Standing Order for Administering Yellow Fever Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from yellow fever 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 all persons 9 months – 17 years of age in need of vaccination against yellow fever virus (YF) based on the following criteria:
   - Vaccination is required for Service members and beneficiaries as indicated per Combatant Command (CCMD) force health protection requirements
   - Persons traveling or transiting in areas at risk for YF transmission such as South America and Africa: travelers and providers can obtain updated travel information from the CDC at http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/yellow-fever.aspx.

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

   Contraindications:

   - A history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of YF vaccine or to a vaccine component (to include egg, chicken, or gelatin)
   - Immunosuppression (e.g., HIV/AIDS [including those with a CD4 T lymphocyte count <200/mm^3 or <15% of total lymphocytes for children < 6 years], cancer or malignant neoplasms, immunosuppressive therapy, etc.)
   - 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:

   - Moderate or severe acute illness with or without fever
   - Asymptomatic HIV infections with a CD4 count of 200-499/mm^3 (or 15-24% of total lymphocytes for children aged <6 years)
   - Pregnancy (or may become pregnant in the next 30 days). The safety of YF vaccine has not been studied in any large trials. YF vaccine should be given to a pregnant woman only if clearly needed
   - Nursing: because of the potential for serious adverse reactions in nursing infants from YF vaccine, a decision should be made whether to discontinue nursing or not to administer the vaccine, taking into account the importance of the vaccine to the mother

- Need for tuberculosis (TB) screening by skin testing or interferon-gamma release assay (IGRA) testing. To prevent potential interference between yellow fever vaccine and TB testing (possibly causing false-negative TB results), TB testing may be performed before yellow fever vaccination, on the same day as yellow fever vaccination (preferred), or postponed for at least 4 weeks after yellow fever vaccination
- Asymptomatic HIV infection with CD4 T lymphocyte values 200-499 mm^3 (or 15-24% of total lymphocytes for children aged <6 years)
- 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

Note: Yellow fever vaccine may be administered as young as 6 months of age in some circumstances. However, that is not covered under this standing order: patients must obtain a written order from a privileged provider for this situation. Providers considering vaccinating an infant 6-8 months of age are encouraged to contact DHA-IHD at (877) 438-8222, Option 1 prior to doing so

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. Provide vaccine as follows:
   - YF vaccine (YF-Vax®) consists of a 1-dose series. Administer 0.5mL subcutaneously in the preferred site (fatty tissue over the anterolateral thigh muscle for infants and toddlers or the fatty tissue over the triceps for children and adolescents). The alternate site (fatty tissue over anterolateral thigh muscle or triceps) may be used if the preferred site is inadequate. Use a 23–25 gauge 5/8" needle.
   - Boosters are not routinely recommended for most travelers. Per the World Health Organization (WHO) and ACIP, a single primary dose of YF vaccine provides long-lasting protection and is adequate for most travelers. However, providers may consider administering a booster dose of YF vaccine for travelers who received their last dose ≥10 years ago if they are going to higher risk settings based on season, location, activities and duration of travel
   - AFRICOM, SOCOM, and SOUTHCOM do not require booster doses for force health protection requirements
   - Women who were pregnant when they received their initial dose of YF vaccine should receive 1 additional dose before they are next at risk for YF
   - Persons who received a hematopoietic stem cell transplant after a dose of YF vaccine should be revaccinated before they are next at risk for YF (as long as they are sufficiently immunocompetent)

- Persons infected with HIV when they received their last dose of YF vaccine should receive a dose every 10 years if they continue to be at risk for YF as long as they are sufficiently immunocompetent (CD4 T lymphocyte values ≥ 500/ mm^3 or ≥25% of total lymphocytes for children <6 years)
- Laboratory workers who routinely handle wild-type yellow fever virus should have yellow fever virus-specific neutralizing antibody titers measured at least every 10 years to determine the need for additional doses of YF vaccine

Note: Booster doses are not covered under this standing order. Patients must obtain a written order from a privileged provider familiar with appropriate indications for YF vaccine booster doses in this situation

Note: If possible, it is recommended to separate MMR and yellow fever vaccines by at least 30 days due to limited data suggesting a decreased immune response to most antigens when co-administered.

5. 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 and should be used or discarded within 1 hour. YF vaccine should be administered at least 10 days before travel.

6. 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.

7. International health regulation requires persons who receive YF vaccine to provide proof of vaccination on an International Certificate of Vaccination of Prophylaxis (ICVP). The CDC 731 form fulfills this requirement for vaccines received in the US, which must have a certified uniform stamp. A certificate of vaccination is considered valid 10 days after vaccination and for the life of the patient.

8. International health regulation requires additional documentation from persons with contraindications to receipt of YF vaccine before travel to yellow-fever endemic areas.

9. 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.

10. 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.

11. 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-IHD June 2020