

Using Standing Orders for Vaccines

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HAWAII HCV SCREENING AND LINKAGE TO CARE ECHO

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- ▶ Disclosure: Hawaii Learning Groups, LLC, has received project support from AbbVie

Learning Objectives

At the end of this session learners should be able to

- ▶ Describe why standing orders result in improved vaccination rates
- ▶ Describe the value of using reports and feedback loops in implementing standing orders in their practice setting
- ▶ Know where to find resources for implementing standing orders

What are standing orders?

- ▶ Standing orders are protocols that authorize qualified healthcare personnel to administer vaccines without the need for a separate physician's order for every patient

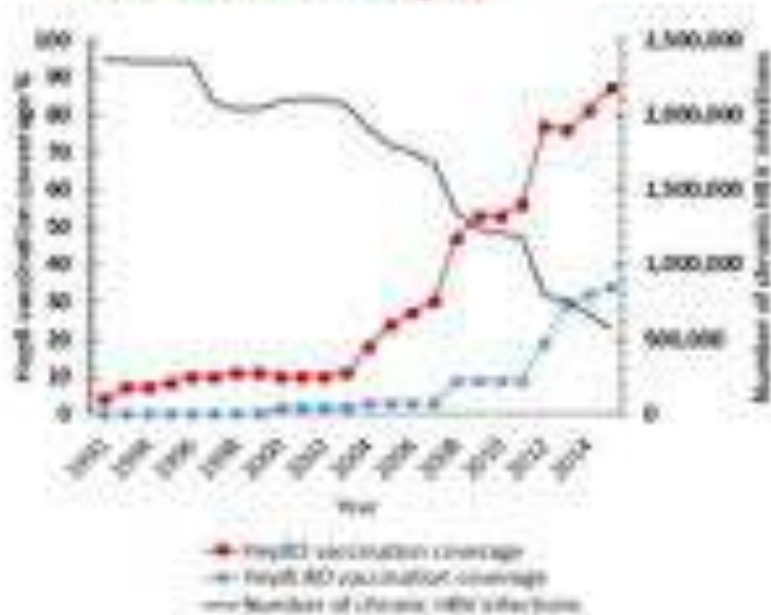
Importance of Standing Orders

- ▶ Efficient and streamlined vaccination process
- ▶ Increases vaccination rates
- ▶ Reduces missed opportunities for vaccination
- ▶ Enhances public health outcomes

Evidence that vaccines are effective

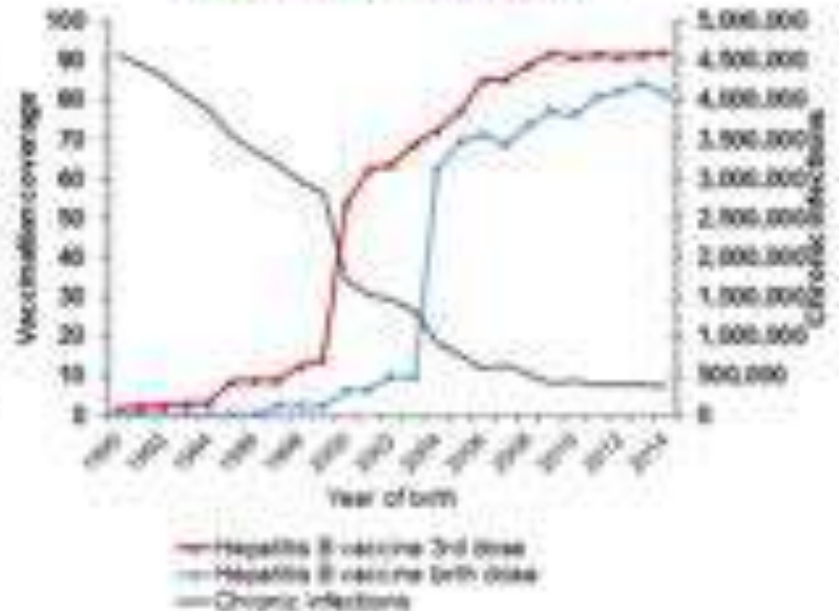
Impact of Hepatitis B Vaccination on Disease Burden

