

## Standing Order for Administering Tick-Borne Encephalitis Vaccine (Adults & Children ≥ 1 year of age)

**Purpose:** To reduce morbidity and mortality from tick-borne encephalitis by vaccinating all individuals ≥ 1 year of age, 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) licensure, and the Department of Defense (DOD).

**Policy:** Under these standing orders, eligible healthcare professionals working within their scope of practice may vaccinate patients who meet the criteria below.

### Procedure:

1. Identify individuals in need of vaccination with TICOVAC based on the following criteria:
  - Persons ≥1 year of age who are:
    - Moving overseas or traveling to a TBE-endemic area and will have extensive exposure to ticks based on their outdoor activities and itinerary
    - Laboratory workers with a potential for exposure to TBE virus
    - Traveling during TBE virus transmission season (Spring through Fall) with the potential exposure to ticks in a TBE-endemic area
    - Persons at risk through consuming unpasteurized dairy products
2. Using the routine immunization screening form [DD Form 3110](#) or [DD Form 3111](#) screen all patients for contraindications and precautions to TICOVAC:

### Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) of a previous dose of TICOVAC or any excipient of TICOVAC
- For information on vaccine components, refer to the [manufacturer's package insert](#) or [The CDC Pink Book Appendix B](#).

### Precautions:

- History of severe allergic reaction (e.g. anaphylaxis) to any injectable medication
  - Moderate or severe acute illness with or without fever
  - Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g. observation after administration) and to restore cerebral perfusion following syncope Some individuals with altered immunocompetence may have reduced immune responses to TICOVAC™
  - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center 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.

4. Provide TICOVAC vaccine as follows:

| TABLE 1. Primary Vaccination Schedule |                              |                                    |
|---------------------------------------|------------------------------|------------------------------------|
| Dose                                  | Age 1 through 15 years       | Age 16 years and older             |
| 1st                                   | Day 0                        | Day 0                              |
| 2nd                                   | 1 - 3 months after 1st dose  | 14 days to 3 months after 1st dose |
| 3rd                                   | 5 - 12 months after 2nd dose | 5 to 12 months after 2nd dose      |

- When possible, it is optimal to complete the primary immunization series at least 1 week prior to potential exposure to TBEV (tick-borne encephalitis virus).
- A single booster dose (4th dose) may be given at least 3 years after completion of the primary immunization series if ongoing exposure or re-exposure to TBEV is expected.
- Bring the vaccine to room temperature before administration. Shake well prior to administration to thoroughly mix the vaccine suspension. After shaking, the vaccine should be a homogenous off-white, opalescent suspension.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer if particulate matter or discoloration remains after shaking.
- Administer vaccine by intramuscular injection.

| TABLE 2. IM Needle Length and Injection Site Guide  |                         |                        |
|---|-------------------------|------------------------|
| Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age |                         |                        |
| Patient Age   | Needle Length           | Injection Site         |
| Toddlers (1-2 years)  | 1 - 1.25 inch           | Anterolateral thigh*   |
|   | 5/8† - 1 inch           | Deltoid muscle of arm  |
| Children (3-10 years)   | 5/8† - 1 inch           | Deltoid muscle of arm* |
|   | 1 - 1.25 inch           | Anterolateral thigh    |
| Children/Adolescents (11-18 years)  | 5/8†-1 inch (16-25 mm)  | Deltoid muscle of arm* |
|   | 1-1.5 inches (25-38 mm) | Anterolateral thigh    |
| 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)  |                         |                        |

† 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)

- When vaccinating 1 through 15 years of age, attach a sterile needle to the 0.25 mL single-dose pre-filled TICOVAC syringe, ensuring the needle size is appropriate for the age or size of the patient.
  - When vaccinating 16 years of age and older, attach a sterile needle to the 0.5 mL single-dose pre-filled TICOVAC syringe, ensuring the needle size is appropriate for the age or size of the patient.
  - Separate multiple injection sites by 1 inch or more and if possible, administer vaccines that may be more likely to cause a local reaction in different limbs.
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) online at <https://vaers.hhs.gov>. Additional information about VAERS is also available by telephone (800-822-7967).
  8. This standing order 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