Standing Orders for Administering *Haemophilus influenzae* Type B Vaccine to Children

Purpose: To reduce morbidity and mortality from *Haemophilus influenzae* type b disease by vaccinating all children 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 who meet any of the criteria below.

Procedure

1. Identify infants and children in need of vaccination against *Haemophilus influenzae* type b (Hib) based on the following criteria:
   a. age 6 weeks through 14 months without vaccination or with an incomplete primary series of Hib vaccine
   b. age 15 months through 59 months without evidence of receiving a dose of Hib vaccine since his or her 1st birthday
   c. age 15 months through 59 months who are partially vaccinated and are undergoing elective splenectomy, or receiving chemotherapy or radiation therapy
   d. 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 all patients for contraindications and precautions to Hib vaccine:
   a. **Contraindications:** a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Hib vaccine or to a Hib vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:** moderate or severe acute illness with or without fever
3. 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). 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. Provide routine vaccination with Hib vaccine at ages 2 months, 4 months, 6 months*, and 12 through 15 months. Administer 0.5 mL Hib vaccine intramuscularly in the vastus lateralis for infants (or for toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers and older children). Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; toddlers age 1 through 2 yrs: 1–1¼"; children age 3 through 5 yrs: 1–1½". (Note: A ⅝" needle may be used in toddlers and children who weigh less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)
5. For children identified in 1.a. or 1.b. who have not received Hib vaccine at the ages specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses by observing the following minimum intervals:

For Children Who Have Fallen Behind: Minimum Intervals Permissible Between Doses of Hib Vaccine (Source: www.cdc.gov/vaccines/schedules)

Interval between dose 1 and dose 2	Interval between dose 2 and dose 3	Interval between dose 3 and dose 4
4 weeks if first dose given at age younger than 12 mos **8 weeks (as final dose)** if first dose given at age12–14 mos **No further doses needed** if first dose given at age 15 mos or older	**4 weeks*** if current age younger than 12 mos **8 weeks (as final dose)*** if current age 12 mos or older and second dose given at age younger than 15 mos **No further doses needed** if previous dose given at age 15 mos or older	**8 weeks (as final dose)** only necessary for children ages 12 mos–5 yrs who received 3 doses before age 12 mos

6. For children identified in 1.c. and 1.d., administer one dose at the earliest opportunity.
7. 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 administered, 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.
8. 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. To prevent syncope in older children and teens, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions following the administration of Hib 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.

*If child's current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or Comvax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.

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

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

IMMUNIZATION ACTION COALITION
Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3083a.pdf • Item #P3083a (6/15)