

**Non-Patient Specific Standing Orders and Protocol for Pharmacists Administering Influenza, Pneumococcal, Meningococcal, Tetanus-Containing, and Zoster Vaccinations to Adults: effective dates beginning xx/xx/xxxx and ending xx/xx/xxxx**

In accordance with New York State Education Law Section 6801 and implementing New York State (NYS) Department of Education regulations codified at 8 N.Y.C.R.R. 63.9, I am prescribing this standing (non-patient specific) order and protocol. Licensed pharmacists employed by or under contract with \_\_\_\_\_ and possessing a certificate of administration issued by NYS Department of Education are authorized to administer to patients 18 years of age or older influenza vaccines, pneumococcal vaccines, meningococcal vaccines, tetanus-containing vaccines, zoster vaccine and anaphylaxis treatment agents for the emergency treatment of anaphylaxis, as set forth below. Pharmacists must follow all applicable laws and regulations.

Each certified pharmacist administering vaccinations pursuant to this order and protocol shall comply with regulations specific to pharmacist administration of vaccines found at <http://www.op.nysed.gov/prof/pharm/part63.htm>.

These pharmacists are authorized to administer the influenza, pneumococcal, meningococcal, tetanus-containing and zoster vaccines and anaphylaxis treatment agents only while employed by or under contract with \_\_\_\_\_.

**Non-Patient Specific Orders for:**

**A. Influenza Vaccine:**

**1. Administer inactivated seasonal influenza vaccine (IIV) 0.5ml intramuscular (IM) injection:**

- **Inactivated Influenza Vaccine, Quadrivalent (IIV4),**
- **Inactivated Influenza Vaccine, Trivalent (IIV3) standard dose**

To all persons 18 years of age and older who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications and precautions to seasonal influenza vaccine, which include: history of a serious allergic reaction to a component of the vaccine (specific concern re: egg protein or latex [Fluvirin is the only influenza vaccine product that currently contains latex]) or a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.

- **Administer Inactivated Influenza Vaccine, Trivalent (IIV3) high dose formulation**

To all persons 65 years of age and older who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications and precautions to seasonal influenza vaccine, which include: history of a serious allergic reaction to a component of the vaccine (specific concern re: egg protein) or a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.

**2. Pregnant women should receive seasonal inactivated influenza vaccine (IIV3 [standard dose] or IIV4) from a single dose vial or pre-filled syringe if it is available.**

- a. If seasonal influenza vaccine from a single dose vial or prefilled syringe (IIV3 [standard dose] or IIV4) is not available, obtain verbal consent to administer thimerosal containing seasonal IIV to the pregnant woman and document this in the record.

- b. If consent cannot be obtained for thimerosal containing vaccine, do not vaccinate with thimerosal containing vaccine.
  - c. Other forms of seasonal influenza vaccine, including IIV3 high-dose formulation, RIV3, ccIIV3, ID, or LAIV4, are not indicated for use in pregnant females.
3. **Administer Recombinant Seasonal Influenza Vaccine, Trivalent (RIV3) 0.5 mL intramuscular (IM) injection** to all patients aged 18 years and older who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications and precautions to seasonal influenza vaccine that include: history of a serious allergic reaction to a component of the vaccine or a prior dose. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy. If the person in the indicated age group has a history of serious allergic reaction to egg protein, they may be given RIV3, or referred to a physician with expertise in the management of allergic conditions for vaccination.
4. **Administer Cell-culture-based Seasonal Influenza Vaccine, Trivalent, (ccIIV3) 0.5mL intramuscular (IM) injection** to all patients aged 18 years and older who have provided consent and do not fail the assessment, as per the incorporated protocol. Persons will be screened for contraindications and precautions to seasonal influenza vaccine, which include: history of a serious allergic reaction to a component of the vaccine (specific concern re: egg protein and latex) or a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
5. **Administer Seasonal Influenza Vaccine, Quadrivalent 0.1ml intradermal (ID) injection**, via single-dose prefilled microinjection system, as per the manufacturer's instructions, to all persons 18 through 64 years of age who have provided consent and do not fail the assessment, per the incorporated protocol. The person will be screened for contraindications to seasonal influenza vaccine that include: serious allergic reaction to a vaccine component (specific concern re: egg protein) or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
6. **Administer Seasonal Live-Attenuated Influenza Intranasal Vaccine, Quadrivalent, (LAIV4) 0.2 ml**, 0.1 ml sprayed in one nostril followed by 0.1ml sprayed in other nostril x1 to all persons 18 through 49 years of age who have provided consent and do not fail the assessment, per incorporated protocol. The person will be screened for contraindications to seasonal influenza vaccine that include: serious allergic reaction to a vaccine component (specific concern re: egg protein) or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. If the person has a nasal congestion serious enough to make breathing difficult, give IIV instead. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy. Consent and Screening questions will be reviewed for contraindications to LAIV4.

