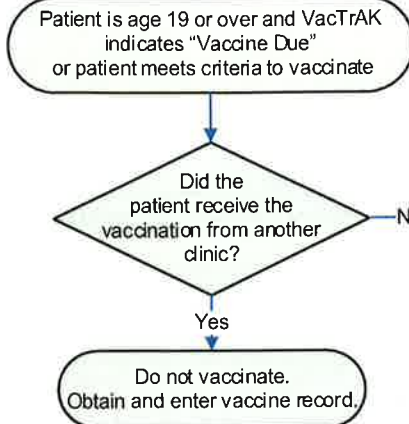
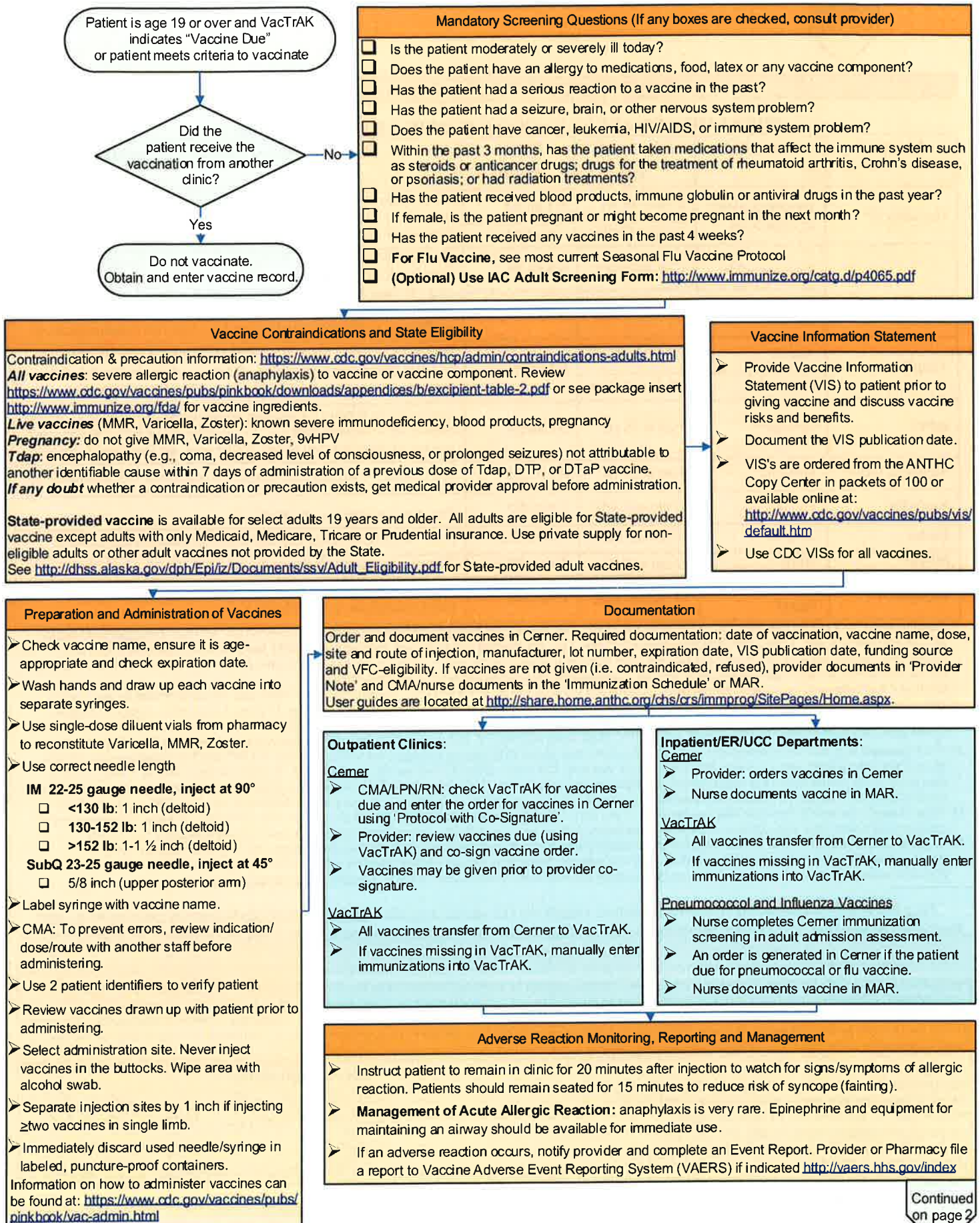


