STANDING ORDERS FOR
Administering Measles, Mumps, and Rubella Vaccine to Adults

Purpose

To reduce morbidity and mortality from measles, mumps, and rubella 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, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Measles, Mumps, and Rubella (MMR) Vaccination

a Identify adults **in need of initial MMR vaccination** who

- were born in the U.S. in 1957 or later, or
- are a healthcare worker of any age, and who do not meet evidence of immunity by having met any of the following criteria:
  - Documentation of receiving at least 1 dose of MMR vaccine
  - Laboratory evidence of immunity or laboratory confirmation of disease to measles, mumps, and rubella

b Identify adults **in need of a second dose of MMR vaccine** who

- were born U.S. in 1957 or later and are planning to travel internationally,
- are a student in a college, university, technical, or vocational school, or
- are a healthcare worker born in 1957 or later

c Identify adults who have been recommended to receive an additional dose of MMR because of their increased risk for mumps during a current mumps outbreak (resulting in either 2 or 3 total doses)

2 Screen for Contraindications and Precautions

Contraindications

- Do not give MMR vaccine to a person who has experienced a severe allergic reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give MMR vaccine to a person who is pregnant; vaccination should occur upon completion or termination of pregnancy.
- Do not give MMR vaccine to an adult having known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or severely immunocompromised from HIV infection).
  - Note: Long-term immunosuppressive therapy is defined as at least 2 weeks of daily receipt of 20 mg or 2 mg/kg body weight of prednisone or its equivalent.

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- Note: Susceptible individuals living with HIV are at increased risk for serious illness if infected with measles. HIV+ adults who are not severely immunocompromised should receive MMR vaccine as recommended. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

- Do not give MMR vaccine to an adult 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 laboratory testing.

Precautions *(require evaluation before vaccination)*

- Moderate or severe acute illness with or without fever
- History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- History of thrombocytopenia or thrombocytopenic purpura
- Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing. If active tuberculosis is suspected, MMR should be delayed. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin testing, or testing should be postponed for at least 4 weeks after the 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.")

4 Prepare to Administer Vaccine

MMRII (Merck) may be administered via either the intramuscular (IM) or subcutaneous (Subcut) route; Priorix (GSK) may only be administered by the Subcut route.

If vaccine is to be administered by the **intramuscular route**, 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	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
Female or male, any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for 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.

If vaccine is to be administered by the **subcutaneous route**, choose the needle gauge, needle length, and injection site according to the following chart:

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

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

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5 Administer MMR Vaccine, 0.5 mL, according to the following criteria and schedule:

HISTORY OF PREVIOUS MMR VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF MMR
0 documented doses, or none known	Give 0.5 mL MMR as dose #1. If indicated, give dose #2 at least 4 weeks later.
1 previous dose of MMR	If indicated, give 0.5 mL MMR 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. 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); plan to 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.

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. For "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to 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 All Adverse Events to VAERS

Report all adverse events following the administration of MMR vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. 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 Hart Medical Consulting (NAME OF PRACTICE OR CLINIC)
effective 01/01/2023 (DATE) until rescinded or until 12/31/2026 (DATE)
Medical Director Boyce A. Dalrick (PRINT NAME) / [signature] (SIGNATURE) 5 Aug 23 (DATE)

STANDING ORDERS FOR
Administering Measles, Mumps, and Rubella Vaccine to Children and Teens

Purpose

To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all children and teens 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 vaccination and to vaccinate children and teens who meet any of the criteria below.

Procedure

1 **Assess Children and Teens for Need of Measles, Mumps, and Rubella (MMR) Vaccination** based on the following criteria:

- Age 12 months or older with either a) no documentation of any prior MMR vaccine or b) documentation of only 1 dose of MMR vaccine given when younger than age 12 months
- Age 4 years or older with no documentation of two doses of MMR vaccine
- Age 6 months or older with pending international travel
- History of two previous doses of MMR and identified by public health as being at increased risk during a mumps outbreak

2 **Screen for Contraindications and Precautions**

Contraindications

- Do not give MMR vaccine to a child or teen who has experienced a severe allergic reaction (e.g., anaphylaxis) to a previous dose of MMR vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give MMR vaccine to a child or teen who is pregnant; pregnant teens should be vaccinated upon completion or termination of pregnancy.
- Do not give MMR vaccine to a child or teen having known severe immunodeficiency (e.g., from hema-tologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or severely immunocompromised from HIV infection).
    - Note: Long-term immunosuppressive therapy is defined as at least 2 weeks of daily receipt of 20 mg or 2 mg/kg body weight of prednisone or its equivalent.
    - Note: Susceptible individuals living with HIV are at increased risk for serious illness if infected with measles. HIV+ children age 12 months or older who are not severely immunocompromised should receive MMR vaccine as recommended. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

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- Do not give MMR vaccine to a child or teen with a family history of congenital or hereditary immuno-deficiency 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 *(require evaluation before vaccination)*

- Moderate or severe acute illness with or without fever
- History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- Need for tuberculin skin testing (TST) or interferon-gamma release assay (IGRA) testing. If active tuberculosis is suspected, MMR should be delayed. Measles vaccination might suppress tuberculin reactivity temporarily. The TST should be administered either any time before, simultaneously with, or at least 4–6 weeks after any measles-containing vaccine.

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

MMR II (Merck) may be administered via either the intramuscular (IM) or subcutaneous (Subcut) route; Priorix (GSK) may only be administered by the Subcut route.

If vaccine is to be administered by the **intramuscular route**, choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Age 1 through 2 years	22–25	1–1¼"	Anterolateral thigh muscle*
		⅝†–1"	Deltoid muscle of arm
Age 3 through 10 years	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
Age 11 years and older	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

* Preferred site.

† A ⅝" needle may be used for children 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-degree angle.

If vaccine is to be administered by the **subcutaneous route**, choose the needle gauge, needle length, and injection site according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	⅝"	Fatty tissue over triceps or fatty tissue over anterolateral thigh muscle

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

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5 Administer Measles, Mumps, and Rubella Vaccine (MMR), 0.5 mL according to the following criteria and schedule:

HISTORY OF PREVIOUS MMR VACCINATION	AGE GROUP	SCHEDULE FOR ADMINISTRATION OF MMR VACCINE
0 documented doses, or none known	12 months to 4 years	Give dose #1.
0 documented doses, or none known	4 years and older	Give dose #1. Give dose #2 at least 4 weeks later.
1 previous dose given before age 12 months	12 months and older	Give dose #1. Give dose #2 at least 4 weeks later.
1 previous dose of MMR given at age 12 months or older	4 years and older	Give dose #2 at least 4 weeks after dose #1.
2 previous doses of MMR and identified by public health to be at increased risk during a mumps outbreak	Any age	Give dose #3 at least 4 weeks after dose #2

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); discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) 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 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. For "Medical Management of Vaccine Reactions in Adults in a Community Setting," 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 MMR vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. 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 Hart Medical Consulting (NAME OF PRACTICE OR CLINIC) effective 01/01/2023 (DATE) until rescinded or until 12/31/2026 (DATE).

Medical Director BRYCE A. PRACHICK (PRINT NAME) / [signature] (SIGNATURE) 15 Aug 2013 (DATE)