

## Standing Orders for Administering Japanese Encephalitis Vaccine - Pediatric

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**Purpose:** To reduce the morbidity and mortality from Japanese encephalitis (JE) by vaccinating children 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, eligible nurses and other healthcare professionals working within their scope-of-practice may vaccinate pediatric patients who meet the criteria below.

### Procedure:

1. Identify all pediatric and adolescent patients 2 months to  $\leq 17$  years of age in need of vaccination against JEV based on the following criteria:
  - a. Vaccination is required for Service members and beneficiaries as indicated per COCOM requirements.
  - b. Travelers who plan to spend 1 month or longer in endemic areas (per CDC Yellow Book) during the JEV transmission season. This includes long-term travelers and recurrent travelers who will be based in urban areas but likely to visit endemic or rural or agricultural areas during high-risk season. In addition, JE vaccine should be considered for the following persons:
    - Short-term (<1 month) travelers to endemic areas during the JEV transmission season if they plan to travel outside of an urban area and will have increased risk for JEV exposure.
    - Travelers to an area with ongoing JEV outbreak.
    - Travelers to endemic area who are uncertain of specific destinations, activities, or duration of travel.
2. Screen all patients for contraindications and precautions to the JE vaccine:
  - a. **Contraindications:** a history of a serious allergic reaction (anaphylaxis) after a previous dose of JE vaccine (IXIARO®) or to a vaccine component such as protamine sulfate as noted in the package insert. Ask parents of diabetic children about allergic reactions to their insulin (which also may contain protamine sulfate).
  - b. **Precautions:** persons 2 months to  $\leq 17$  years of age with a history of non-anaphylactic hypersensitivity to protamine sulfate or other vaccine components, immunocompromised children, and pregnant and breastfeeding women. Refer to an allergist for evaluation if hypersensitivity is suspected or there is a history of severe allergic reaction to another Japanese Encephalitis vaccine. Defer vaccination if the individual has a moderate to severe acute illness.
3. Provide all patients/parents/guardians 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](http://www.cdc.gov/vaccines/pubs/vis).
4. **Vaccine Administration:** Before administration, shake the syringe well to obtain a white, cloudy suspension. IXIARO® is an inactivated virus vaccine injected intramuscularly in a two-dose series. Doses are administered on day zero (the day of initial immunization) and on day twenty-eight. The IXIARO® series should be completed at least one week prior to potential exposure to JEV. IXIARO® only comes in 0.5 mL pre-filled syringes. For children 2 – 35 months of age, a single dose is 0.25 mL and for individuals 3 – 17 years of age, a single dose is 0.5 mL. To administer a 0.25 mL dose, expel and discard half of the volume from the 0.5 mL pre-filled syringe by pushing the plunger stopper up to the edge of the redline on the syringe barrel prior to injection (DO NOT use pre-filled syringe without a redline to administer 0.25 mL dose). Administer 0.25 mL dose intramuscularly (22–25g, 1–1¼" needle) in the Anterolateral thigh muscle and the 0.5mL dose intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. **Booster Requirements.** A one-time booster dose is recommended for persons 17 years and older if more than one year has passed since completing the primary series and the risk of exposure to the JE virus continues. Timing of additional booster doses for individuals less than 17 years of age has not yet been determined.

6. Document immunizations for Service members in the Service 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).

7. 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.

8. Report all vaccine adverse reactions to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://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 until rescinded and/or change of medical director.

Medical Director's signature: \_\_\_\_\_ Effective date: \_\_\_\_\_

Printed Title: \_\_\_\_\_