Department of Juvenile Justice
Health Services Operating Procedure

HSOP VOL IV – 4.3 – 4.05	**Statutory Authority:** Title 66 of the Code of Virginia
Subject: **Immunizations**	**Regulations:** 6VAC35-51-790; 6VAC35-51-800; 6VAC35-71-960; 6VAC35-71-980; 6VAC35-71-1020; 12VAC5-90-110 **Board Policy:** 12-001; 12-003
	ACA # 4-JCF-4C-03; 4-JCF-4C-22 **NCCHC #** Y-B-01

4.05-1.0 PURPOSE

To promote health and prevent disease by ensuring that each resident is appropriately immunized against communicable diseases.

4.05-2.0 SCOPE

These procedures apply to all Juvenile Correctional Center (JCC) employees and staff assigned to the JCCs by other units, agencies, or departments.

4.05-3.0 DEFINITIONS

Attenuated Vaccines - Viruses or bacteria that weakened in a laboratory, usually by repeated culturing.

Conjugate Vaccines – Contain polysaccharide that is chemically linked to a protein. This linkage makes the polysaccharide a more potent vaccine.

Inactivated Vaccines – Inactivated vaccines are produced by growing the bacterium or virus in culture media, then inactivating it with heat and/or chemicals (usually formalin).

Live Vaccines – Live vaccines are derived from "wild," or disease-causing, viruses or bacteria.

Local Health Authority (LHA) – The designated Registered Nurse (RN) (e.g., head nurse) who has been delegated the responsibility: for the management of all health services in the facility; including medical nursing, and dental; and for ensuring the quality and accessibility of all health care services provided to residents. Final medical judgments shall be the sole province of the Chief Physician.

Recombinant Vaccines – Vaccine antigens produced by genetic engineering technology.

Toxoid Vaccines – Inactivated bacterial toxin.

4.05-4.0 PROCEDURES

4.05-4.1 General Principles of Immunizations:

Each resident's immunizations shall be updated consistent with the regulations (12VAC5-90-110) of the Virginia Department of Health, Office of Epidemiology, Division of Immunization, at the time the record is reviewed. Exemptions for immunizations shall be granted consistent with state or federal law.

1. The nurse shall document all prior immunizations on the Immunization Record upon receipt of records.

    a. Nursing staff shall contact a parent or guardian for verification of reported past reactions to immunizations and document findings in the resident's medical record.
    b. Providers shall review the history and order immunizations as deemed appropriate based on past reactions and length of time since recent live virus immunizations.

2. The nurse shall document the immunizations on a spreadsheet for entry into the Virginia Immunization Information System (VIIS) and designated nurses shall enter the immunizations administered into VIIS.

3. The nurse shall document all administered immunizations on the Immunization Record.

4. Reporting Serious Adverse Events: call 1-800-822-7967 for the Vaccine Adverse Events Reporting System (VAERS) forms or go online at https:vaers.hhs.gov/esub/step1 to submit a secure form.

5. The resident shall be informed about the immunizations they are receiving, provided a copy of the Vaccine Information Statement (VIS) to read, and allowed the opportunity to ask any questions.

6. Residents who refuse immunizations at intake shall be offered the immunizations again after transfer to another JCC. The resident shall be offered the immunization again during the annual physical examination. Residents shall sign the Refusal of Health Services form for each refusal in accordance with HSOP VOL IV-4.3-6.01 (Informed Consent and Parental Notification).

4.05-4.2 Resident Immunizations

The following immunizations shall be provided for all residents:

1. Hepatitis A
2. Hepatitis B
3. Tdap and/or Td
4. Meningococcal (MCV)
5. Varicella
6. Measles, Mumps, and Rubella (MMR)
7. Human Papillomavirus (HPV)
8. Polio (IPV)

9. Seasonal Influenza

All immunizations shall be administered in accordance with the manufacturer's instructions and the *Epidemiology and Prevention of Vaccine-Preventable Diseases* (The Pink Book) published by the Center for Disease Control (CDC).

All residents should have had their primary series. If there are incomplete vaccination series, the nurse shall complete the series in accordance with the Pink Book catch-up schedules.

