

Standing Orders for Administering Varicella (Chickenpox) Vaccine (VARIVAX®) to Children and Adolescents

Purpose: To reduce morbidity and mortality from varicella (chickenpox) disease by vaccinating all 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 patients who meet the criteria below.

Procedure

1. Identify children and adolescents age 12 months and older in need of vaccination against varicella. **Note:** Because HIV-infected children are at increased risk for morbidity from varicella and herpes zoster (shingles), single-antigen varicella vaccine should be considered for HIV-infected children with CD4+ T-lymphocyte percentages greater than or equal to 15% as well as for children age 9 years and older with CD4+ T-lymphocytes count greater than or equal to 200 cells per microliter.
2. Screen all patients for contraindications and precautions to varicella vaccine:

Contraindications:

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component (including neomycin and gelatin). For information on vaccine components, refer to the [manufacturers' 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>
- pregnant now or may become pregnant within 1 month
- having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
- receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
- family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory
- a child age 1 year or older with CD4+ T-lymphocyte percentages less than 15% or a child, teen or adult age 6 years or older with CD4+ T-lymphocytes count less than 200 cells per microliter
- for combination MMRV only, primary or acquired immunodeficiency, including immunosuppression associated with AIDS or other clinical manifestations of HIV infections, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia.

Precautions:

- recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product)

- receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
 - moderate or severe acute illness with or without fever
 - 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 \(VIS\)](#). 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 varicella vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL varicella vaccine subcutaneously (23–25 gauge, 5/8" needle) in the posterolateral fat of the upper arm for children and adolescents. Varicella-containing vaccine must be stored frozen. Reconstitute and administer varicella-containing vaccine immediately after removing it from the freezer.
 5. For children under age 7 who have not received two doses of varicella vaccine (generally given at the ages specified above in #4), give a dose at the earliest opportunity and then schedule a second dose, if needed, as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted). Routine intervals of 3 months between doses for children age 7-12 years (minimum 4 weeks) and 4-8 weeks between doses for adolescents 13 years and older (minimum 4 weeks).
 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