Standing Orders for Administering Meningococcal Vaccine to Adults

Purpose: To reduce morbidity and mortality from meningococcal disease 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 vaccination against meningococcal disease based on any of the following criteria:
   a. First-year college student, age 19 through 21 years, living in residence hall, and lacking documentation of receipt of quadrivalent meningococcal conjugate vaccine (MCV4) at age 16 years or older.
   b. Anticipated travel to a country in the "meningitis belt" of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged
   c. Diagnosis of anatomic or functional asplenia, including sickle-cell disease
   d. Diagnosis of persistent complement component deficiency (an immune system disorder)
   e. Employment as a microbiologist with routine exposure to isolates of N. meningitidis
   f. Anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
   g. Military recruits
   h. History of receiving either MCV4 or meningococcal polysaccharide vaccine (MPSV4: Menomune [sanofi]) at least 5 years earlier and having continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas).
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
   a. Contraindications: a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. Precautions: moderate or severe acute illness with or without fever
3. 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.
4. For adults ages 55 years and younger, administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a 5/8" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the subcutaneous tissue is not

bunched and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, MPSV4 is an acceptable alternative, although it must be given subcutaneously. For adults age 56 years and older who have not received MCV4 previously and anticipate needing only 1 dose, administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, 5/8" needle) in the posterolateral fat of the upper arm. For adults age 56 years and older who have received MCV4 previously or anticipate needing multiple doses (e.g., 1.b. through 1.e. above), administer MCV4.

5. Schedule additional vaccination as follows:
   a. For adults ages 55 years and younger who are either identified above in 1.c. or 1.d., or who have HIV infection and meet any of the criteria in 1. above, give 2 doses of MCV4, 2 months apart.
   b. For adults who remain at high risk (e.g., categories 1.b. through 1.e. above), give 1 dose every 5 years.
6. 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
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, 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 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.

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)