

Standing Orders for Administering Anthrax (BioThrax®) Vaccine to Adults

Purpose: To reduce morbidity and mortality from *Bacillus anthracis* disease by vaccinating all adults 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 adults who meet the criteria below.

Procedure:

1. Identify all adults 18 to 65 years in need of pre-exposure vaccination against anthrax based on the following criteria:

- Vaccination is required for individuals as indicated per Combatant Command (CCMD) requirements
- Vaccination is voluntary for individuals who have received at least one previous dose of vaccine
- As indicated for occupational exposure to *Bacillus anthracis* in the laboratory

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

Contraindications:

- a history of a serious reaction or anaphylaxis after a previous dose or to any vaccine component as noted in the package insert. Women who may be pregnant and individuals with a history of anthrax disease should not be vaccinated. For a list of 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>.

Precautions:

- Individuals with a history of hypersensitivity reactions following vaccination or those with latex sensitivity.
- Individuals with a history of Guillain-Barré Syndrome (GBS) or any autoimmune neurologic disorder.
- For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#) and the DoD brochure titled "[What You Need to Know About Anthrax Vaccine](#)" (click to download). 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; these can be found at www.immunize.org/vis.

4. Vaccine Administration. Administer 0.5 mL intramuscularly (22–25 gauge, 1–1½" needle) in the deltoid muscle. Do NOT administer in the triceps. The 5-dose series should be administered at day 0, 4 weeks, 6 months, 12 months, and 18 months. Provide subsequent doses of vaccine by observing a minimum interval of 4 weeks between the first and second dose, 150 days between second and third dose and at least 180 days between third and fourth, and fourth and fifth doses. Do not restart the primary series for any reason and resume the series with administration of the next dose. Do NOT compress the minimum interval between anthrax vaccine doses.
5. Booster Requirements. If it has been ≥ 1 year since completion of primary series, provide a booster dose for those who remain at risk of anthrax exposure or to those individuals who voluntarily request ongoing boosters.
6. Documentation
 - Document all immunizations administered in the electronic health record. 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 (1-800-822-7967) 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