
Standing Orders for Administering Zoster Vaccine to Adults

Purpose: To reduce morbidity and mortality from herpes zoster (shingles) 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 adults who meet the criteria below.

Procedure

1. Identify adults who are age 60 years or older and have no history of prior receipt of zoster vaccine.
2. Screen all patients for contraindications and precautions to zoster vaccine:
 - a. **Contraindications:**
 - a history of a serious reaction to a vaccine component, including gelatin and neomycin. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - primary or acquired immunodeficiency, including
 - leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system
 - AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values ≤ 200 per mm³ or $\leq 15\%$ of total lymphocytes
 - current immunosuppressive therapy, including high-dose corticosteroids (≥ 20 mg/day of prednisone or equivalent) lasting two or more weeks
 - clinical or laboratory evidence of other unspecified cellular immunodeficiency
 - receipt of or history of hematopoietic stem cell transplantation
 - current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept
 - pregnancy or possibility of pregnancy within 4 weeks of receiving vaccine
 - b. **Precaution:** 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). Although not required by federal law, it is prudent to 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; these can be found at www.immunize.org/vis.
4. Administer entire amount (approximately 0.65 mL) of reconstituted zoster vaccine subcutaneously (23–25g, $\frac{5}{8}$ " needle) in the posterolateral fat of the upper arm.
5. 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.
6. 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.
7. Report all adverse reactions to zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (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 the _____
until rescinded or until _____ (date). (name of practice or clinic)

Medical Director’s signature: _____

Effective date: _____