Standing Orders for Administering Japanese Encephalitis (IXIARO®) Vaccine to Children and Adolescents

Purpose: To reduce the morbidity and mortality from Japanese encephalitis (JE) by vaccinating children and adolescents 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 healthcare professionals working within their scope of practice may vaccinate pediatric patients who meet the criteria below.

Procedure

1. Identify all pediatric and adolescent patients 2 months to ≤17 years of age in need of vaccination against JE based on the following criteria:
    - Vaccination is required for Service members, and recommended for beneficiaries, as indicated in Combatant Command (CCMD) policies.
    - Vaccination should be considered for travelers who plan to spend 1 month or longer in endemic areas (per CDC Yellow Book) during the JE transmission season. This includes long-term travelers and recurrent travelers who will be based in urban areas but likely to visit endemic or rural or agricultural areas during high-risk season. In addition, JE vaccine should be considered for the following persons:
        - Shorter-term (e.g., <1 month) travelers with an increased risk of JE based on planned travel duration, season, location, activities, and accommodations.
        - Travelers visiting endemic areas who are uncertain of specific duration of travel, destinations, or activities.

2. Screen all persons for contraindications and precautions to the JE vaccine:
   Contraindications:
    - a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of JE vaccine or to a vaccine component such as protamine sulfate. Ask parents of diabetic children about allergic reactions to their insulin (which also may 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:
    - persons with a history of non-anaphylactic hypersensitivity to protamine sulfate or other vaccine components
    - Immunocompromised children
    - Pregnant and breastfeeding women
    - Refer to an allergist for evaluation if hypersensitivity is suspected or there is a history of severe allergic reaction to another Japanese Encephalitis vaccine.
    - Defer vaccination if the individual has a moderate to severe acute illness.
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at 877-438-8222, Option 1.

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; these can be found at www.immunize.org/vis.

4. Vaccine Administration:
   - Before administration, shake the syringe well to obtain a white, cloudy suspension. IXIARO is an inactivated virus vaccine injected intramuscularly in a two-dose series. Doses are administered on day zero (the day of initial immunization) and on day 28. The IXIARO series should be completed at least one week prior to potential exposure to JE. IXIARO only comes in 0.5 mL pre-filled syringes. For children 2-35 months of age, a single dose is 0.25 mL. For individuals 3-17 years of age, a single dose is 0.5 mL. To administer a 0.25 mL dose, expel and discard half of the volume from the 0.5 mL pre-filled syringe by pushing the plunger stopper up to the edge of the redline on the syringe barrel prior to injection (DO NOT use pre-filled syringe without a redline to administer 0.25 mL dose). Administer 0.25 mL dose intramuscularly (22–25 gauge, 1–1¼" needle) in the anterolateral thigh muscle and the 0.5mL dose intramuscularly (22–25 gauge, 1–1½" needle) in the deltoid muscle.. Choose needle gauge and length appropriate to the child's age, body mass and site selected.

5. Booster Requirements. A **one-time booster dose** (i.e., third dose) should be given at > 1 year after completion of the primary JE-VC series if ongoing exposure or re-exposure to JE virus is expected. Children who get the booster dose before age 3, should get 0.25 mL dose.

6. Documentation
   - Document all immunizations administered in the electronic health record. 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.

7. 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.

8. 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(1- 800-822-7967) or online at https://vaers.hhs.gov.

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

_____ _____

Medical Director's Signature Date