Standing Order for Administering Varicella Vaccine (Adult)

Purpose: To reduce morbidity and mortality from varicella virus (VAR) infection 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 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 VAR based on the following criteria:
    - No documented evidence of VAR immunity, which is:
        - Receipt of 2 doses of VAR-containing vaccine at ≥ 12 months of age and at the age-appropriate interval
        - Laboratory evidence of immunity or disease
        - Born in the U.S. before 1980: does not apply to healthcare workers, pregnant women, and immunocompromised individuals
        - Diagnosis or verification of a history of varicella or herpes zoster disease by a licensed healthcare provider

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

    Contraindications:
    - History of a serious reaction (e.g., anaphylaxis) after a previous dose of VAR vaccine or to a vaccine component, to include gelatin and neomycin. For information on vaccine components, refer to the package insert or The CDC Pink Book Appendix B.
    - Active untreated tuberculosis or febrile illness > 101.3°F / > 38.5°C
    - 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%)
    - Pregnancy, or may become pregnant in the next 30 days:
        - Although the package insert recommends avoiding conception for 3 months, ACIP Best Practices advise that waiting 1 month after vaccination before conception is sufficient.
    - 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 receipt of an antibody-containing blood product (≤ 11 months)
    - Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination. Avoid use of these drugs for ≥ 14 days after vaccination.
    - 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 312-761-4245.

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 VAR vaccine as follows:
   - A 2-dose series separated by ≥ 4 weeks
   - Administer 0.5 mL of VAR vaccine subcutaneously (SC) or intramuscularly (IM) according to Tables 1 & 2:

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)	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.

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