STANDING ORDERS FOR
Administering Recombinant Zoster Vaccine (Shingrix) 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 (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 **Assess Adults for Need of Vaccination** against herpes zoster based on the following criteria:

- Adults lacking documentation of ever receiving two doses of recombinant zoster vaccine (RZV; Shingrix, GSK) and who are
  - Age 50 years or older and immunocompetent
  - Age 19 years or older who are or will be immunodeficient or immunosuppressed due to disease or therapy. For patients in this category, consult medical director and consider consulting the provider primarily responsible for managing the patient's immunocompromising condition or therapy, as needed. Detailed clinical considerations for vaccination of people who are or will be immunocompromised are available at www.cdc.gov/shingles/hcp/vaccine-considerations/immunocompromised-adults.html.

Notes on history of varicella, herpes zoster, and vaccination:

- RZV is not indicated and has not been studied for the prevention of primary infection with varicella zoster virus (chickenpox). People who have been vaccinated against varicella are at lower risk of zoster, but may benefit from zoster vaccination.
- Screening for a history of chickenpox is not required for immunocompetent people born in the United States before 1980 because more than 99% have serologic evidence of infection. For immunocompromised adults with no documented history of varicella, varicella vaccination, or herpes zoster, see link in section above.
- A history of herpes zoster or of receiving zoster vaccine live (ZVL; Zostavax, Merck) does not change the recommendation to receive two doses of RZV.

2 **Screen for Contraindications and Precautions**

Contraindications

- Do not give RZV to a person who has experienced a serious systemic or anaphylactic reaction to a vaccine component. For a list of vaccine components, refer to the manufacturer's package insert (see www.immunize.org/official-guidance/fda/pkg-inserts/) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Precautions

- Moderate or severe acute illness with or without fever.
- If an individual is experiencing an episode of shingles, vaccination should be delayed until the acute stage of the illness is over and symptoms abate. RZV is not a treatment for shingles or postherpetic neuralgia.
- There is currently no ACIP recommendation for RZV use in pregnancy; consider delaying RZV until after pregnancy.
- Breastfeeding is not a precaution to vaccination. Recombinant vaccines such as RZV pose no known risk to mothers who are breastfeeding or to their infants. Consider vaccination without regard to breastfeeding status if RZV is otherwise indicated.

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3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their preferred language, if one is available and desired; these can be found at www.immunize.org/vaccines/vis/zoster. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

For administration of RZV (Shingrix), after reconstitution of vaccine in accordance with manufacturer instructions, administer 0.5 mL intramuscularly according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	⅝"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for patients weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

5 Administer Recombinant Zoster Vaccine, according to the information in the package insert and the table below:

PRIOR DOCUMENTED DOSES OF **RZV**	SCHEDULE
0	Administer 2-dose series of RZV, separated by 2–6 months†
1 dose RZV	Administer dose #2 of RZV, 2–6 months† following dose #1

†For patients who are or will be immunodeficient or immunosuppressed and who would benefit from completing the series in a shorter time period, the second dose can be administered 1–2 months after the first.

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccine with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

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7 Be Prepared to Manage Medical Emergencies

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. For Immunize.org's "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. 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 Events to VAERS

Report all adverse events following the administration of zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable pdf form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE) .

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)