4.05-4.3 Hepatitis A - Inactivated and Attenuated

1. Contraindications:

    a. Pregnancy;
    b. A previous serious or anaphylactic reaction to Hepatitis A vaccine; and
    c. Anaphylaxis to any components of the vaccine; especially neomycin.

2. Storage:

    a. Store in refrigerator between 36° F to 46° F or (2° C to 8° C).
    b. Do not freeze. Discard vaccine if frozen.
    c. Out of Range Temperature Reading:
        1) Remove all hepatitis A immediately if vaccine has been left at refrigerator temperature > (greater than) 46° F (8° C)
        2) Verify that the temperature of the alternate refrigerator is correct
        3) Mark the vaccine boxes/vials "do not use"
        4) Call the manufacturer (Merck for Vaqta at 1-800-982-7482) or (GlaxoSmithKline at 1-888-825-5249 for Havrix) or Vaccine for Children/state/local health department to determine if the vaccine is usable.

4.03-4.4 Hepatitis B - Inactivated and Recombinant

1. Contraindications: A previous serious or anaphylactic reaction to Hepatitis B vaccine and anaphylaxis to any components of the vaccine, especially yeast.

2. Storage:

    a. Store in refrigerator between 36° F to 46° F or (2° C to 8° C).
    b. Do not freeze. Discard vaccine if frozen.
    c. Out of Range Temperature Reading:
        1) Remove all hepatitis B immediately if vaccine has been left at refrigerator temperature greater than 46° F (8° C)
        2) Verify that the temperature of the alternate refrigerator is correct
        3) Mark the vaccine boxes/vials "do not use"
        4) Call the manufacturer (Merck for Vaqta at 1-800-982-7482) or (GlaxoSmithKline at 1-888-825-5249 for Havrix) or Vaccine for Children/state/local health department to determine if the vaccine is usable.

4.05-4.5 Tdap or Td - Inactivated and Toxoid Vaccine.

1. Contraindications:

    a. History of anaphylaxis reaction after a previous Td;
    b. A history of encephalopathy within 7 days after receiving TDaP (as a child); and
    c. Anaphylaxis to any components of the vaccine; latex stopper on pre-filled syringes but NOT on the single dose vaccine vials.

2. Storage:

    a. Store in refrigerator between 36° F to 46° F or (2° C to 8° C).
    b. If the Tdap or Td vaccine is stored at temperatures greater than 36° F to 46° F (2° C to 8° C), the vaccine must be discarded as potency is lost.
    c. Out of Range Temperature Reading:
        1) Remove all Tdap or Td immediately if vaccine has been left at refrigerator temperature greater than 46° F (8° C)
        2) Verify that the temperature of the alternate refrigerator is correct
        3) Mark the vaccine boxes/vials "do not use"
        4) Call the manufacturer (Merck at 1-800-982-7482 for Boostrix) or (Sanofi Pastuer at 1-Vaccine for Children/state/local health department to determine if the vaccine is usable. – See Table 3: The Emergency Response Worksheet

4.05-4.6 Meningoccal Vaccine: Menatra/Menveo (MCV4) and Menamune (MPSV4) - Inactivated and Conjugate

1. Contraindications:

    a. Anaphylaxis after a previous dose of Menatra/Menveo/Menamune or to any of the components in the vaccine;
    b. Pregnancy;
    c. Known history of Guillain-Barré syndrome (GBS) for Menveo but not Menatra;
    d. Bleeding disorder; and
    e. Anticoagulant therapy for Menveo only.

2. Menatra Storage:

    a. Store at 35° to 46°F (2° to 8°C)
    b. DO NOT FREEZE. Frozen product should not be used.
    c. Do not use after the expiration date.
    d. Administer 0.5 ml liquid solution by IM injection from supplied single dose vial.
    e. Out of Range Temperature Reading:
        1) Remove all Menactra meningococcal vaccine immediately if vaccine has been left at refrigerator temperature greater than 46° F (8° C).
        2) Verify that the temperature of the alternate refrigerator is correct.
        3) Mark vaccine boxes/vials "do not use."

