Standing Order for Administering Zoster Vaccine (Adult)

Purpose: To reduce morbidity and mortality from herpes zoster (shingles) disease by vaccinating all persons 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure

1. Identify adults ≥50 years of age in need of vaccination against shingles.

Note: SHINGRIX® (RZV) is preferred over ZOSTAVAX® (ZVL). ACIP recommends patients previously vaccinated with ZVL receive RZV, observing a minimum interval of ≥8 weeks between ZVL and RZV doses

2. Screen all patients for contraindications and precautions to RZV

Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after a previous dose of RZV or to a vaccine component (to include *Quillaja saponaria* [QS-21] or monophosphoryl A)
- 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:

- An acute episode of herpes zoster: RZV is not a treatment for herpes zoster or post-herpetic neuralgia
- Pregnancy and breastfeeding: no available data. Consider delaying vaccination with RZV in such circumstances
- Moderate or severe acute illness with or without fever
- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

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 vaccine as follows:
    - RZV (SHINGRIX®) consists of a 2-dose series at 0 and 2-6 months. Administer 0.5mL intramuscularly in the deltoid muscle for adults

Needle Length and Injection Site of IM Injections for Adults		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Men and Women (<130 lbs)	1 inch†	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

Note: In the event of an invalid dose, RZV should be administered 28 days after the invalid dose to reduce the burden of adverse reactions which occur with this vaccine

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. 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.

6. 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.

7. 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 (800-822-7967) or online at https://vaers.hhs.gov.

8. 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