STANDING ORDERS FOR
Administering Varicella Vaccine to Adults

Purpose

To reduce morbidity and mortality from varicella disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other health care professionals to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 **Assess Adults for Need of Vaccination** who (a) were born in the U.S. in 1980 or later or (b) are a healthcare worker or non-U.S.-born person and who do not meet evidence of immunity by having met any of the following criteria:

- Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks
- History of varicella disease based on diagnosis or verification of varicella by a healthcare provider
- History of herpes zoster based on a diagnosis or verification of herpes zoster by a healthcare provider
- Laboratory evidence of immunity or laboratory confirmation of disease

2 **Screen for Contraindications and Precautions**

Contraindications

- Do not give varicella vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- Do not give varicella vaccine during pregnancy; vaccination should occur upon completion or termination of pregnancy.
- Do not give varicella vaccine to a person with severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised).
    - Note: Long-term immunosuppressive therapy is defined as at least 2 weeks of daily receipt of 20 mg or 2 mg/kg body weight of prednisone or its equivalent.
    - Note: Susceptible individuals living with HIV are at increased risk for serious illness from varicella infection. Eligible HIV-infected adults should receive 2 doses of single-component varicella vaccine with a 3-month interval between doses. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
- Do not give varicella vaccine to a person with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

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Precautions *(require evaluation before vaccination)*

- History of recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
- History of receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
- Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Varivax (Merck) may be administered via either the intramuscular (IM) or subcutaneous (Subcut) route.

If vaccine is to be administered by the **intramuscular route**, choose the needle gauge, needle length, and injection site according to the following chart:

BIOLOGICAL SEX AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	⅝"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

If vaccine is to be administered by the **subcutaneous route**, choose the needle gauge, needle length, and injection site according to the following chart:

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	⅝"	Fatty tissue over triceps

Reconstitute the vaccine with the manufacturer-supplied diluent just prior to administration.

5 Administer Varicella Vaccine, 0.5 mL, according to the following criteria and schedule:

HISTORY OF PREVIOUS VARICELLA VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF VARICELLA
0 documented doses, or none known	Give 0.5 mL VAR as dose #1. Give dose #2 at least 4 weeks later.
1 previous dose of VAR	Give 0.5 mL VAR as dose #2 at least 4 weeks after dose #1.

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6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); plan to discuss the need for vaccination with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For Immunize.org's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. For "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://www.vaers.hhs.gov/reportevent.html. rther assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE) .

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)