2017 ANMC Protocol for Immunization Administration to Adults (patients 19 years and older)



- ### Mandatory Screening Questions (If any boxes are checked, consult provider)
- Is the patient moderately or severely ill today?
 - Does the patient have an allergy to medications, food, latex or any vaccine component?
 - Has the patient had a serious reaction to a vaccine in the past?
 - Has the patient had a seizure, brain, or other nervous system problem?
 - Does the patient have cancer, leukemia, HIV/AIDS, or immune system problem?
 - Within the past 3 months, has the patient taken medications that affect the immune system such as steroids or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?
 - Has the patient received blood products, immune globulin or antiviral drugs in the past year?
 - If female, is the patient pregnant or might become pregnant in the next month?
 - Has the patient received any vaccines in the past 4 weeks?
 - For Flu Vaccine, see most current Seasonal Flu Vaccine Protocol
 - (Optional) Use IAC Adult Screening Form: <http://www.immunize.org/catg.d/p4065.pdf>

Vaccine Contraindications and State Eligibility

Contraindication & precaution information: <https://www.cdc.gov/vaccines/hcp/admin/contraindications-adults.html>

All vaccines: severe allergic reaction (anaphylaxis) to vaccine or vaccine component. Review <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf> or see package insert <http://www.immunize.org/fda/> for vaccine ingredients.

Live vaccines (MMR, Varicella, Zoster): known severe immunodeficiency, blood products, pregnancy

Pregnancy: do not give MMR, Varicella, Zoster, 9vHPV

Tdap: encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of Tdap, DTP, or DTaP vaccine.

If any doubt whether a contraindication or precaution exists, get medical provider approval before administration.

State-provided vaccine is available for select adults 19 years and older. All adults are eligible for State-provided vaccine except adults with only Medicaid, Medicare, Tricare or Prudential insurance. Use private supply for non-eligible adults or other adult vaccines not provided by the State. See http://dhss.alaska.gov/dph/Epi/iz/Documents/ssv/Adult_Eligibility.pdf for State-provided adult vaccines.

- ### Vaccine Information Statement
- Provide Vaccine Information Statement (VIS) to patient prior to giving vaccine and discuss vaccine risks and benefits.
 - Document the VIS publication date.
 - VIS's are ordered from the ANTHC Copy Center in packets of 100 or available online at: <http://www.cdc.gov/vaccines/pubs/vis/default.htm>
 - Use CDC VISs for all vaccines.

- ### Preparation and Administration of Vaccines
- Check vaccine name, ensure it is age-appropriate and check expiration date.
 - Wash hands and draw up each vaccine into separate syringes.
 - Use single-dose diluent vials from pharmacy to reconstitute Varicella, MMR, Zoster.
 - Use correct needle length
 - IM 22-25 gauge needle, inject at 90°**
 - <130 lb: 1 inch (deltoid)
 - 130-152 lb: 1 inch (deltoid)
 - >152 lb: 1-1 1/2 inch (deltoid)
 - SubQ 23-25 gauge needle, inject at 45°**
 - 5/8 inch (upper posterior arm)
 - Label syringe with vaccine name.
 - CMA: To prevent errors, review indication/dose/route with another staff before administering.
 - Use 2 patient identifiers to verify patient
 - Review vaccines drawn up with patient prior to administering.
 - Select administration site. Never inject vaccines in the buttocks. Wipe area with alcohol swab.
 - Separate injection sites by 1 inch if injecting ≥two vaccines in single limb.
 - Immediately discard used needle/syringe in labeled, puncture-proof containers.
- Information on how to administer vaccines can be found at: <https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html>

Documentation

Order and document vaccines in Cerner. Required documentation: date of vaccination, vaccine name, dose, site and route of injection, manufacturer, lot number, expiration date, VIS publication date, funding source and VFC-eligibility. If vaccines are not given (i.e. contraindicated, refused), provider documents in 'Provider Note' and CMA/nurse documents in the 'Immunization Schedule' or MAR. User guides are located at <http://share.home.anthc.org/chs/crs/immprog/SitePages/Home.aspx>.