If an answer of yes is given to any of these questions below then IIV should be given. If answers to the following questions are all no then the intranasal may be given.

- a. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorders?
- b. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as steroids, or cancer treatment with x-rays or drugs?
- c. Is the person to be vaccinated receiving aspirin therapy or aspirin containing therapy and under the age of 19?
- d. Is the person to be vaccinated in close contact with someone who is severely immunocompromised (such as someone in a bone marrow transplant unit of a hospital)?
- e. Does the person to be vaccinated have certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems, or a history of Guillain-Barré Syndrome (GBS)?
- f. Has the person to be vaccinated received any other live virus vaccination in the past 28 days, such as MMR (Measles-Mumps-Rubella vaccine) or varicella vaccine?
- g. Is the person pregnant or could become pregnant within the next month?
- h. Has the person taken influenza antiviral medications, including Tamiflu® (oseltamivir phosphate) or Relenza (zanamivir), within the past 48 hours?

If LAIV4 0.2 ml is unavailable or refused, administer inactivated influenza vaccine, as IIV3, IIV4, RIV3, ccIIV3 or ID, as indicated.

## **B. Pneumococcal vaccine for ages 18 – 64 years**

1. **Administer pneumococcal conjugate vaccine (PCV13) 0.5 ml intramuscular (IM) injection** to all adults aged 18 to 64 years with an indication for PCV13, who have not previously received PCV13 and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to PCV13, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
  - a. Persons aged 18 – 64 years with the following conditions should receive a single dose of PCV13:
    - Cerebrospinal fluid leak
    - Cochlear implant
    - Functional or anatomic asplenia (e.g., splenectomy)
    - Sickle cell disease or other hemoglobinopathy
    - Immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
    - Organ or bone marrow transplantation
    - Chronic renal failure or nephrotic syndrome
    - Immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)

If PCV13 is unavailable, give one dose of pneumococcal polysaccharide vaccine (PPSV) now. A dose of PCV13 should be given at least one year following the dose of PPSV (PCV13 can be given 8 weeks after PPSV23 for 18 year olds only).

- b. Persons aged 19 – 64 years with the aforementioned conditions who have received one or more doses of pneumococcal polysaccharide vaccine (PPSV) should receive a dose of PCV13 at least one year after receipt of the last dose of PPSV.
  - c. Persons 18 years of age only with the aforementioned conditions who have received one or more doses of PPSV should receive a dose of PCV13 at least 8 weeks after receipt of the last dose of PPSV.
2. **Administer pneumococcal polysaccharide vaccine (PPSV) 0.5ml IM or subcutaneous (SC) injection** to all persons 18 to 64 years with an indication for PPSV and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to PPSV, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
- a. Persons aged 18 – 64 years who have received PCV13 and have the following conditions should receive PPSV at least 8 weeks after receipt of PCV13:
    - Cerebrospinal fluid leak
    - Cochlear implant
    - Functional or anatomic asplenia (e.g., splenectomy)
    - Sickle cell disease or other hemoglobinopathy
    - Immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
    - Organ or bone marrow transplantation
    - Chronic renal failure or nephrotic syndrome
    - Immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
  - b. Persons age 18 – 64 years with no or unknown history of prior receipt of PPSV and any of the following conditions:
    - Chronic heart or cardiovascular disease ( e.g., congestive heart failure, cardiomyopathies; for 18 year olds, cyanotic congenital heart disease and cardiac failure)
    - Chronic liver disease (cirrhosis) or alcoholism
    - Diabetes
    - Chronic pulmonary disease ( e.g., chronic obstructive pulmonary disease, emphysema and for persons aged 19 years and older, asthma)
    - Cigarette smoking (persons aged 19-64 years only)
  - c. Persons 18 – 64 years with the following conditions are at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels and require a second dose of PPSV, administered at least five years after the last dose:
    - Functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)

- Immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
- Organ or bone marrow transplantation
- Chronic renal failure or nephrotic syndrome
- Immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy).

