### 2019 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?
- Does the patient have a history of thrombocytopenia or thrombocytopenic purpura?
- 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

### Vaccine Contraindications and State Eligibility

**All vaccines**: Contraindications & precautions: [https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindics.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindics.html) Severe allergic reaction (anaphylaxis) to vaccine or vaccine component. Review [https://www.cdc.gov/vaccines/hcp/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf](https://www.cdc.gov/vaccines/hcp/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf) for excipient ingredients.

**Live vaccines** (MMR, Varicella, Zoster): known severe immunodeficiency, blood products, pregnancy. **MRV does not give MMR, Varicella, Zoster, 9v-HPV**

**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**: all adults are eligible for State-provided vaccine except adults with only Medicaid or Medicare. Use private vaccine supply for non-eligible adults or for other adults not vaccinated by the State. See [http://dhss.alaska.gov/dph/EpiPz/Documents/Asav/Adult_Eligibility.pdf](http://dhss.alaska.gov/dph/EpiPz/Documents/Asav/Adult_Eligibility.pdf) for State-provided adult vaccines.

### Preparation and Administration of Vaccines

**7 Rights of Medication Administration**:
- **Right name and DOB**
- **Right drug**
- **Right dose**
- **Right route**
- **Right time/interval**
- **Right documentation**
- **Right allergies**

- Check vaccine name, ensure it is age-appropriate and check expiration date.
- Wash hands, draw up each vaccine separately.
- Label syringe with vaccine name.
- Use single-dose diluent vials from pharmacy to reconstitute Varicella, MMR, zoster vaccine.
- Use correct needle length and site:
  - **IM**: 22-25 gauge needle, inject at 90°
    - <130 lb: 1 inch (deltidoid)
    - 130-152 lb: 1 inch (deltidoid)
    - >152 lb: 1-1 ½ inch (deltidoid)
  - **SubQ**: 23-25 gauge needle, inject at 45°
    - 5/8 inch (upper posterior arm)
- Never inject vaccines in the buttocks.
- Separate injection sites by 1 inch if injecting two or more vaccines in single limb.
- Immediately discard used needle/syringe in labeled, puncture-proof containers.

### Outpatient Clinics

**Cerner**
- CM/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

- 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. Provide or Pharmacy file a report to Vaccine Adverse Event Reporting System (VAERS) if indicated [http://vaers.hhs.gov/index](http://vaers.hhs.gov/index)