- ### Outpatient Clinics:
- Cerner**
- CMA/LPN/RN: check VacTrAK for vaccines due and enter the order for vaccines in Cerner using 'Protocol with Co-Signature'.
 - Provider: review vaccines due (using VacTrAK) and co-sign vaccine order.
 - Vaccines may be given prior to provider co-signature.
- VacTrAK**
- All vaccines transfer from Cerner to VacTrAK.
 - If vaccines missing in VacTrAK, manually enter immunizations into VacTrAK.

- ### Inpatient/ER/UCC Departments:
- Cerner**
- Provider: orders vaccines in Cerner
 - Nurse documents vaccine in MAR.
- VacTrAK**
- All vaccines transfer from Cerner to VacTrAK.
 - If vaccines missing in VacTrAK, manually enter immunizations into VacTrAK.
- Pneumococcal and Influenza Vaccines**
- Nurse completes Cerner immunization screening in adult admission assessment.
 - An order is generated in Cerner if the patient due for pneumococcal or flu vaccine.
 - Nurse documents vaccine in MAR.

- ### Adverse Reaction Monitoring, Reporting and Management
- Instruct patient to remain in clinic for 20 minutes after injection to watch for signs/symptoms of allergic reaction. Patients should remain seated for 15 minutes to reduce risk of syncope (fainting).
 - **Management of Acute Allergic Reaction:** anaphylaxis is very rare. Epinephrine and equipment for maintaining an airway should be available for immediate use.
 - If an adverse reaction occurs, notify provider and complete an Event Report. Provider or Pharmacy file a report to Vaccine Adverse Event Reporting System (VAERS) if indicated <http://vaers.hhs.gov/index>

2017 ANMC Protocol for Immunization Administration to Adults (patients 19 years and older)

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Follow chart below if there are no risk factors present.

2017 STANDARD ADULT VACCINE SCHEDULE (age 19 years and older)

Vaccine	Name(s)	Licensed Age	Dose/Route	Recommended Routine Schedule
Hepatitis B ¹²	RecombivaxHB [®] or Engerix B [®]	birth to 19 yrs	0.5 ml IM	Three doses for adults at 0, 1, and 6 months. Minimum ≥ 4 wks between 1 st and 2 nd doses; ≥ 8 wks between 2 nd and 3 rd doses; ≥ 16 wk between 1 st and 3 rd doses. High risk recommendations, see footnote ¹²
		20 yrs and older	1.0 ml IM	
Pneumococcal ⁵	Pneumovax23 [®]	2 yrs and older	0.5 ml IM	One dose PPSV23 for AK Native age 50-64 years if no previous PPSV23. Routine single dose PPSV23 for all age ≥ 65 yrs, at least 5 yrs after previous PPSV23 (if given ≤ 64 yrs) & at least 1 yr after PCV13. Routine single dose PCV13 for all age ≥ 65 yrs if no previous PCV13, prefer prior to PPSV23. See footnote ⁵ for high risk recommendations.
	Prenar13 [®]	6 wks and older	0.5 ml IM	
Tdap ¹¹	Adacel [®]	10 yrs to 64 yrs	0.5 ml IM	Single dose Tdap in lifespan, regardless of interval from Td. Td every 10 years after single dose of Tdap. Tdap recommended during <i>each</i> pregnancy, preferably during early part of 27-36 weeks gestation.
	Boostrix [®]	10 yrs and older		
HPV ⁹	Gardasil9 [®]	9 yrs to 26 yrs	0.5 ml IM	Unvaccinated females through age 26 and males through age 21 should receive HPV vaccine; males 22-26 yrs may receive HPV vaccine. The number of doses is based on age at first dose, see footnote ⁹ for details.
Meningococcal ¹⁰	Menactra [®]	9 mo to 55 yrs	0.5 ml IM	See footnote ¹⁰ for high risk MenACWY and MenB recommendations.
Varicella ⁷	Varivax [®]	12 mo and older	0.5 ml SQ	Two doses at least 4 weeks apart.
Zoster	Zostavax [®]	60 yrs and older	0.65 ml SQ	For ≥ 60 yrs old. 1 dose. Contraindicated in immunocompromised.
MMR ⁷	MMR	12 mo and older	0.5 ml SQ	Two doses at least 4 weeks apart.
Hepatitis A ¹²	Havrix [®] or Vaqta [®]	19 yrs and older	1.0 ml IM	Two doses, at least 6 calendar months apart. High risk recommendations, see footnote ¹²

5 Pneumococcal High risk recommendations for children and adults: must review [CDC vaccine schedules](#) and additional details in CDC MMWR: [Pneumococcal Vaccine PCV13 \(Prenar13[®]\): min. 42 days. PPSV23 \(Pneumovax23[®]\) min. 2 yrs.](#) For children and adults with cochlear implant, CSF leak, immunocompromised (ex. HIV, chronic renal failure, nephrotic syndrome, asplenia) and other high risk medical conditions such as chronic heart or lung disease, chronic liver disease, cirrhosis, diabetes, asthma, alcoholism, smokers (age ≥ 19 yrs): must see CDC recommendations to determine specific recommendations.

