Standing Orders for Administering Japanese Encephalitis (IXIARO®) Vaccine to Children and Adolescents

**Purpose:** To reduce the morbidity and mortality from Japanese encephalitis (JE) by vaccinating children and adolescents 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 all pediatric and adolescent patients 2 months to ≤17 years of age in need of vaccination against JE based on the following criteria:
   - Vaccination is required for Service members and beneficiaries as indicated per Combatant Command (CCMD) requirements.
   - Travelers who plan to spend 1 month or longer in endemic areas (per CDC Yellow Book) during the JE 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 JE transmission season if they plan to travel outside of an urban area and will have increased risk for JE exposure.
     - Travelers to an area with ongoing JE outbreak.
     - Travelers to endemic area who are uncertain of specific destinations, activities, or duration of travel

2. Screen all persons for contraindications and precautions to the JE vaccine:
   - **Contraindications:**
     - a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of JE vaccine or to a vaccine component such as protamine sulfate. Ask parents of diabetic children about allergic reactions to their insulin (which also may contain protamine sulfate). For information on 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](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf)
   - **Precautions:**
     - persons with a history of non-anaphylactic hypersensitivity to protamine sulfate or other vaccine components
     - Immunocompromised children
     - 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.
     - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.
3. Provide all persons (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the person’s medical record, the publication date of the VIS and the date it was given to the person (or parent/legal representative). Provide non-English speaking persons 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:
   - 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 28. The IXIARO series should be completed at least one week prior to potential exposure to JE. IXIARO only comes in 0.5 mL pre-filled syringes. For children 2-35 months of age, a single dose is 0.25 mL. 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 (22–25 gauge, 1–1¼” needle) in the Anterolateral thigh muscle and the 0.5mL dose intramuscularly (22–25 gauge, 1–1½” needle) in the deltoid muscle. Choose needle length appropriate to the patient’s age and body mass.
   - Note: The FDA has approved an accelerated schedule of IXIARO for adults aged 18-65 years where the 2 dose series can be given 7 days apart. Persons <18 years and persons older than 65 years should NOT receive this accelerated schedule.

5. Booster Requirements. A one-time booster dose is recommended for persons 14 months of age and older if more than 11 months have passed since completing the primary series and the risk of exposure to the JE virus continues.

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 appropriate 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 ___________________________

Reviewed by DHA-IHB, January 2019