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Source: ANMC imrn adult 2019 FINAL - 2-10-19 This protocol supersedes any other immunization recommendations before this date.
### 2019 STANDARD ADULT VACCINE SCHEDULE (age 19 years and older)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Name(s)</th>
<th>Licensed Age</th>
<th>Admin.</th>
<th>Adult Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap and Td&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Adacel&lt;sup&gt;c&lt;/sup&gt;</td>
<td>10 yrs to 64 yrs</td>
<td>0.5 ml IM</td>
<td>Single dose Tdap in lifepsnse, except give Tdap dose during each pregnancy, preferably during early part of 27-36 weeks gestation. Td every 10 yrs after Tdap</td>
</tr>
<tr>
<td>Pneumococcal&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Boostrix&lt;sup&gt;a&lt;/sup&gt;</td>
<td>10 yrs and older</td>
<td>0.5 ml IM</td>
<td>One dose PPSV23 for AK Native 50-64 yrs old if no previous PPSV23. Routine single dose PPSV23 for all ≥5 yrs old, at least 5 yrs after previous PPSV23 (if given ≤5 yrs) &amp; at least 1 yr after PCV13. Single dose PCV13 for all ≥65 yrs old if no previous PCV13, PCV13 prior to PPSV23 preferred. See footnote&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Pneumovax23&lt;sup&gt;c&lt;/sup&gt;</td>
<td>2 yrs and older</td>
<td>0.5 ml IM</td>
<td>For immunocompetent adults ≥ 50 years old&lt;sup&gt;1,3&lt;/sup&gt; Two doses, given 2-6 months apart. Use of Shingrix® in immunocompromised adults is under review,</td>
</tr>
<tr>
<td></td>
<td>Prevnar13&lt;sup&gt;c&lt;/sup&gt;</td>
<td>6 wks and older</td>
<td>0.5 ml IM</td>
<td>For ≥ 60 yrs old, 1 dose, Contraindicated in immunocompromised &amp; pregnancy</td>
</tr>
<tr>
<td>Zoster&lt;sup&gt;11&lt;/sup&gt;</td>
<td>Shingrix&lt;sup&gt;c&lt;/sup&gt; (preferred)</td>
<td>50 yrs and older</td>
<td>0.5 ml IM</td>
<td>For immunocompetent adults ≥ 50 years old&lt;sup&gt;1&lt;/sup&gt; Two doses, given 2-6 months apart. Use of Shingrix® in immunocompromised adults is under review.</td>
</tr>
<tr>
<td></td>
<td>Zostavax&lt;sup&gt;a&lt;/sup&gt;</td>
<td>60 yrs and older</td>
<td>0.85 ml SQ</td>
<td>For ≥ 60 yrs old, 1 dose, Contraindicated in immunocompromised &amp; pregnancy</td>
</tr>
<tr>
<td>HPV&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Gardasil&lt;sup&gt;9&lt;/sup&gt;</td>
<td>9 yrs to 26 yrs</td>
<td>0.5 ml IM</td>
<td>Recommended for females through 26 years and males through 21 years (through 26 yrs if MSM, transgender), males 22-26 years may receive. See footnote&lt;sup&gt;9&lt;/sup&gt;</td>
</tr>
<tr>
<td>Meningococcal&lt;sup&gt;10&lt;/sup&gt;</td>
<td>Menactra&lt;sup&gt;c&lt;/sup&gt;</td>
<td>9 mo to 55 yrs</td>
<td>0.5 ml IM</td>
<td>See footnote&lt;sup&gt;10&lt;/sup&gt; for high risk recommendations, including MenB vaccine.</td>
</tr>
<tr>
<td>MMR&lt;sup&gt;1&lt;/sup&gt;</td>
<td>MMR</td>
<td>12 mo and older</td>
<td>0.5 ml SQ</td>
<td>One or two doses for adults at least 4 weeks apart, depending upon indication.</td>
</tr>
<tr>
<td>Varicella&lt;sup&gt;7&lt;/sup&gt;</td>
<td>Varivax&lt;sup&gt;c&lt;/sup&gt;</td>
<td>12 mo and older</td>
<td>0.5 ml SQ</td>
<td>Two doses at least 4 weeks apart.</td>
</tr>
<tr>
<td>Hepatitis B&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Recombivax&lt;sup&gt;B&lt;/sup&gt; or Engerix&lt;sup&gt;B&lt;/sup&gt;</td>
<td>birth to 19 yrs</td>
<td>0.5 ml IM</td>
<td>Three doses for adults at 0, 1, and 6 months. Minimum ≥ 4 weeks between 1&lt;sup&gt;st&lt;/sup&gt; and 2&lt;sup&gt;nd&lt;/sup&gt; doses, ≥ 8 weeks between 2nd and 3rd doses, ≥ 16 week between 1&lt;sup&gt;st&lt;/sup&gt; and 3&lt;sup&gt;rd&lt;/sup&gt; doses. High risk recommendations, see footnote&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>Hepatitis A&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Havrix&lt;sup&gt;c&lt;/sup&gt; or Vaqta&lt;sup&gt;c&lt;/sup&gt;</td>
<td>19 yrs and older</td>
<td>1.0 ml IM</td>
<td>Two doses, at least 6 calendar months apart. High risk, see footnote&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

5 Pneumococcal High risk recommendations for children and adults: review CDC vaccine schedules and additional details in CDC MMWR. Pneumococcal Vaccines (Prevnar<sup>13</sup>®), min. 42 days. PPSV23 (Pneumovax<sup>23</sup>®), min. 2 yrs. For children and adults with cochlear implant, CSF leak, immunocompromised, 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 (<19 yrs if treated with high-dose oral steroids), alcoholism, smokers (age ≥19 yrs): review CDC recommendations to determine specific recommendations.  

