
Standing Orders for Administering Meningococcal Vaccine to Children & Teens

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet any of the criteria below.

Procedure

1. Identify children and teens in need of vaccination against meningococcal disease based on any of the following criteria:
 - a. Age 11 through 18 years and previously unvaccinated
 - b. Anticipated first-year college student living in a residence hall and either unvaccinated or last vaccinated when younger than age 16 years (for college students ages 19 and older, see meningococcal vaccine standing orders for adults)
 - c. Age 2 years or older meeting any of the following criteria: i) anticipated travel to a country in the “meningitis belt” of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged; ii) anticipated travel to Mecca, Saudi Arabia, for the annual Hajj; iii) diagnosis of anatomic or functional asplenia, including sickle-cell disease; iv) diagnosis of persistent complement component deficiency (an immune system disorder); v) children who are part of an outbreak of a vaccine-preventable serogroup
 - d. Military recruits
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
 - a. **Contraindications:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturers’ package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Schedule vaccination with quadrivalent meningococcal conjugate vaccine (MCV4) as follows:
 - a. For children ages 9 through 23 months with persistent complement component deficiencies, who travel to countries with highly endemic or epidemic disease, or are affected by a current outbreak caused by a vaccine serogroup, give 2 doses of MCV4-D (Menactra [sanofi]) 3 months apart.
 - b. For unvaccinated children ages 2 through 10 years with same risk factors as in 4.a. or with anatomic or functional asplenia, give 2 doses of either MCV4-D or MCV4-CRM (Menveo [Novartis]) 2 months apart. If MCV4-D is being used, there should be a 4 week separation between the final dose of PCV13 and MCV4-D.
 - c. If child or teen is at continued risk (e.g., anatomic or functional asplenia), give MCV4 booster after 3 years if previous dose was given at age younger than 7 years or, after 5 years if previous dose was given at age 7 years or older. Then, continue boosting every 5 years thereafter.
 - d. For children and teens ages 11 through 12 years, give 1 dose with a booster dose at age 16 years.
 - e. For unvaccinated teens ages 13 through 18 years, give 1 dose with a booster at ages 16 through 18 years if previous dose was given at age 13 through 15 years.
 - f. For children and teens ages 11 through 18 years with HIV infection, give 2 doses at least 8 weeks apart.
5. Administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a ⅝" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, meningococcal polysaccharide vaccine (MPSV4: Menomune) is an acceptable alternative, although it must be given subcutaneously. Administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ⅝" needle) in the posterolateral fat of the upper arm (in children, the anterolateral fat of the thigh may also be used).
6. Document each patient’s vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. 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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date). (name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention, February 2012.

www.immunize.org/catg.d/p3081a.pdf • Item #P3081a (2/12)