting until rescinded and/or upon a change in the Medical Director, whichever is earlier.

Medical Director's Signature

15 Aug 2023
Date

Standing Order for Administering Tick-Borne Encephalitis Vaccine (Adults & Children ≥ 1 year of age)

Purpose: To reduce morbidity and mortality from tick-borne encephalitis by vaccinating all individuals ≥ 1 year of age, who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) licensure, and the Department of Defense (DOD).

Policy: Under these standing orders, eligible healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals in need of vaccination with TICOVAC based on the following criteria:
    - Persons ≥1 year of age who are:
        - Moving overseas or traveling to a TBE-endemic area and will have extensive exposure to ticks based on their outdoor activities and itinerary
        - Laboratory workers with a potential for exposure to TBE virus
        - Traveling during TBE virus transmission season (Spring through Fall) with the potential exposure to ticks in a TBE-endemic area
        - Persons at risk through consuming unpasteurized dairy products

2. Using the routine immunization screening form DD Form 3110 or DD Form 3111 screen all patients for contraindications and precautions to TICOVAC:
   Contraindications:
    - A history of a serious reaction (e.g., anaphylaxis) of a previous dose of TICOVAC or any excipient of TICOVAC
    - For information on vaccine components, refer to the manufacture's package insert or go to https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf.

   Precautions:
    - History of severe allergic reaction (e.g. anaphylaxis) to any injectable medication
    - Moderate or severe acute illness with or without fever
    - Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g. observation after administration) and to restore cerebral perfusion following syncope Some individuals with altered immunocompetence may have reduced immune responses to TICOVAC™
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS), when they become available. In the interim, provide the patient with an education information sheet. You must document in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide TICOVAC vaccine as follows:

Primary Vaccination Schedule		
Dose	**Age 1 through 15 years**	**Age 16 years and older**
1st	Day 0	Day 0
2nd	1 - 3 months after 1st dose	14 days to 3 months after 1st dose
3rd	5 - 12 months after 2nd dose	5 to 12 months after 2nd dose

- When possible, it is optimal to complete the primary immunization series at least 1 week prior to potential exposure to TBEV (tick-born encephalitis virus).
- A single booster dose (4th dose) may be given at least 3 years after completion of the primary immunization series if ongoing exposure of re-exposure to TBEV is expected.
- Bring the vaccine to room temperature before administration. Shake well prior to administration to thoroughly mix the vaccine suspension. After shaking, the vaccine should be a homogenous off-white, opalescent suspension.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer if particulate matter or discoloration remains after shaking.
- Administer vaccine by intramuscular injection.

Needle Length and Injection Site of IM Injections for Children & Adults		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to the patient's age and/or body mass.		
Age Group	**Needle Length**	**Injection Site**
Toddlers (1-2 years)	1 - 1.25 inch	Anterolateral thigh*
	5/8† - 1 inch	Deltoid muscle of arm
Children (3-10 years)	5/8† - 1 inch	Deltoid muscle of arm*
	1 - 1.25 inch	Anterolateral thigh
Men and Women (<130 lbs)	1 inch†	Deltoid muscle of arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

- When vaccinating **1 through 15 years of age**, attach a sterile needle to the **0.25 mL** single-dose pre-filled TICOVAC syringe, ensuring the needle size is appropriate for the age or size of the patient.
- When vaccinating **16 years of age and older**, attach a sterile needle to the **0.5 mL** single-dose pre-filled TICOVAC syringe, ensuring the needle size is appropriate for the age or size of the patient.
- Separate multiple injection sites by 1 inch or more and if possible, administer vaccines that may be more likely to cause a local reaction in different limbs.

5. Document all immunizations administered in the patient's electronic health record and appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, VIS date (when available), and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at https://vaers.hhs.gov.

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Medical Director's Signature

15 Aug 2023
Date