### C. Pneumococcal vaccine for ages 65 years and older

1. **Administer pneumococcal conjugate vaccine (PCV13) 0.5 ml intramuscular (IM) injection** to all adults aged 65 years and older, who have not previously received PCV13 and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to PCV13, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
  - a. If the person has no or unknown prior receipt of a dose of pneumococcal vaccine, administer PCV13. If PCV13 is unavailable, give one dose of PPSV now. A dose of PCV13 should be given at least one year following the dose of PPSV.
  - b. If the person has received one dose of pneumococcal polysaccharide vaccine (PPSV) at 65 years or older, administer PCV13 at least one year after receipt of the PPSV dose.
  - c. If the person has received one or more doses of PPSV before age 65 years of age, administer one dose PCV13 at least 1 year after the most recent PPSV dose.
2. **Administer PPSV 0.5ml IM or subcutaneous (SC) injection** to adults 65 years and older, who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications for PPSV that include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
  - a. If the person has no or unknown prior receipt of a dose of pneumococcal vaccine, administer PCV13 first, followed by PPSV at least 1 year after receipt of PCV13.
  - b. If the person has received PPSV before 65 years and a dose of PCV13, administer one dose of PPSV at least 5 years after the last dose of PPSV and at least 1 year after receipt of PCV13.
  - c. If the person has received a dose of PCV13 at 65 years or older, administer PPSV at least one year after receipt of PCV13. If a person received 2 doses of PPSV23 prior to their 65<sup>th</sup> birthday, a third dose is recommended after the 65<sup>th</sup> birthday (and at least 1 year after receipt of PCV13 and 5 years after the second dose of PPSV23).

## D. Meningococcal Vaccine

**1. Administer quadrivalent meningococcal conjugate vaccine (MCV4) 0.5 ml intramuscular (IM) injection** to all adults aged 18 through 55 years of age, with an indication for MCV4, and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to MCV4, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a history of Guillain-Barré Syndrome, they should consult with their physician before receiving vaccine. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.

a. Indications for MCV4 include:

- HIV–infected men who have sex with men
- Men who have sex with men, regardless of HIV status who regularly have close or intimate contact with other men met either through an online website, smartphone application, a bar or a party.
- Persons with persistent complement component deficiencies (C3, C5-9, Properdin, Factor D, and Factor H).
- Persons with anatomic or functional asplenia.
- People routinely exposed to isolates of *N.meningitidis* in occupational settings (e.g., microbiologists).
- First year college students living in residence halls, who have not received vaccination against meningococcal disease since their 16<sup>th</sup> birthday.

b. Persons who may require a second dose of MCV4 as part of their primary series include:

- Persons with persistent complement component deficiencies, functional or anatomic asplenia should receive a second dose of MCV 4 administered 8-12 weeks after the first dose.
- Persons with an indication for meningococcal vaccination who are HIV-infected should receive a second dose of vaccine 8 – 12 weeks after the first dose.

c. Booster doses

- Persons with persistent complement component deficiencies or functional or anatomic asplenia are recommended to receive a booster dose every 5 years.
- Microbiologists routinely exposed to isolates of *N.meningitidis* are recommended to receive a booster dose every 5 years if exposure is ongoing.

d. Persons 56 years of age and older may receive MCV4 if quadrivalent meningococcal polysaccharide vaccine (MPSV4), is unavailable.

