

# STANDING ORDERS FOR Administering Meningococcal ACWY Vaccine to Adults

## Purpose

To reduce morbidity and mortality from meningococcal disease caused by serotypes A, C, W, or Y 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 and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adults who meet any of the criteria below.

## Procedure

### 1 Assess adults for need of vaccination against meningococcal disease according to the following criteria:

#### **Routine meningococcal ACWY vaccination**

- First-year college students age 19 through 21 years living in a residence hall who were never vaccinated or who were last vaccinated when younger than age 16 years

#### **Risk-based meningococcal ACWY vaccination**

- Diagnosis of persistent complement component deficiency (an immune system disorder, which may also be caused by the drug Soliris [eculizumab])
- Diagnosis of anatomic or functional asplenia (including sickle-cell disease)
- Diagnosis of human immunodeficiency virus (HIV) infection
- Part of an outbreak attributable to a vaccine serogroup
- Anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged
- Employment as a microbiologist with routine exposure to isolates of *N. meningitidis*

### 2 Screen for contraindications and precautions

**Contraindications** – Do not give MenACWY vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturer's package insert ([www.immunize.org/packageinserts](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

**Precaution** – 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) available at [www.immunize.org/vis](http://www.immunize.org/vis). You must 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. 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](http://www.immunize.org/vis).

### 4 Review the vaccination schedule and criteria for MenACWY

For schedule of vaccination of adults with risk factors as identified in section 1 above, refer to "Meningococcal Vaccination Recommendations by Age and Risk Factor for Serogroups A, C, W, or Y Protection" found at [www.immunize.org/catg.d/p2018.pdf](http://www.immunize.org/catg.d/p2018.pdf).

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### 5 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"*-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

\* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

### 6 Administer MenACWY Vaccine, 0.5 mL, IM, according to the table below:

HISTORY OF PREVIOUS MENACWY VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF MENACWY
0 documented doses, or none known	Give MenACWY Dose #1.
1 previous dose given before age 16 years, and is a first year college student age 19–21 years, living in a residence hall	Give Dose #2.
1 or more previous doses and in a risk group (see #1 on page 1)	Give additional doses every 5 years if risk continues.

### 7 Document Vaccination

Document each patient’s vaccine administration information and any needed 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. 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). Offer the vaccine to 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.

### 8 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 IAC’s “Medical Management of Vaccine Reactions in Adults,” go to [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.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.

### 9 Report Adverse Events to VAERS

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

## Standing Orders Authorization

<p>This policy and procedure shall remain in effect for all patients of the _____  <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ .  <small style="margin-left: 200px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>
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