

STANDING ORDERS FOR Administering Varicella Vaccine to Children and Teens

Purpose

To reduce morbidity and mortality from varicella disease by vaccinating all children and teens 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 health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess Children and Teens for Need of Vaccination against varicella who are age 12 months or older and who have not met any of the following criteria:

- Documentation of at least two doses of vaccine, both given on or after age 12 months, separated by at least 12 weeks (separated by at least 4 weeks if given at age 13 years or older)
- 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 child or teen who has experienced a serious systemic or anaphylactic reaction to a prior dose of 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 to a child or teen who is pregnant or may become pregnant within 1 month (pregnant teens should be vaccinated upon completion or termination of pregnancy).
- Do not give varicella vaccine to a child or teen having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems.
- Do not give varicella vaccine to a child or teen receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent).
- Do not give varicella vaccine to a child age 1 year or older with CD4+ T-lymphocytes percentages less than 15% or a child or teen age 6 years or older with CD4+ T-lymphocytes count less than 200 cells per microliter. (*Because HIV-infected children are at increased risk for morbidity from varicella and herpes zoster [shingles], single-antigen varicella should be considered for HIV-infected children with CD4+ T-lymphocyte percentages greater than or equal to 15% as well as for children age 9 years or older with CD4+ T-lymphocytes count greater than or equal to 200 cells per microliter.*)
- Do not give varicella vaccine to a child or teen 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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- Do not give combination measles-mumps-rubella and varicella vaccine (MMRV) to a child with primary or acquired immunodeficiency, including immunosuppression associated with AIDS or other clinical manifestations of HIV infections, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia.

Precautions

- 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

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

NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
23–25	5/8"	Fatty tissue over triceps or fatty tissue over anterolateral thigh muscle.

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

5 Administer Varicella Vaccine, 0.5 mL, via the subcutaneous (Subcut) route, according to the following criteria and schedule:

HISTORY OF PREVIOUS VARICELLA VACCINATION	AGE GROUP	SCHEDULE FOR ADMINISTRATION OF VARICELLA
0 documented doses, or none known	12 months to 12 years	Give dose #1. Give dose #2 at least 12 weeks later.
1 documented dose	12 months to 12 years	Give dose #2 at least 12 weeks after dose #1.
0 documented doses, or none known	13 years and older	Give dose #1. Give dose #2 at least 4 weeks later.
1 documented dose	13 years and older	Give dose #2 at least 4 weeks after dose #1.

6 Document Vaccination

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

Medical record: Document the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and 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). Offer this vaccine at the next visit.

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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 IAC’s “Medical Management of Vaccine Reactions in Children and Teens,” go to www.immunize.org/catg.d/p3082a.pdf. For IAC’s “Medical Management of Vaccine Reactions in Adult Patients,” go to 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.

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). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://www.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>