7 MMR and Varicella: min. age 12 mos. Second doses of MMR and Varicella routine at 4-6 years old. International travel: MMR may be recommended for age ≥ 6 mos.

9 HPV (Gardasil9[®]): min age 9 yrs. Routine at 11-12 yrs of age. May start series at 9 yrs of age. If starting/started before age 15 years, 2-dose series, doses 6-12 months apart. If starting/started at age 15 years or older, 3-dose series at 0, 1-2, 6 months. If person age 9-26 years has 2 doses (at least 5 months apart) and started series before age 15 years, they are complete. If series started with 4vHPV, finish series with 9vHPV. Immunocompromised persons receive 3-dose series regardless of age initiation.

10 Meningococcal High risk recommendations for children & adults: must review [CDC vaccine schedules](#) and additional details in CDC MMWR: [Meningococcal Vaccine MenACWY \(Menactra[®]\): min. age 9 mos.](#) Routine for 11-18 year olds. If first dose given at 11-15 yrs old, give booster at 16-18 yrs old (min. interval 8 weeks); if first dose given at ≥ 16 yrs old, dose 2 not recommended. For high risk age 2 mos & older (includes asplenia, HIV, complement deficiency), must see CDC recommendations. **MenB (Trumenba[®], Bexsero[®]):** MenB is recommended for specific high risk age ≥ 10 yrs (includes asplenia, complement deficiency), must see CDC recommendations.

11 Tdap (Adacel[®], Boostrix[®]): One dose Tdap routine at 11-12 yrs. Give Tdap regardless of interval from Td. Td every 10 yrs after single dose of Tdap. Tdap booster not recommended except Tdap dose during *each* pregnancy, preferably during early part of 27-36 weeks gestation. One Tdap dose for underimmunized 7-10 yr olds.

12 Hepatitis (adult): Hep B vaccine for sero-negative unvaccinated adults, high risk includes chronic liver disease, diabetes (age < 60 yrs), other exposure risks.

Hep A vaccine for sero-negative unvaccinated adults, high risk includes chronic liver disease, clotting disorders, MSM, illicit drug use, travel to high risk countries. High risk recommendations: must review [CDC vaccine schedules](#) and additional details in CDC MMWR: [Hepatitis A and Hepatitis B Vaccine](#)

For patients with immunocompromise/risk conditions, consult the CDC vaccine schedules: <http://www.cdc.gov/vaccines/schedules/index.html>
If not given on same day, there is a 4 week minimum interval between live vaccines (MMR, Varicella, Zoster, LAIV), and between live vaccines and PPD.

Implementation of Protocols


Outpatient Clinics: This protocol, signed by the Medical Directors, serves as a pre-authorized order for RN, LPN, and CMA who have demonstrated competency to administer vaccines according to the protocol criteria. The immunization event is co-signed in Cerner by the attending provider.

Inpatient/ER/UCC Department: Provider orders vaccine in Cerner; RN documents immunization in Cerner MAR. A provider's order is required for all vaccines except pneumococcal and influenza. The pneumococcal and influenza immunization screen in Cerner functions as a nurse-driven protocol used by the RN; an order is generated in Cerner if screening determines the vaccine is due and the vaccine(s) appear on the MAR.

The Criteria Contained in this Protocol is Derived from:
General Recommendations on Immunizations, 2011 (ACIP),
MMWR, Jan 28, 2011/Vol. 60 (RR-2);1-64: <https://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf> and the Adult Immunization Schedules: <https://www.cdc.gov/vaccines/schedules/hcp/adult.html> and ACIP recommendations for individual vaccines available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

ANMC Signatures

PCC Medical Director:  Date: 2/25/17

President, Medical Staff:  Date: 2/23/17

These protocols shall remain in effect until March 1, 2018.