7 MMR and Varicella: min. age 12 mos. Second dose of MMR and Varicella routine at 4-6 years old. Give MMR and Varicella to adults with no evidence of immunity, see CDC vaccine schedules. For MMR before international travel: review CDC vaccine schedules. Consult State if traveling to U.S. location with measles outbreak.  

9 HPV (Gardasil<sup>9</sup>) min. age 9 yrs. Routine at 11-12 yrs of age. May start series at 9 yrs of age. If starting/starting before age 15 years, 2-dose series, doses 6-12 months apart. If starting/starting at age 15 yrs 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 yrs, they are complete. If series started at 4<sup>th</sup> HPV, finish series with 9<sup>th</sup> HPV. Immunocompromised persons receive 3-dose series regardless of age initiation.  

10 Meningococcal High risk recommendations for 2 months and older: review CDC vaccine schedules and additional details in CDC MMWR. Meningococcal Vaccines (MenAfry<sup>®</sup>), 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. High risk includes asplenia, HIV, complement deficiency, eczulizumab. See CDC recommendations.  

MenB (Trumene<sup>b</sup>, Bexsero<sup>b</sup>). For high risk age ≥10 yrs (includes asplenia, complement deficiency, eczulizumab). Persons 16-22 years not at increased risk may receive.  

11 Tdap (Adacel<sup>c</sup>, Boostrix<sup>a</sup>). One dose Tdap routine at 11-12 yrs. Single dose Tdap in the lifespan, except give Tdap dose during each pregnancy, preferably during early part of 27-36 weeks gestation. One Tdap dose for undervaccinated 7-10 year olds. Td every 10 yrs after single dose of Tdap. Give Tdap regardless of interval from Td.  

12 Hepatitis (adults) Hep B vaccine for sero-negative unvaccinated adults, high risk includes chronic liver disease, diabetes (age <60 yrs), hepatitis C, other exposure risks. Hep A vaccine for sero-negative unvaccinated adults, high risk includes chronic liver disease, clotting disorders, MSM, HIV, illicit drug use, homelessness, For travel, Hepatitis B, Typhim<sup>c</sup> and other exposure risks: review CDC vaccine schedules and additional details in CDC MMWR. Hepatitis A and Hepatitis B Vaccine.  

13 Zoster RZV (Shingrix<sup>c</sup>). Give 2 doses RZV regardless of past episode of herpes zoster or receipt of ZVL (Zostavax<sup>c</sup>). If previous ZVL, give RZV >2 mos after ZVL.  

If not given on the same day, there is a 4 week minimum interval between live vaccines (MMR, Varicella, LAIV), and between live vaccines and PPD.

For risk conditions/special situations/pregnancy, consult the CDC vaccine schedules: [http://www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html)

### 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 Cermer by the attending provider.  

**Inpatient/ER/ICC Department:** Provider orders vaccine in Cermer; RN documents immunization in Cermer MAR. A provider's order is required for all vaccines except pneumococcal and influenza. The pneumococcal and influenza immunization screen in Cermer functions as a nurse-driven protocol used by the RN; an order is generated in Cermer 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 Best Practice Guidelines for Immunizations: [https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html), the National Immunization Child and Adolescent Schedules: [https://www.cdc.gov/vaccines/schedules/index.html](https://www.cdc.gov/vaccines/schedules/index.html) and ACIP recommendations for individual vaccines available at [http://www.cdc.gov/vaccines/hcp/acip-recs/index.htm](http://www.cdc.gov/vaccines/hcp/acip-recs/index.htm)  

**PPC Medical Director:**  
**Date:** 4/25/19  

**PPC Nursing Director:**  
**Date:** 4/25/19  

**President Medical Staff:**  
**Date:** 4/25/19  

**Chief Nursing Officer:**  
**Date:** 4/25/19  

**Director of Pharmacy:**  
**Date:** 4/25/19  

These protocols shall remain in effect until April 30, 2020.

Source: ANMC imm adult 2019 FINAL -2-18-19  This protocol supercedes any other immunization recommendations before this date.