Standing Order for Administering Respiratory Syncytial Virus Vaccine (Adult)

Purpose: To reduce morbidity and mortality from respiratory syncytial virus 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 adults ≥ 60 years of age in need of vaccination against respiratory syncytial virus (RSV) based on the following criteria:
    - Age 75 years and up
    - Age 60-74 years at increased risk due to:
        - Chronic cardiovascular disease (e.g., CAD, congenital disease, HF [excluding isolated HTN])
        - Chronic hematologic conditions (e.g., sickle cell disease, thalassemia)
        - Chronic liver disease (e.g., cirrhosis)
        - Chronic lung disease (e.g., asthma, COPD, cystic fibrosis, emphysema, or interstitial)
        - Diabetes mellitus with end-organ damage (e.g., CKD, neuropathy, retinopathy) or requiring insulin or SGLT-2 treatment
        - End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
        - Moderate or severe immune compromise
        - Neurologic/neuromuscular conditions with impaired airway clearance or respiratory muscle weakness (e.g., ALS, muscular dystrophy, or poststroke dysphagia [excluding stroke without impaired airway clearance])
        - Other chronic conditions or risk factors that a health care provider determines might increase the risk for severe respiratory disease (e.g., concern for undiagnosed conditions, frailty)
        - Residence in a nursing home or remote/rural community

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

    Contraindications:

    - History of a serious reaction (e.g., anaphylaxis) after a previous dose of RSV vaccine or to an RSV vaccine component
    - For information on vaccine components, refer to the package inserts for Abrysvo, Arexvy, mResvia, and The CDC Pink Book Appendix B.

    Precautions:

    - Moderate or severe acute illness with or without fever.
    - 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.
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 312-761-4245.

3. Prior to vaccine administration, provide all patients (or their parent/legal representative) with a copy of the current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide RSV vaccine as follows:
   - Prior to administration, consult the manufacturer's package insert for storage, handling, and preparation instructions.
   - Administer a single 0.5mL dose of RSV vaccine intramuscularly according to Table 1.
   - RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are currently NOT recommended to receive another dose.

TABLE 1. IM Needle Length and Injection Site Guide, Adult ≥ 19 years

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

Patient Group	Needle Length	Injection Site
Men and women, <60 kg (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm †
Men and women, 60-70 kg (130-152 lbs)	1 inch (25 mm)	
Men, 70-118 kg (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women, 70-90 kg (152-200 lbs)		
Men, >118 kg (260 lbs)	1.5 inches (38 mm)	
Women, >90 kg (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: 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.

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