

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, pharmacists, and other health care professionals 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, and separated by at least 4 weeks (*Note: the recommended minimum dosing interval for children age 12 months through 12 years is at least 12 weeks, but a documented dose inadvertently administered after at least 4 weeks may be counted as valid.*)
- 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/fda) 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; pregnant teens should be vaccinated upon completion or termination of pregnancy.
- Do not give varicella vaccine to a child or teen 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 infection are at increased risk for serious illness from varicella infection. Eligible HIV-infected children age 12 months or older 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 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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Precautions (required 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
- Use of aspirin or aspirin-containing products
- Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) 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:

AGE OF CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Age 1 through 2 years	22-25	1-1¼"	Anterolateral thigh muscle*
		⅝ [†] -1"	Deltoid muscle of arm
Age 3 through 10 years	22-25	⅝ [†] -1"	Deltoid muscle of arm*
		1-1¼"	Anterolateral thigh muscle
Age 11 years and older	22-25	⅝ [†] -1"	Deltoid muscle of arm*
		1-1½"	Anterolateral thigh muscle

* Preferred site.

† A ⅝" needle may be used for children 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.

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 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 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 mos through 12 yrs	Give dose #1. Give dose #2 at least 12 wks later.
1 documented dose	12 mos through 12 yrs	Give dose #2 at least 12 wks after dose #1.
0 documented doses, or none known	13 yrs and older	Give dose #1. Give dose #2 at least 4 wks later.
1 documented dose	13 yrs and older	Give dose #2 at least 4 wks 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: 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); 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, 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 Children and Teens in Community Settings,” go to www.immunize.org/catg.d/p3082a.pdf. For Immunize.org’s “Medical Management of Vaccine Reactions in Adult Patients in a Community Setting,” 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) 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>. 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 _____ until rescinded or until _____ .
DATE DATE

Medical Director _____ / _____
PRINT NAME SIGNATURE DATE