South East Asia Region



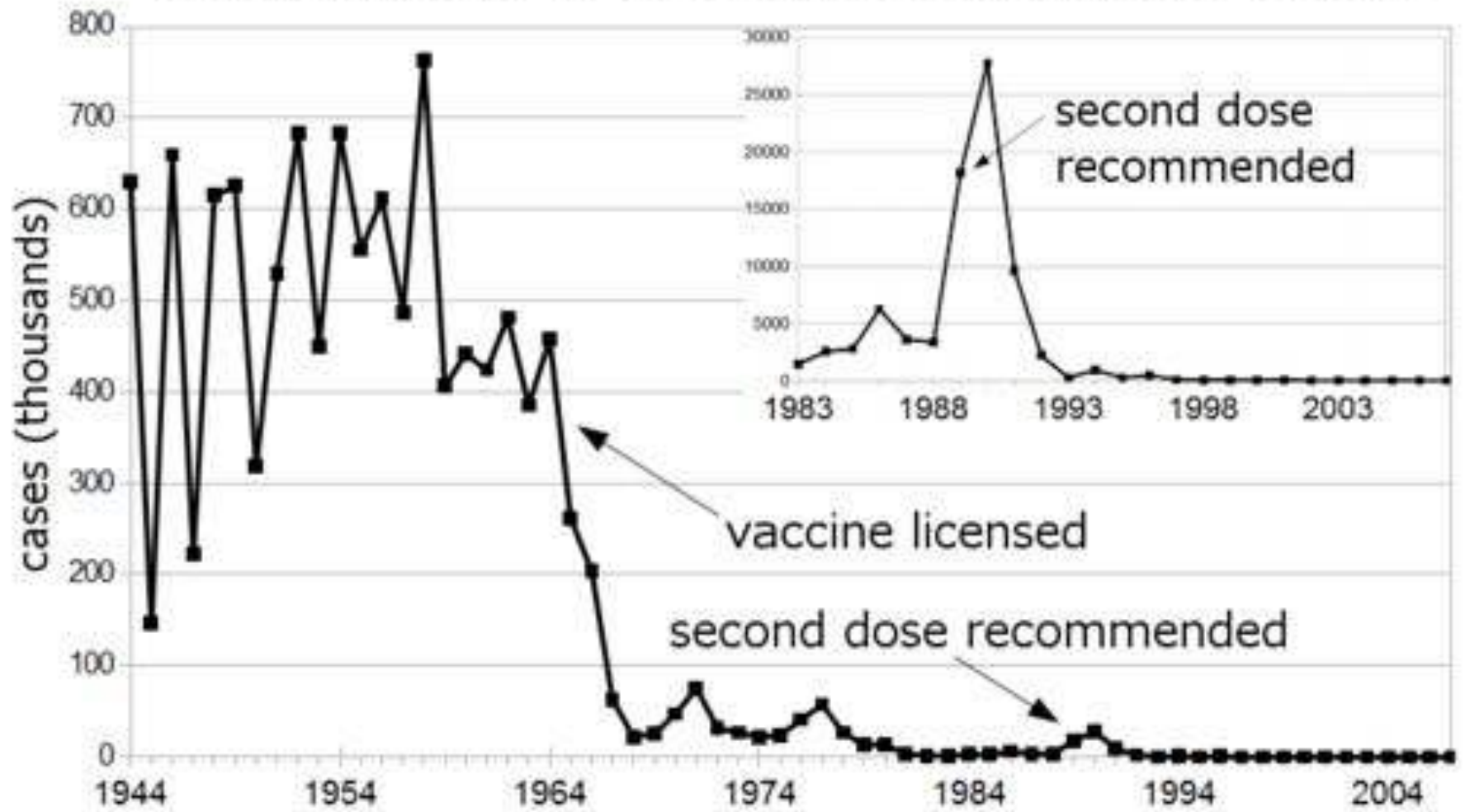
(Hsu L, Kwan D, Saha RA. *Journal of Virology* 2018; 92:14)