3. Menveo Storage:

   a. Store both vials (MenA lyophilized conjugate component and MenCYW-135 liquid conjugate component = 1 dose after reconstitution) at 35° to 46°F (2° to 8°C)
   b. DO NOT FREEZE. Frozen product should not be used.
   c. Protect from light.
   d. Do not use after the expiration date.
   e. Reconstituted vaccine should be used immediately, but may be stored at 77°F or below for up to 8 hours.
   f. Administer 0.5 ml by IM injection from reconstituted single dose vial.
   g. Out of Range Temperature Reading:
      1) Remove all Menveo meningococcal vaccine immediately if vaccine has been left at refrigerator temperature greater than 46° F (8° C).
      2) Verify that the temperature of the alternate refrigerator is correct.
      3) Mark vaccine boxes/vials "do not use".

4.05-4.7 Varicella Vaccine - Live Attenuated

1. Contraindications: Live vaccines can cause severe or fatal reactions in immunosuppressed persons due to uncontrolled replication of the vaccine virus.

   a. Live vaccines should not be administered to severely immunosuppressed persons; congenital immunodeficiency, leukemia, lymphoma, or generalized malignancy.
   b. If residents require this vaccine, the nurse must refer to the provider for review prior to administering the varicella.
   c. Residents receiving large doses of corticosteroids should not receive live vaccine; includes residents receiving 20 milligrams or more of prednisone daily for fourteen (14) days or longer.
   d. HIV residents may receive live vaccines if the total CD4 and T-lymphocyte count is > 200 per µl. However, the nurse shall consult with the provider prior to vaccinating.
   e. Pregnancy.
   f. A family history of congenital or hereditary immunodeficiency.
   g. Febrile illness.

4. Storage:

   a. Before reconstitution, store lyophilized vaccine in freezer at temperature between -58°F and +5°F.
   b. Before reconstitution, protect from light.
   c. Any freezer (e.g., chest, frost-free) that reliably maintains a temperature between -58°F and +5°F (-50°C and -15°C) and has a separate sealed freezer door is acceptable for storing VARIVAX.
   d. May be stored at refrigerator temperature (36°F to 46°F, 2°C to 8°C) for up to 72 continuous hours prior to reconstitution. Vaccine stored at 36°F to 46°F (2°C to 8°C) which is not used within 72 hours of removal from +5°F (-15°C) storage should be discarded.
   e. Diluent should be stored separately at room temperature (68°F to 77°F), or in the refrigerator.

f. Each dose is 0.5 mL after reconstitution and is administered by subcutaneous injection.
g. Out of Range Temperature Reading:
   1) Remove all vaccine has been left at refrigerator temperature greater than 46° F (8° C).
   2) Verify that the temperature of the alternate refrigerator is correct.
   3) Mark the vaccine boxes/vials "do not use".
   4) Call the manufacturer (Merck for Varivax at 1-800-982-7482) or Vaccine for Children/state/local health department to determine if the vaccine is usable.

4.05-4.8 Mumps, Measles and Rubella (MMR II) – Live Attenuated

1. Contraindications:
   a. Live vaccines can cause severe or fatal reactions in immunosuppressed persons due to uncontrolled replication of the vaccine virus.
   b. Live vaccines can be administered simultaneously but may not be administered separately within 14 days of each dose.
   c. Pregnancy.
   d. Severely immunosuppressed persons; congenital or hereditary immunodeficiency, leukemia, lymphoma, or generalized malignancy. If residents require this vaccine, the nurse must refer to the provider for assessment prior to giving MMR II vaccine.
   e. Residents receiving large doses of corticosteroids longer than two weeks should not receive a live vaccine (MMR II); includes residents receiving 20 milligrams or more of prednisone per day. **Vaccine schedules can resume thirty (30) days following cessation of the corticosteroids.**
   f. Anaphylaxis to any components of the vaccine; especially neomycin and eggs.
   g. Contact dermatitis (skin rash) to neomycin is not a contraindication to giving MMR II.
   h. Current idiopathic thrombocytopenia purpura (ITP) or a previous history of ITP with the first MMR II vaccine.

