

Standing Order for Administering Japanese Encephalitis Vaccine (Adult)

Purpose: To reduce the morbidity and mortality from Japanese encephalitis (JE) 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 JE based on the following criteria:
 - Vaccination is required for service members and beneficiaries as indicated per Combatant Command (CCMD) force health protection requirements
 - Travelers who plan to spend 1 month or longer in endemic areas (per CDC Yellow Book, TRAVAX, or other travel medicine guidelines) during JE transmission season (including long-term travelers and recurrent travelers based in urban areas but likely to visit endemic or rural or agricultural areas)
 - Short-term (<1 month) travelers to endemic areas during JE transmission season if they plan to travel outside of an urban area and will have increased risk for JE exposure
 - Travelers to an area with ongoing JE outbreak
 - Travelers to endemic area who are uncertain of specific destinations, activities, or duration of travel
2. Using [DD Form 3111](#), screen all persons for contraindications and precautions to the JE vaccine (JE-VC):

Contraindications:

- A history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of JE-VC or to a vaccine component (to include protamine sulfate.) Ask diabetic patients about allergic reactions to their insulin (which may also contain protamine sulfate)
- For information on vaccine components, refer to the [manufacturer's package insert](#) or [The CDC Pink Book Appendix B](#).

Precautions:

- Pregnancy: vaccination is generally deferred during pregnancy, though pregnant women traveling to high-risk areas may receive JE-VC if benefit outweighs risk
- 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 Division at (877) 438-8222, Option 1 or DSN 761-4245

Note: although JE-VC vaccination during pregnancy may be warranted, this is an off label use of the vaccine and is not covered under these standing orders. Patients must obtain a written order from a privileged provider for this situation.

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:
 - Follow dosing schedule as below
 - JE-VC (IXIARO®) consists of a 2-dose primary series and a single booster for continued risk
 - Primary series should be completed ≥ 1 week before travel. Administer 0.5mL intramuscularly in the deltoid muscle for adults.

TABLE 1. Adult Dosing Schedule for JE-VC Vaccine				
Age	Dose	Route	Schedule	Booster†
18–65 y	0.5 mL	IM	0, 7-28 days	≥ 1 y after primary series
>65 y	0.5 mL	IM	0, 28 days	≥ 1 y after primary series

† If potential for JEV exposure continues

TABLE 2. 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/imz-best-practices/vaccine-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)

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 must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the _____ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

Privileged Physician's Signature

Date