

## Standing Orders for Administering Meningococcal ACWY Vaccine (Adult)

**Purpose:** To reduce morbidity and mortality from meningococcal disease caused by *Neisseria meningitides* serogroups A, C, Y, and W-135 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 persons  $\geq 18$  years of age in need of vaccination against meningococcal disease based on any of the following criteria:
  - Diagnosis of persistent complement component deficiency (an immune system disorder which may also be caused by Soliris [eculizumab]), or diagnosis of anatomic or functional asplenia (including sickle-cell disease)
  - Diagnosis of HIV infection
  - Microbiologists who are exposed routinely to *N. meningitidis*
  - Persons with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged (refer to current CDC Yellow Book, TRAVAX, or other travel medicine guidelines)
  - First-year college students 19 - 21 years of age living in a residence hall who were never vaccinated, or who were last vaccinated before 16 years of age
  - Persons who are part of an outbreak attributable to a vaccine serogroup
  - Military recruits

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

#### **Contraindication:**

- A history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a vaccine component
- For information on vaccine components, refer to the [manufacturers' package inserts](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>

#### **Precaution:**

- Moderate or severe acute illness with or without fever
- Pregnancy should not preclude vaccination, if indicated: consult the patient's PCM for an appropriate order
- 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 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 (or 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:
  - Follow dosing schedules in table below
  - Administer 0.5 mL intramuscularly in the deltoid muscle for adults

<b>Needle Length and Injection Site of IM Injections for Adults</b>		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
<b>Age Group</b>	<b>Needle Length</b>	<b>Injection Site</b>
Men and Women (<130 lbs)	1 inch <sup>†</sup>	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration  
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>

<sup>†</sup> Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

<b>Routine</b>		
Military Recruits	If no history of prior vaccination with MenACWY, give 1 dose	
1 <sup>st</sup> year college students, 19-21 years of age, living in residence halls	If history of 1 dose of MenACWY given before 16 years of age, give dose #2; if no previous history of MenACWY, give single dose now	
<b>Travelers to, or residents of, countries where meningococcal disease is epidemic, during an outbreak, or occupational exposure</b>		
Adults 18 years and older	Give 1 dose of either MenACWY vaccine	Boost every 5 years
<b>Persons with complement component deficiencies or with HIV infection or functional/anatomic asplenia (including sickle cell disease)</b>		
Adults 18 years and older	Give 2 doses of either MenACWY vaccine 8 weeks apart	Boost every 5 years

**Note: While some MenACWY Package Inserts state the vaccine is indicated only through 55 years of age, the ACIP recommends meningococcal vaccine for individuals 56 years of age or older at increased risk for meningococcal disease. Either Menactra or Menveo may be used. This represents the current standard of care and is permissible under this standing order.**

**Note: While MenACWY Package Inserts recommend a single booster vaccination, the ACIP recommends a booster dose every 5 years for high-risk patients, as well as a booster dose for international travelers visiting sub-Saharan Africa (if the last dose was administered 5 or more years previously). This represents the current standard of care and is permissible under this standing order.**

**Note: In persons with anatomic or functional asplenia and/or HIV infection, MenACWY-D, (Menactra®) and pneumococcal conjugate vaccine (PCV13, (Pevnar13) should not be administered simultaneously PCV13 should be administered first and MenACWY-D should be administered 4 weeks later.**

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 appropriate 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 only be submitted to VAERS online. 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