**2. Administer meningococcal polysaccharide vaccine (MPSV4) 0.5 ml subcutaneous (SC) injection** to all adults aged 56 years of age and older with an indication for MPSV4, or persons 18-55 years with a contraindication to MCV4 but not MPSV4, and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to MPSV4, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be

vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.

a. Indications for MPSV4 include:

- HIV – infected men who have sex with men
- Men who have sex with men, regardless of HIV status who regularly have close or intimate contact with other men met either through an online website, smartphone application, a bar or a party.
- Persons with persistent complement component deficiencies (C3, C5-9, Properdin, Factor D, and Factor H).
- Persons with anatomic or functional asplenia.
- People routinely exposed to isolates of *N.meningitidis* in occupational settings (e.g., microbiologists).
- First year college students living in residence halls, who have not received vaccination against meningococcal disease since their 16<sup>th</sup> birthday.

**3. Administer serogroup B meningococcal vaccine (MenB) 0.5ml intramuscular (IM) injection**

to all persons age 18 years and older, with an indication for MenB, who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to MenB, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.

a. MenB vaccines are indicated for persons age 18 years and older with the following:

- Persons with persistent complement component deficiencies, including persons taking eculizumab (Soliris<sup>®</sup>)
- Persons with functional or anatomic asplenia
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*
- Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak.

b. MenB vaccines may also be administered to adolescents and young adults 18-23 years of age to provide short-term protection against most strains of serogroup B meningococcal disease.

c. If administering Trumenba<sup>®</sup> (Pfizer), administer as a 3 dose series, with the second and third doses administered 2 and 6 months after the first dose.

d. If administering Bexsero<sup>®</sup> (Novartis) administer as a 2 dose series, with doses administered at least 1 month apart.

e. There is no preference between MenB vaccine products. If starting the series with one brand, however, it is recommended to use the same product for subsequent doses.

f. MenB vaccines may be administered concomitantly with MenACWY vaccines, but at a different anatomic site, if feasible.

## E. Tetanus-containing Vaccine

1. **Administer Tetanus (As either Tetanus-diphtheria [Td] or Tetanus-diphtheria and pertussis [Tdap]) vaccine 0.5mL intramuscular (IM) injection** to all persons 18 years of age and older, with an indication for tetanus vaccination and who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to Td/Tdap vaccination, which include: serious allergic reaction to a vaccine component or history of a serious allergic reaction to a prior dose, or for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.
  - a. Indications for tetanus vaccines include:
    - Adults should receive a single dose of Tdap to replace a single dose of Td for booster immunization.
    - Pregnant women should get a dose of Tdap during *every* pregnancy preferably during 27 through 36 weeks' gestation.
    - All persons suffering recent traumatic injury with a break in the skin with no history of tetanus vaccination within the past 5 years.
    - When feasible, administer Boostrix® (GSK) Tdap vaccine to adults age 65 years and older; however either Tdap vaccine product administered to a person age 65 years and older provides protection against pertussis and is considered valid.
  - b. Subsequent doses of Tdap/Td:
    - To complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses.
    - To boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given. There is no need to observe a minimum interval between Td and the subsequent Tdap; if Tdap was already administered, boost with Td routinely every 10 years.
  - c. Precautions to tetanus-containing vaccines, requiring evaluation from the patient's primary care provider prior to receipt of vaccination, include:
    - History of Guillain-Barre syndrome within 6 weeks after a previous dose of tetanus-toxoid containing vaccine.
    - Progressive neurologic disorder (such as uncontrolled epilepsy or progressive encephalopathy) until the condition has stabilized.
    - History of a severe local reaction (Arthus reaction) following a prior dose of a tetanus and/or diphtheria toxoid-containing vaccine.

## F. Zoster Vaccine

1. **Administer Zoster vaccine 0.65mL subcutaneous (SC) injection** to all persons 60 years of age and older, who have provided consent and do not fail the assessment, per the incorporated protocol. Persons will be screened for contraindications to zoster vaccination, as listed below. If the person has a moderate or serious illness, then vaccination should be deferred until the person is well. The person should be vaccinated if they have a minor illness such as diarrhea or respiratory tract illness (including otitis media) with or without a fever or on current antimicrobial therapy.

