NURSING STANDING ORDER

Health POINT

Standing Orders for Administering Measles, Mumps & Rubella Vaccine to Adults

Purpose: To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all adults 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 patients who meet any of the criteria below.

Procedure:

1. Identify adults in need of initial vaccination against measles, mumps, or rubella who (a) were born in 1957 or later with no history of receipt of live measles-, mumps-, and/or rubella-containing vaccine given at age 12 months or older or other acceptable evidence of immunity (e.g., laboratory evidence); (b) are women of any age planning to become pregnant and who do not have evidence of immunity; or (c) are healthcare workers born before 1957 without evidence of immunity.
2. Identify adults in need of a second dose of MMR vaccine who (a) were born in 1957 or later and are either planning to travel internationally, or are a student in a college, university, technical, or vocational school, or (b) are healthcare workers born before 1957 at potential risk of infection from a current mumps outbreak.
3. Screen all patients for contraindications and precautions to measles, mumps, and rubella *(MMR)* vaccine:

   a. Contraindications:
   - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR 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
   - known severe immunodeficiency, hematologic and solid tumors; congenital immunodeficiency; receiving long-term immunosuppressive therapy, severely immunocompromised from HIV infection, including CD4+ T-lymphocytecount of less than 200 cells per μL

   b. Precautions:
   - recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
   - history of thrombocytopenia or thrombocytopenic purpura
   - moderate or severe acute illness with or without fever
4. Provide all patients 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. 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.

5. Administer 0.5 mL MMR vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
6. For adults in need of a second dose of MMR, observe a minimum interval of 4 weeks between the first and second doses.
7. Document each patient's vaccine administration information and follow up in the following place:
   - **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 reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   - **Personal immunization record card (if requested)**: Record the date of vaccination and the name/location of the administering clinic
8. 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.
9. Report all adverse reactions to influenza 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.
   *When feasible, administer Boostrix Tdap vaccine to adults age 65 years and older; however, either Tdap vaccine product administered to a person age 65 years and older provides protection against pertussis and is considered valid.

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

References: Immunization Action Coalition, 06/13 (Technical content reviewed by the Centers for Disease Control and Prevention)