Western Pacific Region



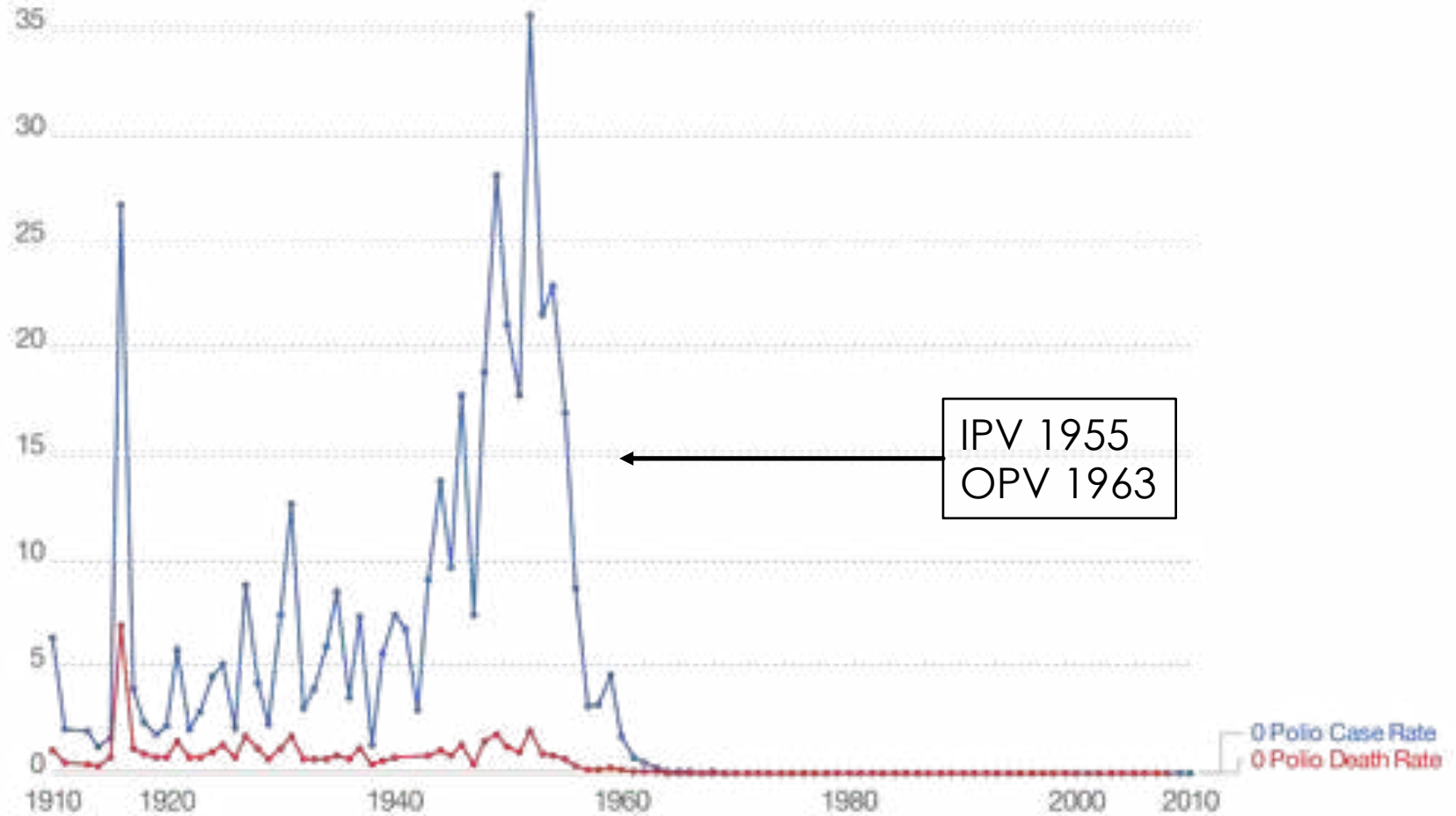
Wong L, Gorman S. *JAMA* 2016; 316:2455-2462

Measles cases in the United States, 1944-2007



Prevalence of Polio Rates in the United States, 1910-2010

The reported rates are per 100,000 US population and include both wild- and vaccine-derived type polio infections that occurred indigenously and as imported cases.



Source: Our World In Data based on US Public Health Service (1910-1951) and US Center for Disease Control (1960-2010)
OurWorldInData.org/polio/ • CC BY

Evidence that Standing Orders are effective

- According to the Community Preventive Services Taskforce Guide's rules of evidence, strong scientific evidence exists that standing orders are effective in improving vaccination coverage in adults

Reviews of Evidence Regarding Interventions to Improve Vaccination Coverage in Children, Adolescents, and Adults

Am J Prev Med 2000;18(1S)

Overview: Establishing Standing Orders

- ▶ Program infrastructure
- ▶ Key service-delivery components
- ▶ Quality assurance



Table 4. Barriers and Corresponding Facilitators Related to Implementing Electronic Standing Orders (SOs)

