

Standing Orders for Administering Typhoid Fever Vaccine - Adult

Purpose: To reduce the morbidity and mortality from typhoid fever by vaccinating adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the Department of Defense (DoD).

Policy: Under these standing orders authorized healthcare professionals, where allowed by Service regulation or instruction, may vaccinate personnel who meet any of the criteria below.

Procedure:

1. Identify all patients in need of vaccination against typhoid fever based on the following criteria:
 - a. Vaccination is required for service members as indicated per COCOM requirements.
 - b. Travelers to areas where a recognized risk of exposure to typhoid exists, particularly ones who will have prolonged exposure to potentially contaminated food and water. Current CDC Health Information for International Travel (Yellow Book) and advisories should be consulted for identified risk areas.
2. Screen all patients for contraindications and precautions to the typhoid vaccines
 - a. **Contraindications:** a history of a serious reaction after a previous dose of typhoid vaccine or to any typhoid vaccine component as noted in the package inserts. Vivotif only, contraindicated for individuals who are immunocompromised or during an acute febrile illness.
 - b. **Precautions:** Vivotif should not be administered during an acute gastrointestinal illness or to individuals receiving sulfonamides or antibiotics. Vivotif may be administered if >72 hours have elapsed since last dose of antibiotics. No information is available on the safety of live oral typhoid vaccine in pregnancy; it is prudent on theoretical grounds to avoid vaccinating pregnant women.
3. 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 available; these can be found at: www.cdc.gov/vaccines/pubs/vis .
4. Vaccine Administration
 - a. Typhim Vi (Typhoid Vi Polysaccharide Vaccine). Administer 0.5 mL intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For optimal protection the vaccine should be administered at least two weeks prior to potential exposure.
 - b. Vivotif (Typhoid Vaccine Live, Oral Ty21a). Administer one capsule by mouth on day 1 (initial dose), followed by subsequent doses on day 3,5,7 (alternate day schedule) with cold or luke-warm water on an empty stomach (one hour before meals or two hours after meals). Do not crush or chew capsules and they must be stored in the refrigerator at all times. Separation of up to 48hrs between doses is acceptable but all doses should be completed over 10 days. If >48 hrs since last dose contact the manufacturer for additional guidance. For optimal protection the vaccine series should be complete at least 1 week prior to potential exposure.
5. Booster requirements. Provide booster dose of vaccine if it has been ≥2 years since vaccination with Typhim Vi or ≥ 5 years with oral Vivotif.
6. Document immunizations for Service members in the Services' Immunizations Tracking System (i.e. MEDPROS, ASIMS, and MRRS) and use AHLTA for family members and retirees. Required immunization information includes: the name of the vaccine, the date vaccine was administered, the manufacturer, lot number, the dosage, VIS version date and the name of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt of the vaccine e.g., medical contraindication, patient refusal etc.
7. Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

8. Report all vaccine adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

9. This policy and procedure shall remain in effect for all patients of the _____ clinic for one year or upon a change in medical director, whichever is earlier.

Medical Director's signature: _____ Effective Date: _____
Printed Title: _____