

## Standing Orders for Administering Yellow Fever Vaccine - Adult

**Purpose:** To reduce morbidity and mortality from yellow fever 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 adult patients who meet the criteria below.

### Procedure

1. Identify all adults 18 to 59 years of age in need of vaccination against yellow fever based on the following criteria:
  - vaccination is required for individuals as indicated per Combatant Command (CCMD) requirements
  - as indicated for travelers to or transiting through areas where a recognized risk of exposure to yellow fever exists. Refer to the current CDC Health Information for International Travel (Yellow Book), TRAVAX or other travel medicine guidelines for identified risk areas and country-specific transiting requirements
  - as indicated for specific alert personnel per local guidance

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

#### Contraindications:

- a history of a serious reaction or anaphylaxis after a previous dose or to any vaccine components. For information on vaccine components, refer to the [manufacturer's package insert](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>.
- Individuals with a history of allergic reactions to eggs, chickens, and gelatin.
- Women who may be pregnant and/or nursing and immunosuppressed adults should not be vaccinated

#### Precautions:

- adults  $\geq 60$  years.
  - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at 877-438-8222, Option 1.
3. Provide all patients 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](http://www.immunize.org/vis).
  4. Administer yellow fever vaccine as a single, 0.5-mL dose subcutaneously (23-25 gauge, 5/8" needle) in the upper arm over the tricep. **NOTE:** The vaccine powder must be reconstituted immediately before use with the diluent supplied. Allow the reconstituted vaccine to sit for 1-2 minutes and then carefully swirl mixture until uniform suspension is achieved. Avoid vigorous shaking as this tends to cause foaming of the suspension. Once reconstituted, the vaccine should be maintained at 2°C–8°C (35°F–46°F) and

should be used or discarded within 1 hour of reconstitution. YF-VAX® is a slight pink-brown suspension after reconstitution. Vaccine should be administered at least 10 days before travel.

5. A yellow fever booster is not routinely recommended for most travelers. According to the World Health Organization (WHO) and ACIP, a single primary dose of yellow fever vaccine provides long-lasting protection and is adequate for most travelers. SOUTHCOM, AFRICOM and SOCOM do NOT require routine booster doses of yellow fever vaccine. The following people should be considered for an additional dose of yellow fever vaccine:
  - Women who were pregnant when they received their initial dose of yellow fever vaccine.
  - Persons with a hematopoietic stem cell transplant after a dose of yellow fever vaccine.
  - Persons infected with HIV when they received their last dose of yellow fever vaccine.
  - Laboratory workers who routinely handle wild-type yellow fever virus.
6. Booster doses are not covered under this standing order and should be ordered by a credentialed provider familiar with appropriate indications for yellow fever vaccine booster doses.
7. 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.
  - a. The WHO's International Health Regulation requires individuals who received a yellow fever vaccination to provide proof of vaccination on the Immunization Certificate of Vaccination against Yellow Fever (ICV) (CDC731) and confirmed with the official yellow fever stamp. A certificate of vaccination is considered valid 10 days after vaccination and for the life of the patient vaccinated
  - b. All individuals with contraindications to receipt of yellow fever vaccine require additional documentation per International Health Regulation (2005) before travel to yellow-fever endemic areas.
8. 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.
9. 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>.
10. 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.

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Medical Director's Signature

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Date