	Barriers	Facilitators
Staff	<p>Staff perceptions about self-efficacy; liability</p> <p>Inconsistent use/attitudes of providers and staff within practice (spread)</p> <p>Staff feeling the need to check with providers about order (especially laboratory tests)</p> <p>Time management concerns of some staff regarding new responsibilities</p> <p>Staff refusal/lack of follow through to adhere to SO protocol</p>	<p>Practice policies and protocols</p> <p>Staff education and follow-up by leaders, liaisons (eg, staff meetings)</p> <p>Collaboration and good communication regarding expectations</p> <p>Staff interaction frees provider to address other health priorities</p> <p>Recruit staff that support a team based approach to patient care</p>
Data issues within EHR	<p>Health maintenance templates not applied to eligible patients</p> <p>Inexperience with customizing/applying templates and rule files</p> <p>Distrust in the data to guide staff in acting on SOs</p> <p>Technical issues sometimes require vendor support</p>	<p>Technically savvy leader within practice applies set of templates</p> <p>Demonstrate application and use of templates to all clinicians</p> <p>Nursing note templates and direct entry on health maintenance table</p>
Patients	<p>Patient refusal/lack of insurance for some services</p> <p>Incomplete data on services patient received elsewhere</p>	<p>Consistent practice wide approach/repeated messages</p> <p>Patient information update forms generated from EHR data</p>
Practices	<p>Limited or no reimbursement for some immunizations</p> <p>Legal regulations in some states prohibiting SOs or immunizations by uncensored clinical staff</p> <p>Competing priorities decrease practice focus on implementing SOs</p>	<p>Referrals for patient to receive immunizations elsewhere (eg, public health clinics)</p> <p>Clinicians follow up after order initially discussed by clinical staff</p> <p>Leaders and liaisons keep the focus clear, communication channels open</p>

EHR, electronic health record.

Establishing Standing Orders

- ▶ Identify Qualified Personnel
- ▶ Define Eligible Populations
- ▶ Staff Training and Education
 - ▶ Foster a culture of continuous learning and improvement.
- ▶ Regular Audits and Reviews
- ▶ Feedback Loop
 - ▶ Non-punitive, routine and frequent

Standing Order Components

1. Assess adults for need of vaccination
2. Screen for contraindications and precautions
3. Provide vaccine information statements
4. Prepare to administer vaccine
5. Administer vaccine
6. Document vaccination
7. Be prepared to manage medical emergencies
8. Report all adverse events to VAERS

Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME _____

DATE OF BIRTH ____/____/____
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, have you received immune (gamma) globulin, blood/blood products, or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever felt dizzy or faint before, during, or after a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you anxious about getting a shot today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes no

It is important to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



STANDING ORDERS FOR Administering Hepatitis B Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis B virus (HBV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other health care 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 HBV infection^{1,2,3} according to the following criteria:

- All adults age 19 through 59 years
- All adults age 60 or older with risk factors for HBV infection due to
 - ▶ Sexual exposure risk
 - sex partners of hepatitis B surface antigen [HBsAg]-positive people
 - sexually active people not in monogamous relationships
 - people seeking treatment for a sexually-transmitted infection
 - men who have sex with men
 - ▶ Percutaneous or mucosal exposure to blood
 - current or recent injection-drug use
 - household contacts of HBsAg-positive people
 - residents and staff of facilities for developmentally disabled people
 - healthcare and public safety workers with risk for exposure to blood or blood-contaminated body fluids
 - hemodialysis, peritoneal dialysis, home dialysis, and predialysis patients
 - patients with diabetes at the discretion of the treating clinician
 - ▶ Other factors
 - anticipated travel to countries with high or intermediate endemic hepatitis B
 - people with hepatitis C infection
 - chronic liver disease (including, but not limited to people with cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice upper limit of normal)
 - HIV infection
 - incarceration
- Any adult age 60 or older who does not meet the risk-based recommendations above may be vaccinated.

NOTES

1. In general, people who have documented completion of a HepB series at any point or who have a history of previous HBV infection should not receive additional HepB vaccine, although there is no evidence that additional vaccination is harmful.
2. Revaccination may be indicated for certain high-risk adults, including healthcare workers who are documented non-responders to an initial HepB series, and certain dialysis patients. For revaccination guidance, see the 2018 ACIP recommendations for the prevention of hepatitis B at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf (pages 23-24).
3. In settings where the patient population has a high rate of previous HBV infection, prevaccination testing, which may be performed at the same visit when the first dose of vaccine is administered, might reduce costs by avoiding complete vaccination of people who are already immune. However, prevaccination testing is not required and should not create a barrier to vaccination.

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Thank You!

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