

Standing Orders for Administering Japanese Encephalitis (IXIARO®) Vaccine to Adults

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), 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 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.
 - Vaccination should be administered to longer-term (e.g., ≥ 1 month) travelers to JE-endemic areas and frequent travelers to JE-endemic areas.
 - Vaccination should be considered for
 - Shorter-term (e.g., < 1 month) travelers with an increased risk of JE based on planned travel duration, season, location, activities, and accommodations.
 - Travelers visiting endemic areas who are uncertain of specific duration of travel, destinations, or activities.
 - Laboratory workers with a potential for exposure to JE virus.
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. 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>

Precautions:

- persons with a history of non-anaphylactic hypersensitivity to protamine sulfate or other vaccine components
- Immunocompromised adults
- 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.
 - In adults aged >65 years, the primary vaccination schedule is two doses administered on days 0 and 28.
 - In adults aged 18-65 years, the primary vaccination schedule is two doses administered on days 0 and 7-28.
 - The IXIARO series should be completed at least one week prior to potential exposure to JE. Administer 0.5 mL dose intramuscularly (22–25 gauge, 1–1½" needle) in the deltoid muscle. Choose needle length appropriate to the patient's age and body mass.
5. Booster Requirements. A **one-time booster dose** (i.e., third dose) should be given at > 1 year after completion of the primary JE-VC series if ongoing exposure or re-exposure to JE virus is expected.
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