

Standing Orders for Administering Measles-Mumps-Rubella-Varicella (ProQuad®) Vaccine to Children

Purpose: To reduce morbidity and mortality from measles, mumps, rubella and varicella by vaccinating all children 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 pediatric patients who meet the criteria below.

Procedure:

1. Identify children ages 12 months through 12 years of age in need of vaccination against measles, mumps, rubella and varicella.
2. Screen all patients for contraindications and precautions to measles, mumps, rubella and varicella (ProQuad®) vaccine:

Contraindications:

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR or MMRV vaccine or to an MMRV vaccine component (to include neomycin or gelatin). For information on vaccine components, refer to the [manufacturer's package insert](#) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
- primary or acquired immunodeficiency states
- family history of congenital or hereditary immunodeficiency
- pregnant now or may become pregnant within 1 month
- active untreated tuberculosis or febrile illness (>101.3 °F)
- known severe immunodeficiency (e.g., hematologic and solid tumors; congenital immunodeficiency; prolonged (≥14 days) high-dose steroid therapy; severely immunocompromised from HIV infection)

Precautions:

- recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product)
- history of thrombocytopenia or thrombocytopenic purpura
- moderate or severe acute illness with or without fever
- **NOTE:** administration of MMRV (dose 1) to children 12 to 23 months old who have not been previously vaccinated against measles, mumps, rubella, or varicella, nor had a history of the wild-type infections, is associated with higher rates of fever and febrile seizures at 5 to 12 days after vaccination when compared to children vaccinated with MMR vaccine and varicella vaccine administered separately. (The CDC recommends the initial MMR and varicella doses be administered as separate vaccines and thus administering MMRV as the 1st dose at the initial 12-15 months of age is not covered under this standing order.)
- providers who are considering administering MMRV vaccine for the initial dose should discuss the benefits and risks of both vaccination options with the parents or caregivers and document informed consent in the medical record if MMRV is chosen for the initial MMR and varicella dose.

- use caution when administering MMRV to children with a history of cerebral injury or seizures or any other condition in which stress due to fever should be avoided.
 - use caution when administering MMRV to children with anaphylaxis or immediate hypersensitivity to eggs or contact hypersensitivity to neomycin.
 - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.
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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; these can be found at www.immunize.org/vis.
 4. Provide routine vaccination with MMRV vaccine at 4–6 years. Administer 0.5 mL MMRV subcutaneous (23–25 gauge, 5/8" needle) in the posterior-lateral fat of the upper arm.
 5. For children (up to age 12 years) who have not received MMRV vaccine at the ages specified above in #4, give one dose at the earliest opportunity, if needed, by observing a minimum interval of 1 month between a previous dose of measles-containing vaccine and at least 3 months between a previous dose of varicella-containing vaccine.
 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 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