The Washington State Department of Health (DOH) Vaccine Advisory Committee (VAC) has reviewed the studies demonstrating that standing orders programs are more effective than other institution-based strategies in improving adult vaccination rates. The Advisory Committee on Immunization Practices (ACIP) recommends that influenza and pneumococcal polysaccharide (PPV 23) vaccines be administered through the use of standing orders.

The VAC recommends that long-term care facilities and outpatient service sites implement standing orders for influenza and pneumococcal vaccination. The VAC also recommends that hospitals consider implementing standing orders for influenza and pneumococcal vaccination. Standing order protocols will:

1. Identify persons eligible for vaccination based on their age, vaccination status (e.g., persons previously unvaccinated or due for vaccination according to the recommended schedule), or the presence of a medical condition that puts them at high risk.
2. Provide adequate information to patients or clients or their guardians regarding the risks for and benefits of a vaccine and document the delivery of that information (Vaccine Information System).
3. Record patient or client refusals or medical contraindications.
4. Record administration of a vaccine(s) and any post vaccination adverse events, according to institution or physician approved protocol and report adverse outcomes to the Vaccine Adverse Events Reporting System (VAERS). Create a central location for storing information in preparation for outbreak control.
5. Provide documentation of vaccine administration to patients or clients and to their primary care providers.
6. Implement guidelines established by Project Protect - A Center for Medicaid Services/PRO West and Department of Health project aimed at increasing the use of standing orders for pneumococcal vaccinations in long term care facilities.
7. Specify that vaccines be administered by health-care professionals trained to implement the tasks as stated in 1 through 6 above.