Standing Order for Administering Measles Mumps Rubella Vaccine (Adult)

Purpose: To reduce morbidity and mortality from measles, mumps, and rubella virus (MMR) 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 this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals ≥ 18 years of age in need of vaccination against MMR based on the following criteria:
    - No documented evidence of MMR immunity, which is:
        - Receipt of 2 doses of MMR vaccine at ≥ 12 months of age and ≥ 4 weeks apart
        - Laboratory evidence of immunity or disease
        - Born in the U.S. before 1957: does not apply to healthcare workers, pregnant women, and immunocompromised individuals
    - History of two previous doses of MMR vaccine at ≥ 12 months of age and identified by public health as being at increased risk during a mumps outbreak

2. Using DD Form 3111, screen all patients for contraindications and precautions to MMR vaccine:

    Contraindications:
    - 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 M-M-R II or Priorix package insert or The CDC Pink Book Appendix B.
    - M-M-R II only: active untreated tuberculosis
    - 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 with severe immunosuppression (e.g., CD4+ T-lymphocyte count of < 200 cells per microliter or < 15%)
    - Congenital or hereditary immunodeficiency in 1st degree relatives unless immune competence of the potential vaccine recipient has been clinically verified by a laboratory

    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
    - TB testing: live vaccines and testing (IPPD or IGRA) should be performed on the same day or separated by ≥ 4 weeks (before and after) to avoid false negative results.
    - Simultaneous use of aspirin or aspirin-containing products. Avoid use of these drugs for ≥ 6
    - weeks after vaccination.
    - Alpha-gal allergy: may wish to consult their PCM before receiving a vaccine that contains gelatin

- Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures 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.

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 MMR vaccine as follows:
   - A 2-dose series separated by ≥ 4 weeks
   - During a mumps outbreak: one dose ≥ 4 weeks after the individual's 2nd MMR dose
   - Administer 0.5 mL of MMR vaccine as follows and according to Tables 1 & 2:
     - M-M-R II may be given subcutaneously (SC) or intramuscularly (IM).
     - Priorix may only be given SC.

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
Children/Adolescents (11-18 years)	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm†
	1-1.5 inches (25-38 mm)	Anterolateral thigh
Adults (≥ 19 years)		
Men and women (130 lbs)	5/8* - 1 inch (16-25 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)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html

* If skin is stretched tightly and subcutaneous tissues are not bunched.

† Preferred site.

TABLE 2. SC Needle Length and Injection Site Guide	
Use a 5/8 inch 23 – 25-gauge needle	
Patient Age	**Injection Site**
Adults ≥ 18 years	Fatty tissue over triceps*
	Fatty tissue over anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html
* Preferred site.

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

8. 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