Standing Order for Administering Varicella (Chickenpox) Vaccine (Adult)

Purpose: To reduce morbidity and mortality from varicella disease 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 varicella vaccination (VAR) based on the following criteria:
   - Lack of acceptable evidence of varicella immunity (e.g., documentation of 2 doses of VAR vaccine at the appropriate age/interval, positive serologic testing, born before 1980*, or diagnosis/verification of a history of varicella or herpes zoster by a healthcare provider)
   - Household and close contacts of immunocompromised persons

   * Does not apply to healthcare personnel

2. Screen all patients for contraindications and precautions to VAR:

   Contraindications:
   - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of VAR 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., HIV/AIDS, cancer or malignant neoplasms, immunosuppressive therapy, etc.)
   - HIV-infected persons with CD4+ T-lymphocyte <200cells/µL
   - Family history of congenital or hereditary immunodeficiency in 1st degree relatives (e.g., parents and siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory

   Precautions:
   - Moderate or severe acute illness with or without fever
   - Recent (≤11 months) receipt of an antibody-containing blood product
   - Need for tuberculosis (TB) screening by skin testing or interferon-gamma release assay (IGRA) testing. To prevent potential interference between varicella vaccine and TB testing (possibly causing false-negative TB results), TB testing may be performed before varicella vaccination, on the same day as varicella vaccination (preferred), or postponed for at least 4 weeks after varicella vaccination
   - History of receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
   - Use of aspirin or aspirin-containing products

- 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:
   - VAR (VARIVAX®) consists of a 2-dose series at 0 and 4 weeks (for persons ≥13 years of age)
   - Administer 0.5mL subcutaneously in the preferred site (fatty tissue over the triceps for adults). Use a 23–25 gauge 5/8" needle

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 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 _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date