2. Storage:

   a. MMR II must be stored between -58°F and +46°F (-50°C to +8°C).
   b. The dose is 0.5 mL administered subcutaneously, preferably into outer aspect of the upper arm.
   c. This rule applies to any single antigen or combination of Measles, Mumps, and Rubella.
   d. MMR is easily inactivated by light, so it is very important to keep this vaccine in the dark.
   e. Store in box with ends and lids in place and closed.
   f. Keep MMR in the refrigerator until ready to reconstitute and administer.
   g. If you are doing mass immunization, you can reconstitute more than 1 dose of MMR if you:
      1) Use cold diluents.
      2) Keep syringes cold.
      3) Protect the syringes from light.
      4) Discard reconstituted vaccine after 8 hours, even if the vaccine has been kept cold and protected from light at all times.
   h. Call the manufacturer (Merck for MMR II at *1-800-MERCK-90* or 1-800-982-7482) or Vaccine for Children/state/local health department to determine if the vaccine is usable.

Before reconstitution, store the lyophilized vaccine at 36°F to 46°F (2°C to 8°C). The diluent may be stored in the refrigerator with the lyophilized vaccine or separately at room

temperature. It is recommended that the vaccine be used as soon as possible after reconstitution. Store reconstituted vaccine in vaccine vial in a dark place at 36°F to 46°F (2°C to 8°C) and discard if not used within 8 hours.

4.05-4.9 Human Papilloma Vaccine (HPV) - Inactivated and Recombinant

1. Contraindications: Pregnancy; Hypersensitivity, including severe allergic reactions to yeast (a vaccine component) after a previous dose of Gardasil.

2. Storage:

    a. Store refrigerated at 36°F to 46°F (2°C to 8°C).
    b. May be stored at refrigerator temperature (36°F to 46°F, 2°C to 8°C)
    c. DO NOT FREEZE.
    d. Protect from light.
    e. GARDASIL can be out of refrigeration (at temperatures at or below 77°F / 25°C) for a total time of not more than 72 hours.
    f. Call Merck at 1-877-VAX-MERCK (877.829.6372) or Vaccine for Children/state/local health department to determine if the vaccine is usable.

4.05-4.10 Inactivated Polio Vaccine: (IPOL)

1. Contraindications:
    a. Hypersensitivity, including severe allergic reactions to neomycin, streptomycin and polymixin (a vaccine component).
    b. Anaphylaxis to a previous dose of IPOL.
    c. Acute febrile illness.
    d. HIV is not a contraindication to vaccinate.
    e. Pregnancy.

2. Storage:

    a. Store in a refrigerator at 36°F to 46°F (2°C – 8°C).
    b. Do not freeze.
    c. Store in the original package in order to protect from light.
    d. Discard the vaccine safely if it has been frozen or it appears yellow.
    e. Do not use Poliovaccine SSI after the expiry date which is stated on the carton after "EXP".
    f. The expiry date refers to the last day of that month.

4.05-4.11 Seasonal Influenza Vaccine (SIV) - Inactivated

1. Contraindications:
    a. People who have had an anaphylaxis to egg protein or any other vaccine component.
    b. People who have had a life-threatening reaction to previous influenza vaccination.
    c. People who have a moderate to severe illness with a fever (they should wait until they recover to get vaccinated).
    d. A history of Guillain-Barré Syndrome (GBS) within six (6) weeks following receipt of influenza vaccine is a precaution for the use of influenza vaccine. Such individuals have a risk of recurrence of GBS with subsequent vaccination, and if not at high risk of severe

influenza complications should generally not be vaccinated. However, while data are limited, the established benefits of influenza vaccination might outweigh the risks for many persons who have a history of GBS and who also are at high risk for severe complications from influenza. Consult with the provider prior to administering the vaccine.

2. Storage:

   a. SIV should be stored at 35°F--46°F (2°C--8°C).
   b. Should not be frozen.
   c. SIV that has been frozen should be discarded.
   d. SIV preparations differ by manufacturer. Package inserts should be consulted for age indications and contents.

4.05-5.0 RESPONSIBILITY

The Local Health Authority shall be responsible for implementing this procedure.

4.05-6.0 INTERPRETATION

The Health Services Administrator shall be responsible for the interpretation and the exception approval to this procedure.

4.05-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

4.05-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director:	**Date:** 11/24/15
Approved by Health Services Administrator:	**Date:** 11/5/15
Approved by Chief Physician:	**Date:** 11/6/15
Effective Date: 1-19-2016	**Office of Primary Responsibility:** Health Services
Supersedes: August 26, 2013	**Forms:** Immunization Record