Standing Orders for Administering Yellow Fever Vaccine - Adult

**Purpose:** To reduce the morbidity and mortality from yellow fever by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DoD).

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

**Procedure:**
1. Identify all adults 18 to 59 years of age in need of vaccination against yellow fever based on the following criteria:
   a. Vaccination is required for individuals as indicated per COCOM requirements.
   b. Vaccination is required for all Marine Corps personnel.
   c. As indicated for travelers to or transiting through areas where a recognized risk of exposure to yellow fever exists. Current CDC Health Information for International Travel (Yellow Book) and advisories should be consulted for identified risk areas and country specific transiting requirements.
   d. As indicated for specific alert personnel per local guidance.

2. Screen all patients for contraindications and precautions to the yellow fever vaccine:
   a. **Contraindications:** a history of a serious reaction or anaphylaxis after a previous dose or to any vaccine components as noted in the package insert. Individuals with a history of allergic reactions to eggs, chickens, and gelatin. Women who may be pregnant and/or nursing and immunosuppressed adults should not be vaccinated.
   b. **Precautions:** Adults ≥60 years.

3. 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 available; these can be found at [http://www.cdc.gov/vaccines/pubs/vis](http://www.cdc.gov/vaccines/pubs/vis).

4. Vaccine Administration. Administer as a single, 0.5-mL dose subcutaneously (23-25 gauge, 5/8-3/4" needle) in the upper arm over the tricep. The vaccine powder must be reconstituted immediately before use with the diluent supplied. Allow the reconstituted vaccine to sit for 1-2 minutes and then carefully swirl mixture until uniform suspension is achieved. Avoid vigorous shaking as this tends to cause foaming of the suspension. Once reconstituted, the vaccine should be maintained at 2°C–8°C, and the remaining doses should be used or discarded within **1 hour** of reconstitution. YF-Vax is a slight pink-brown suspension after reconstitution. Vaccine should be administered at least 10 days before travel.

5. Booster Requirements. Provide booster dose of vaccine if it has been ≥10 years since vaccination with the yellow fever vaccine.

6. Documentation
   a. Document immunizations for all service members in a Service Immunization Tracking System (MEDPROS, ASIMS, and MRRS) and use AHLTA for family members and retirees. Required immunization information includes: the name of the vaccine, the date vaccine was administered, the manufacturer, lot number, the dosage, VIS version date and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine e.g., medical contraindication, patient refusal etc.
   b. The World Health Organization’s International Health Regulation requires individuals who received a yellow fever vaccination to provide proof of vaccination on the Immunization Certificate of Vaccination against Yellow Fever (ICV) (CDC731) and confirmed with the official yellow fever stamp. A certificate of vaccination is considered valid 10 days after vaccination.
   c. All individuals contraindicated to receipt of yellow fever vaccine require additional documentation per International Health Regulation, 2005 before travel to yellow-fever endemic areas.
7. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

8. Report all rare or unexplained adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

9. This policy and procedure shall remain in effect for all patients of the ____________________ clinic until rescinded and/or upon a change in medical director, whichever is earlier.

Medical Director’s signature: ___________________________ Effective date: ___________________________
Printed Name and Title: __________________________________________________________________