Standing Orders for Administering Varicella (Chickenpox) Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from varicella disease by vaccinating all persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DOD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify all persons 12 months to 17 years of age in need of varicella vaccination (VAR) based on the following criteria:
   - Lack of acceptable evidence of varicella immunity (e.g., documentation of 2 doses of VAR vaccine at the appropriate age/interval, positive serologic testing, or diagnosis/ verification of a history of varicella or herpes zoster by a healthcare provider)

2. Screen all patients for contraindications and precautions to VAR vaccine:

   Contraindications:
   - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of VAR vaccine or to a vaccine component (to include gelatin and neomycin)
   - For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf
   - Pregnancy (or may become pregnant in the next 30 days)
   - Immunosuppression (e.g., HIV/AIDS, cancer or malignant neoplasms)
   - High-dose immunosuppressive therapy (eg., two weeks or more of daily receipt of 20 mg or more [or 2mg/kg body weight or more] of prednisone or equivalent)
   - HIV-infected persons with CD4+ T-lymphocyte percentages <15% and total CD4 cell count <200/mm^3
   - Family history of congenital or hereditary immunodeficiency in 1st degree relatives (e.g., parents and siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory

   Note: Do not give combination MMRV (ProQuad®) to a patient with primary or acquired immunodeficiency, including immunosuppression associated with AIDS or other clinical manifestations of HIV infections, cellular immunodeficiencies, hypogammaglobulinemia, or dysgammaglobulinemia.

   Precautions:
   - Moderate or severe acute illness with or without fever
   - Recent (≤11 months) receipt of an antibody-containing blood product
   - Need for tuberculosis (TB) screening by skin testing or interferon-gamma release assay (IGRA) testing. To prevent potential interference between varicella vaccine

and TB testing (possibly causing false-negative TB results), TB testing may be performed before varicella vaccination, on the same day as varicella vaccination (preferred), or postponed for at least 4 weeks after varicella vaccination

- Use of aspirin or aspirin-containing products
- Recent receipt of specific antivirals (i.e., acyclovir, famciclovir, or valcyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide vaccine as follows:
   The VAR vaccine (VARIVAX®) consists of a 2-dose series at 12-15 months and 4-6 years of age. Administer 0.5mL of VAR vaccine subcutaneously in the preferred site (fatty tissue over the anterolateral thigh muscle for infants and toddlers or the fatty tissue over the triceps for children and adolescents). The alternate site (fatty tissue over anterolateral thigh muscle or triceps) may be used if the preferred site is inadequate. Use a 23–25 gauge 5/8" needle.

5. For persons who did not receive VAR at the ages specified in #4:

   - Give one dose at the earliest opportunity
   - Schedule the second dose (if needed): the minimum interval is 3 months for patients 12 months - 12 years of age; 4 weeks for patients ≥13 years of age

6. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

8. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (800-822-7967) or online at https://vaers.hhs.gov.

9. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date