

Standing Orders for Administering Varicella (Chickenpox) Vaccine to Children & Teens (ESTABLISHED PATIENTS ONLY)

Purpose: To reduce morbidity and mortality from varicella (chickenpox) by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g. Pharmacists), where allowed by state law, may vaccinate children and teens who meet the criteria below and are **established HealthPoint patients**.

Procedure

1. Identify children and teens age 12 months and older in need of vaccination against varicella. (Note: Because HIV-infected children are at increased risk for morbidity from varicella and herpes zoster (shingles), single-antigen varicella vaccine should be considered for HIV-infected children with CD4+ T-lymphocyte percentages greater than or equal to 15% as well as for children age 9 years and older with CD4+ T-lymphocytes count greater than or equal to 200 cells per microliter.)
2. Screen all patients for contraindications and precautions to varicella vaccine:
 - a. Contraindications:
 - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/package-inserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - pregnant now or may become pregnant within 1 month
 - having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
 - receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
 - family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory
 - a child age 1 year or older with CD4+ T-lymphocyte percentages less than 15% or a child or teen age 6 years or older with CD4+ T-lymphocytes count less than 200 cells per microliter
 - for combination MMRV only, primary or acquired immunodeficiency, including immunosuppression associated with AIDS or other clinical manifestations of HIV infections, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia.
 - b. Precautions:
 - recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product)

- receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
 - moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, 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 or office log, 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 routine vaccination with varicella vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm for children and teens. Varicella-containing vaccine must be stored frozen. Reconstitute and administer varicella-containing vaccine immediately after removing it from the freezer.
 5. For children and teens who have not received two doses of varicella vaccine (generally given at the ages specified above in #4), give a dose at the earliest opportunity and then schedule a second dose, if needed. Observe minimum intervals of 12 weeks between doses for children age 12 years or younger and 4 weeks between doses for teens 13 years and older.
 6. Document each patient's vaccine administration information and follow up in the following places:
 - a. Medical chart: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
 7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine
 8. Report all adverse reactions to Varicella vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of HealthPOiNT /BVCAA until rescinded or until December 31, 2016.

Medical Director's signature: _____



Effective date: January 1, 2016

Reference: Immunization Action Coalition, 02/14 (Technical content reviewed by the Centers for Disease Control and Prevention)