

Standing Orders for Administering Japanese Encephalitis Vaccine - Adult

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

Procedure:

1. Identify all adults in need of vaccination against JE based on the following criteria:
 - a. Vaccination is required for service members 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, recurrent travelers, or expatriates 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 JE outbreak.
 - Travelers to endemic area who are uncertain of specific destinations, activities, or duration of travel.
 - c. Laboratory workers with a potential for exposure to JE virus.
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.
 - b. **Precautions:** with a history of non-anaphylactic hypersensitivity to protamine sulfate or other vaccine components, pregnant and breastfeeding women, or immunocompromised adults. 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 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: <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 (0, 28). The IXIARO® series should be completed at least one week prior to potential exposure to JEV. Administer 0.5 mL 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.
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 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: _____