Standing Order for Administering Measles-Mumps-Rubella Vaccine (Adult)

Purpose: To reduce morbidity and mortality from measles, mumps, and rubella 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 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 vaccination against measles, mumps, and rubella (MMR) based on the following criteria:
    - Lack of acceptable evidence of measles, mumps, and rubella immunity (e.g., documentation of 2 doses of MMR vaccine at the appropriate age/interval, positive serologic testing, or born before 1957*)
    - History of two previous doses of MMR and identified by public health as being at increased risk during a mumps outbreak

    *Does not apply to healthcare workers

2. Screen all patients for contraindications and precautions to MMR vaccine: **Contraindications:**
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR 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 MMR)

    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
    - To prevent potential interference between MMR 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 MMR 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.

4. Provide vaccine as follows:
    - MMR vaccine (M-M-R II®) consists of a 2-dose series at 0 and 28 days. Administer 0.5mL subcutaneously in the fatty tissue over the triceps for adults. Use a 23–25 gauge 5/8" needle. If indicated, give dose #2 at least 4 weeks after dose #1.

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