- a. Contraindications to zoster include:
- History of severe allergic reaction (e.g., anaphylaxis) to a vaccine component, including gelatin and neomycin
  - Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy or patients with HIV infection who are severely immunocompromised)
  - Current immunosuppressive therapy, including high-dose corticosteroids ( $\geq 20$  mg/day of prednisone or equivalent) lasting two or more weeks
  - 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. Precautions to zoster, requiring evaluation from the patient's primary care provider prior to receipt of vaccination, include:
- a. Receipt of specific antivirals (i.e., acyclovir, famciclovir or valacyclovir) 24 hours before vaccination; avoid use of the antiviral drugs for 14 days after vaccination.

### **G. Anaphylactic Treatment Agents**

1. **Administer Epinephrine as one adult dose of epinephrine autoinjector (EpiPen<sup>®</sup> or Auvi-Q<sup>®</sup>) 0.3 mg IM, or epinephrine [USP 1:1000] administered 0.3 mL IM, if person being vaccinated exhibits symptoms of a severe allergic reaction or anaphylactic reaction: hives, itching, difficulty breathing, nausea, abdominal pain, change in mental status, drop in blood pressure. Epinephrine autoinjectors (0.3 mg adult dose) or epinephrine [USP 1:1000] with the necessary needles and syringes should be available where the vaccine is actually being administered. Call 911. One adult dose of epinephrine autoinjector IM (or epinephrine [USP 1:1000] administered 0.3 mL IM) may be repeated after 5 to 15 minutes, if symptoms persist or worsen. More than two sequential doses of EpiPen should be administered only under direct medical supervision.**

**For seasonal influenza, pneumococcal, meningococcal, tetanus-containing and zoster vaccines, the Pharmacist shall:**

- A. Obtain the required certificate of administration from the NYS Department of Education.
- B. Maintain or ensure the maintenance of a copy of the patient specific order or the non-patient specific order and protocol that authorizes the certified pharmacist to administer immunization agents and/or medications for the emergency treatment of anaphylaxis to adults.
- C. Ensure that each potential recipient is assessed for contraindications that would preclude immunization(s), and have the recipient complete and sign a screening/history form that confirms eligibility and provides contact information for follow-up purposes.
- D. Provide each recipient of the vaccine, or other person legally responsible when the recipient is incapable of consenting to immunization, with a copy of the appropriate Vaccine Information Statement (VIS) before administering the immunization. Provide non-English speaking recipients with a copy of the VIS in their native language, if available. These can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
- E. Prior to immunization, inform each recipient, both orally and in writing, of the potential side effects and adverse reactions.
- F. Provide information to recipients on the importance of having a primary health care provider.
- G. Provide each recipient with written instructions to call their primary care physician or seek care at the local emergency department if they have an adverse reaction to the vaccine.
- H. For influenza vaccine, notify the recipient that the vaccine should be taken annually.
- I. If a recipient receiving influenza vaccine is in one of the recommended groups for PPSV, PCV13, MCV4, MPSV4, MenB, Td/Tdap or zoster vaccine, recommend that he or she receive it. Likewise, if a recipient receiving PPSV, PCV13, MCV4, MPSV4, MenB, Td/Tdap or zoster vaccine is in one of the recommended groups for influenza vaccine, recommend that he or she receive it.
- J. If a recipient receiving PCV13 is also recommended to receive PPSV, recommend that he or she receive it as per the orders above. If a person seeking vaccination with PPSV is recommended to receive PCV13, it is recommended that PCV13 be given first, and subsequent dose(s) of PPSV be given as per the protocol and orders above. If PCV13 is unavailable, PPSV may be given first. Recipients should be given instructions to return for additional doses of PCV13/PPSV as per the orders and protocol above, or follow-up with their primary care physician for subsequent vaccinations.
- K. If a recipient receiving MCV4 is recommended to receive a second dose of MCV4 vaccine, recommend that he or she receive it.
- L. If a recipient requesting Td vaccine is recommended to receive Tdap vaccine, recommend that he or she receive it instead. If a patient presents with a prescription for Td, but is eligible for Tdap vaccine and does not have contraindications to Tdap vaccine, please consult with the prescribing provider requesting to administer Tdap instead.

