Standing Order for Administering Japanese Encephalitis Vaccine (Adult)

Purpose: To reduce the morbidity and mortality from Japanese encephalitis (JE) 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 ≥18 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) force health protection requirements
    - Travelers who plan to spend 1 month or longer in endemic areas (per CDC Yellow Book, TRAVAX, or other travel medicine guidelines) during JE transmission season (including long-term travelers and recurrent travelers based in urban areas but likely to visit endemic or rural or agricultural areas)
    - Short-term (<1 month) travelers to endemic areas during 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 (JE-VC):

    Contraindications:
    - A history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of JE-VC or to a vaccine component (to include protamine sulfate.) Ask diabetic patients about allergic reactions to their insulin (which may also 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

    Precautions:
    - Pregnancy: vaccination is generally deferred during pregnancy, though pregnant women traveling to high-risk areas may receive JE-VC if benefit outweighs risk
    - 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

Note: although JE-VC vaccination during pregnancy may be warranted, this is an off-label use of the vaccine and is not covered under these standing orders. Patients must obtain a written order from a privileged provider for this situation

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:
   - Follow dosing schedule as below
   - JE-VC (IXIARO®) consists of a 2-dose primary series and a single booster for continued risk
   - Primary series should be completed ≥1 week before travel. Administer 0.5mL intramuscularly in the deltoid muscle for adults.

Adult Dosing Schedule for JE-VC Vaccine				
AGE	**DOSE**	**ROUTE**	**SCHEDULE**	**BOOSTER†**
18–65 y	0.5 mL	IM	0, 7-28 days	≥1 y after primary series
>65 y	0.5 mL	IM	0, 28 days	≥1 y after primary series

† If potential for JEV exposure continues

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)

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 appropriate 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