

STANDING ORDERS FOR Administering *Haemophilus influenzae* Type B Vaccine to Children & Teens

Purpose

To reduce morbidity and mortality from *Haemophilus influenzae* type B 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 (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess children and teens in need of vaccination against Hib disease based on the following criteria:

- Age 6 weeks through 14 months without vaccination or with an incomplete primary series of Hib vaccine
- Age 15 months through 59 months without evidence of receiving a dose of Hib vaccine since his or her 1st birthday
- Age 6 weeks or older and a recipient of hematopoietic stem cell transplant
- Age 15 months through 59 months who are partially vaccinated and are undergoing elective splenectomy, or receiving chemotherapy or radiation therapy
- Age 5 years or older who are unvaccinated or partially vaccinated and have i) anatomic or functional asplenia (including sickle cell disease) or ii) human immunodeficiency virus (HIV) infection

2 Screen for contraindications and precautions

Contraindication

Do not give Hib vaccine to a child or teen who has experienced a serious systemic or anaphylactic reaction to a prior dose of Hib vaccine or to any of its components. 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.

Precaution

Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

AGE OF CHILD	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Infants age 6 weeks through 11 months	22–25	1"	Anterolateral thigh muscle
Age 1 through 2 years	22–25	1–1¼"	Anterolateral thigh muscle*
		5/8**–1"	Deltoid muscle of arm
Age 3 through 10 years	22–25	5/8**–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
Age 11 years and older	22–25	5/8**–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

* Preferred site.

** A 5/8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

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5 Administer Hib vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:

Schedule for routine vaccination

VACCINE AND DOSE NUMBER	RECOMMENDED AGE FOR THIS DOSE	MINIMUM AGE FOR THIS DOSE	RECOMMENDED INTERVAL TO NEXT DOSE	MINIMUM INTERVAL TO NEXT DOSE
Hib #1	2 months	6 weeks	8 weeks	4 weeks
Hib #2	4 months	10 weeks	8 weeks	4 weeks
Hib #3 ¹	6 months	14 weeks	6–9 months	8 weeks
Hib #4	12–15 months	12 months		

¹ If PRP-OMP (Pedvax-Hib, Merck) was administered at ages 2 and 4 months, a dose at age 6 months is not necessary. The final dose has a minimum age of 12 months.

Schedule for catch-up vaccination of healthy children

NUMBER OF PRIOR DOCUMENTED DOSES	AGE GROUP	SCHEDULE FOR ADMINISTRATION OF HIB VACCINE
0 documented doses, or none known	Younger than age 1 year	Follow schedule as per above.
0 documented doses, or none known	12 through 59 months	Give dose #1, followed by final dose in 8 weeks. (no more)
1 dose before age 1 year		Give dose #2 at least 8 weeks after dose #1. (no more)
2 doses before age 1 year		Give dose #3 at least 8 weeks after dose #2. (no more)

Schedule for catch-up vaccination of children with certain medical conditions²

AGE AND MEDICAL CONDITION	HIB VACCINE GUIDANCE
Children younger than age 5 years undergoing chemotherapy or radiation therapy	<ul style="list-style-type: none"> If routine Hib doses administered 14 days or more before starting therapy, revaccination is not required. If routine Hib doses administered at less than 14 days of starting therapy or during therapy, repeat doses starting at least 3 months following completion of therapy.
Children age 15 months or older undergoing elective splenectomy	If unimmunized, ³ give 1 dose
Children age 15 months or older with functional or anatomic asplenia	If unimmunized, ³ give 1 dose.
HIV-infected children age 5 years or older	If unimmunized, ³ give 1 dose.
Recipients of hematopoietic stem cell transplant	Administer 3 doses (at least 4 weeks apart) beginning 6–12 months after transplant, regardless of Hib vaccination history.

² Children younger than age 12 months with special medical conditions should follow routine Hib vaccination recommendations.

³ Children who have not received a primary series and booster or at least 1 dose of Hib vaccine at age 14 months or older are considered unimmunized.

6 Document Vaccination

Document each patient’s vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and

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regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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. For IAC’s “Medical Management of Vaccine Reactions in Children and Teens,” go to www.immunize.org/catg.d/p3082a.pdf. For “Medical Management of Vaccine Reactions in Adult Patients,” go to www.immunize.org/catg.d/p.3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Hib vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____
NAME OF PRACTICE OR CLINIC

effective _____ until rescinded or until _____.
DATE DATE

Medical Director _____ / _____
PRINT NAME SIGNATURE DATE