Standing Order for Administering Zoster Vaccine (Adult)

Purpose: To reduce morbidity and mortality from herpes zoster (shingles) disease by vaccinating all individuals 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 adults ≥50 years of age in need of routine vaccination against shingles

2. Identify adults ≥19 years of age and older who are or will be immunodeficient or immunosuppressed and would benefit from vaccination against shingles.

Note: As of Nov 2020, ZOSTAVAX® (ZVL) is no longer available in the U.S. ACIP recommends patients previously vaccinated with ZVL receive SHINGRIX® (RZV), observing a minimum interval of ≥8 weeks between ZVL and RZV doses.

3. Using DD Form 3111, screen all patients for contraindications and precautions to RZV:

Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after a previous dose of RZV or to a vaccine component (to include Quillaja saponaria [QS-21] or monophosphoryl A).
- For information on vaccine components, refer to the manufacturer's package insert or The CDC Pink Book Appendix B.

Precautions:

- An acute episode of herpes zoster: RZV is not a treatment for herpes zoster or post- herpetic neuralgia.
- Moderate or severe acute illness with or without fever.
- 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 Support Center at (877) 438-8222, Option 1 or DSN 761-4245.

Special Populations:

- **Pregnancy:** There is currently no ACIP recommendation for RZV use in pregnancy; therefore, providers should consider delaying RZV until after pregnancy. There is no recommendation for pregnancy testing before vaccination.
- **Breastfeeding:** Recombinant vaccines such as RZV pose no known risk to mothers who are breastfeeding or to their infants.
- **Immunocompromised:** Individuals aged ≥ 19 years who are or will be at increased risk for herpes

zoster (shingles) due to immunodeficiency or immunosuppression caused by known disease or therapy should receive RZV (Shingrix®). Licensed providers should use clinical judgment with highest priority for vaccination of individuals with hematopoietic stem cell transplants or hematologic malignancies and for individuals prior to solid organ transplant.

- **Previous history of herpes zoster:** Persons with a previous history of herpes zoster should receive RZV.

4. 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.

5. Provide vaccine as follows:
   - RZV (SHINGRIX®) consists of a 2-dose series at 0 and 2-6 months for routine vaccination in individuals 50 years and older.
   - **Immunocompromised individuals** 19 years and older who would benefit from a shorter vaccination schedule may receive the 2nd dose of RZV 1-2 months after the 1st dose.

Note: If the 2nd dose in the shorter vaccination schedule is given less than 28 days after the 1st, it must be repeated (the 4-day grace period does not apply). Administer a valid 2nd dose at least 28 days after the invalid dose.

- Administer 0.5mL intramuscularly in the deltoid muscle for adults.
- RZV can be administered concomitantly at different anatomic sites with other adult vaccines, including COVID-19 vaccines.
- The series does not need to be restarted if >6 months have elapsed since the 1st dose.

TABLE 1. IM Needle Length and Injection Site Guide

Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age

Patient Age	Needle Length	Injection Site
Men and Women (<130 lbs)	1 inch (25 mm)†	Deltoid muscle of arm
Men and Women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches (38 mm)	
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

† 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)

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) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

9. This standing order 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