STANDING ORDERS FOR
Administering Respiratory Syncytial Virus Vaccine (RSV) to Adults Age 60 Years and Older

Purpose

To reduce morbidity and mortality from respiratory syncytial virus (RSV) by vaccinating all adults who meet the criteria established by the CDC's Advisory Committee on Immunization Practices.

RSV Immunization Notes: There are three RSV vaccines recommended by CDC for use in adults ages 60 years and older in the United States: Arexvy (RSVPreF3, GSK, protein vaccine with AS01 adjuvant), Abrysvo (RSVPreF, Pfizer, unadjuvanted protein vaccine), and mResvia (mRNA RSV vaccine, Moderna).

Only Abrysvo is approved for use during pregnancy; a standing orders template is available at www.immunize.org/wp-content/uploads/catg.d/p3096.pdf.

RSV vaccine is not approved for use in infants. Refer to the standing orders template for immunization of eligible infants with nirsevimab preventive antibody product (Beyfortus, Sanofi) at www.immunize.org/wp-content/uploads/catg.d/p3097.pdf.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare 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** against RSV infection according to the following criteria:

Routine RSV Vaccination

Age 75 years or older with no history of RSV vaccination

Risk-Based RSV Vaccination

Age 60 through 74 years with no history of RSV vaccination and meet criteria for being at increased risk of RSV based on one or more of the conditions listed below.

Non-immunocompromising chronic health conditions:

- Chronic cardiovascular disease (e.g., heart failure, coronary artery disease, congenital heart disease [excluding isolated hypertension])
- Chronic lung disease (e.g., chronic obstructive lung disease [COPD], emphysema, asthma, interstitial lung disease, cystic fibrosis)
- End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor
- Severe obesity (body mass index of 40 kg/m2 or greater)
- Chronic liver disease (e.g., cirrhosis)
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness (e.g., poststroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance])
- Chronic hematologic disorders (e.g., sickle cell disease, thalassemia)

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Immunocompromising chronic health conditions:

- Moderate or severe immune compromise whether attributable to a medical condition or receipt of immunosuppressive medications or treatment

Residential setting of the individual:

- Individual lives in a nursing home or other long-term care facility that provides assistance with activities of daily living (excluding independent senior living facilities and retirement communities)

Other conditions (refer for clinical evaluation):

- Individual has other chronic medical conditions or risk factors not listed above that might increase their risk of severe RSV disease
- Individual may be classified as frail

Note: If a person age 60–74 does not have a medical condition or risk factor that increases their risk of severe RSV disease, RSV vaccination is not recommended.

Timing of vaccination: Eligible adults who have not previously received RSV vaccination may be vaccinated at any time of year, but vaccination will have the most benefit if administered in late summer or early fall, just before the RSV season. In most of the continental United States, this corresponds to vaccination during August–October.

2 Screen for Contraindications and Precautions

Contraindications

Do not give any RSV vaccine to a person who has experienced a serious reaction (e.g., anaphylaxis) to any of its components. For a list of vaccine components for each product, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Precautions

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. The VIS for RSV vaccine can be found at www.immunize.org/vaccines/vis/rsv/ (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Prepare the vaccine according to the manufacturer's instructions. ***Note:*** Arexvy (GSK) and Abrysvo (Pfizer) require reconstitution; mResvia (Moderna) does not.

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	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	1½"	Anterolateral thigh muscle

† A ⅝" 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.

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5 Administer RSV Vaccine to Adults According to the Criteria and Guidance Above

Administer RSV vaccine as a one-time intramuscular injection of 0.5 mL.

RSV vaccine may by given at the same visit or at any time before or after other recommended vaccines using different anatomic sites.

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); discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) 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.

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 Immunize.org's "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 RSV 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

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)