- M. Not administer an immunization unless the recipient is adequately informed and consents to the immunization. For recipients incapable of consenting to immunization, prior to administration of an immunization, a legally responsible person for the recipient must be in attendance during the immunization and consent to the immunization, after having been informed of potential side effects and adverse reactions.
- N. Provide the recipient of vaccination a certificate of immunization with the recipient's name, name of the vaccine administered, name of the manufacturer, and lot number of the vaccine, date of immunization, name of the person who administered the vaccine, and name and address of the facility where the immunization was given.
- O. Ensure that a record for each person immunized is maintained in accordance with the law and shall include the recipient's name, immunization agent, the edition date of the VIS distributed, the date the VIS was provided, the name, address and title of the administering pharmacist, the date of administration, anatomical site of administration, the vaccine manufacturer, lot number of the vaccine used and vaccine expiration date. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication).
- P. Report ALL immunizations administered to recipients 18 years of age with identifying information to the New York City (NYC) Citywide Immunization Registry (CIR) as required by NYS Public Health Law (PHL) Article 21, Title 6, Section 2168, Part 3(a). Report all immunizations administered to recipients 19 years of age and older to the NYC CIR with verbal consent of the individual, as required by NYS Public Health Law (PHL) Article 21, Title 6, Section 2168, Part 3(b)(ii) and NYC Health Code Section 11.04.
- Q. Report any adverse outcomes as may be required by Federal law on the vaccine adverse event reporting system (VAERS) form of the Centers for Disease Control and Prevention (CDC) or on the successor form and report such information to the New York City Department of Health and Mental Hygiene. Contact VAERS through [www.Vaers.hhs.gov](http://www.Vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).
- R. Follow proper medical guidelines for vaccine administration:
1. If intramuscular administration, 0.5 ml, given in the thickest portion of deltoid muscle above level of armpit and below acromion using a 1" to 1½", 22-25 gauge needle
  2. If intranasal vaccine (for healthy adults without contraindications ages 18-49 years only), 0.2 ml administered nasally (0.1 ml sprayed into each nostril while recipient is in an upright position)
  3. If subcutaneous administration: 0.5 ml given in the outer aspect of upper arm using 23-25 gauge, 5/8" needle. For zoster vaccine, administer entire amount of vaccine (approximately 0.65mL).
  4. If intradermal vaccine, use pre-filled microinjection syringe and administer in the deltoid region of the arm.
- S. Have a written emergency medical protocol available, as well as equipment and medications, including emergency anaphylaxis treatment agents, related syringes and needles available at the location at which immunizations will be administered.
- T. In the event that a recipient who received influenza, pneumococcal and/or meningococcal vaccine develops signs or symptoms consistent with anaphylaxis, the Pharmacist shall: Administer one adult dose of epinephrine autoinjector IM (or epinephrine [USP 1:1000] administered 0.3 mL IM) which should all be available with the necessary needles and syringes at the immunization site, and call 911. One adult dose of epinephrine autoinjector IM (or epinephrine [USP 1:1000] administered 0.3 mL IM) may be repeated in 5 to 15 minutes, if symptoms persist or worsen. More than two sequential doses of EpiPen should be administered only under direct medical supervision.

- U. Ensure that a record of all persons to whom they have administered an anaphylaxis treatment agent, including the recipient's name, date, address of administration, administering pharmacist, anaphylaxis treatment agent, manufacturer, and lot number, is kept in either a recipient's medication profile if one is required, or if not required, on a separate form retained by the pharmacist who administered the anaphylaxis treatment agent.
- V. Report to the local emergency medical system or other provider of equivalent follow-up care information regarding the administration of the anaphylaxis treatment agent, including name of agent, when it was administered, the dosage, strength, and route of administration. The Pharmacist shall also report such information to \_\_\_\_\_, and the recipient's primary care provider if one exists, unless the recipient is unable to communicate the identity of his or her primary care provider.

This non-patient specific order and protocol may be revoked at the discretion of \_\_\_\_\_

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The certified pharmacists are limited to administering immunizations only in the course of such employment or pursuant to such contract with (name of entity); \_\_\_\_\_.

and this policy and procedure shall remain in effect from the effective date of this Standing Order \_\_\_\_\_ until rescinded or until \_\_\_\_\_ [end date]

Name of issuing physician or nurse practitioner: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/facility: \_\_\_\_\_

NYS License #: \_\_\_\_\_

NPI #: \_\_\_\_\_

