

Standing Orders for Administering Measles Mumps Rubella Varicella Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from measles, mumps, rubella and varicella virus infection 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 healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify all pediatric patients in need of vaccination against measles, mumps, rubella, and varicella (MMRV) based on the following criteria:
 - Age 12 months to 12 years with exactly one prior dose of MMR vaccine and one prior dose of VAR vaccine

Note: Unless the parent or caregiver expresses a preference for MMRV vaccine, due to an increased risk for fever and febrile seizures when MMRV is given as the 1st dose, ACIP recommends that separate MMR and VAR vaccines should be administered for the 1st dose in persons 12 – 47 months of age. Administering MMRV as the 1st dose is not covered under this standing order: patients must obtain a written order from a privileged provider for this situation.

2. Screen all patients for contraindications and precautions to MMRV vaccine:

Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMRV vaccine or to a vaccine component (to include gelatin and neomycin)
- 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>
- Pregnancy (or may become pregnant in the next 30 days)
- Immunosuppression (e.g., cancer or malignant neoplasms, immunosuppressive therapy [to include prolonged high-dose steroid therapy], etc.)
- HIV infection in children or teens who are severely immunosuppressed as determined by a CD4+ T-lymphocyte count of <200 cells per microliter (or less than 15%)
- A family history of congenital or hereditary immunodeficiency in first-degree relatives unless immune competence of the potential vaccine recipient has been clinically verified by a laboratory
- Patients with any concerns about possible immunosuppression (from medical conditions or medications) should be referred to a privileged provider before administration of any live-virus vaccine (such as MMRV)

Precautions:

- Moderate or severe acute illness with or without fever
- Recent (≤ 11 months) receipt of an antibody-containing blood product
- History of thrombocytopenia or thrombocytopenic purpura
- A personal or family (i.e., sibling or parent) history of seizures of any etiology
- To prevent potential interference between MMRV vaccine and TB testing (skin testing or interferon-gamma release assay [IGRA] testing), possibly causing false-negative results, TB testing should be performed before, on the same day

(preferred), or postponed for at least 4 weeks after MMRV vaccination

- 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

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). 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; these can be found at www.immunize.org/vis.
4. Provide vaccine as follows:
The MMRV vaccine (ProQuad®) is routinely given at 4-6 years of age. Administer 0.5mL of MMRV vaccine subcutaneously in the preferred site (fatty tissue over the anterolateral thigh muscle for infants and toddlers or the fatty tissue over the triceps for children and adolescents). The alternate site (fatty tissue over anterolateral thigh muscle or triceps) may be used if the preferred site is inadequate. Use a 23–25 gauge 5/8" needle
5. For persons who did not receive MMRV at the ages specified in #4:
 - give one dose at the earliest opportunity
 - schedule the second dose (if needed), observing a minimum interval of 28 days after receipt of a measles-containing vaccine and 90 days after a varicella-containing vaccine
6. 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.
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 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 (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