Standing Order for Administering Measles Mumps Rubella Varicella Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from measles, mumps, rubella, and varicella virus (MMRV) infection 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 this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals 12 months – 12 years of age in need of vaccination against MMRV based on the following criteria:
    - No documented evidence of MMRV immunity, which is:
    - Receipt of 2 doses of MMR-containing vaccine and 2 doses of varicella (VAR)-containing vaccine at ≥ 12 months of age and at the product-specific/age-appropriate intervals
    - Laboratory evidence of immunity or disease
    - VAR only: diagnosis or verification of a history of varicella or herpes zoster disease by a licensed healthcare provider

2. Using DD Form 3110, screen all patients for contraindications and precautions to MMRV vaccine:

    Contraindications:
    - History of a serious reaction (e.g., anaphylaxis) after a previous dose of MMRV vaccine or to a vaccine component, to include gelatin and neomycin. For information on vaccine components, refer to the package insert or The CDC Pink Book Appendix B.
    - Active untreated tuberculosis
    - Pregnancy, or may become pregnant in the next 30 days:
        - Although the package insert recommends avoiding conception for 3 months, ACIP Best Practices advise that waiting 1 month after vaccination before conception is sufficient.
    - Immunosuppression (e.g., cancer or malignant neoplasms, immunosuppressive therapy [to include prolonged high-dose steroid therapy], etc.)
    - HIV infection, regardless of immunocompetence status
    - Congenital or hereditary immunodeficiency in 1st degree relatives unless immune competence of the potential vaccine recipient has been clinically verified by a laboratory

    Precautions:
    - Moderate or severe acute illness with or without fever
    - Recent receipt (≤ 11 months) of an antibody-containing blood product
    - History of thrombocytopenia or thrombocytopenic purpura
    - TB testing: live vaccines and testing (IPPD or IGRA) should be performed on the same day or separated by ≥ 4 weeks (before and after) to avoid false negative results.

- Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before
- vaccination. Avoid use of these drugs for ≥ 14 days after vaccination.
- Simultaneous use of aspirin or aspirin-containing products. Avoid use of these drugs for ≥ 6
- weeks after vaccination.
- Alpha-gal allergy: may wish to consult their PCM before receiving a vaccine that contains gelatin
- Personal or family history of seizures of any etiology
- Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures 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 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 MMRV vaccine as follows:
    - A 2-dose series recommended at ages 12-15 months and 4-6 years
    - Minimum intervals:
        - ≥ 3 months after receipt of a VAR-containing vaccine:
            - Doses inadvertently given ≥ 4 weeks may be counted as valid
        - ≥ 4 weeks after receipt of any other live vaccine
    - Age 12-47 months: due to an increased risk for febrile seizures, ACIP recommends administering the 1st dose of MMR and VAR vaccines separately. Administering MMRV as the 1st dose is not covered under this standing order: patients must obtain a written order from a privileged provider for this situation.
    - Administer 0.5 mL of MMRV vaccine subcutaneously (SC) or intramuscularly (IM) according to Tables 1 & 2:

TABLE 1. SC Needle Length and Injection Site Guide	
Use a 5/8 inch 23 – 25-gauge needle	
Patient Age	**Injection Site**
Children/Adolescents (≥12 months)	Fatty tissue over triceps*
	Fatty tissue over anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
* Preferred site.

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 (25-32 mm)	Anterolateral thigh*
	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm
Children (3-10 years)	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.25 inches (25-32 mm)	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

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
* Preferred site.
† If skin is stretched tightly and subcutaneous tissues are not bunched.

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