

# 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 59 months without prior Hib vaccination or who did not complete the series
- Age 6 weeks through 59 months with immunoglobulin deficiency, early component complement deficiency, or are receiving chemotherapy or radiation therapy
- Age 6 weeks through 18 years with human immunodeficiency virus (HIV) infection
- Age 6 weeks or older (including adults) with anatomic or functional asplenia (including sickle cell disease) or who are undergoing elective splenectomy
- Age 6 weeks or older (including adults) and a recipient of hematopoietic stem cell transplant

### 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/fda](http://www.immunize.org/fda)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://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](http://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.

CONTINUED ON THE NEXT PAGE ►

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

**a. 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 <sup>1</sup>	6 months	14 weeks	6–9 months	8 weeks
Hib #4	12–15 months	12 months		

<sup>1</sup> PRP-OMP (Pedvax-Hib, Merck) is given as a 2-dose primary series (age 2 and 4 mos) with a booster at age 12–15 mos. PRP-T vaccines (ActHib, Sanofi and HibrixGSK) are given as a 3-dose primary series (age 2, 4, and 6 mos) with a booster at age 12–15 mos. PedvaxHIB is preferred for American Indian/Alaska Native infants.

**b. 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)

**c. Schedule for catch-up vaccination of children with certain medical conditions<sup>2</sup>**

**Note:** Children younger than age 12 months with special medical conditions should follow routine Hib vaccination recommendations (see 5a above).

MEDICAL CONDITION OR PROCEDURE	AGE AND VACCINATION HISTORY		
	CHILDREN AGE 12–59 MONTHS WHO ARE UNVACCINATED <sup>2</sup> OR HISTORY OF ONLY 1 DOSE BEFORE AGE 12 MONTHS	CHILDREN AGE 12–59 MONTHS WITH HISTORY OF 2 OR MORE DOSES BEFORE AGE 12 MONTHS	CHILDREN AGE 5 YEARS OR OLDER WHO ARE UNVACCINATED <sup>2</sup>
Functional or anatomic asplenia	Give 2 doses, 8 weeks apart.	Give 1 dose at least 8 weeks after previous dose	Give 1 dose
HIV-infected	Give 2 doses, 8 weeks apart.	Give 1 dose at least 8 weeks after previous dose	Give 1 dose
Immunoglobulin deficiency, early component complement deficiency	Give 2 doses, 8 weeks apart.	Give 1 dose at least 8 weeks after previous dose	
Chemotherapy or radiation therapy <sup>3</sup>	Give 2 doses, 8 weeks apart. <sup>3</sup>	Give 1 dose at least 8 weeks after previous dose. <sup>3</sup>	
Hematopoietic stem cell transplant	Give 3 doses (at least 4 weeks apart) beginning 6–12 months after transplant, regardless of Hib vaccination history.		
Elective splenectomy	For unvaccinated <sup>2</sup> children age 15 months or older, give 1 dose, preferably at least 14 days before procedure		

<sup>2</sup> Children who have not received a primary series and booster or at least 1 dose of Hib vaccine at age 15 months or older are considered unvaccinated.

<sup>3</sup> Children who were vaccinated within 14 days of starting immunosuppressive therapy should be revaccinated at least 3 months after completion of therapy.

CONTINUED ON THE NEXT PAGE ►

**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 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](http://www.immunize.org/catg.d/p3082a.pdf). For “Medical Management of Vaccine Reactions in Adult Patients,” go to [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.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**

<p>This policy and procedure shall remain in effect for all patients of the _____  <small style="margin-left: 300px;">NAME OF PRACTICE OR CLINIC</small></p> <p>effective _____ until rescinded or until _____ .  <small style="margin-left: 50px;">DATE</small> <small style="margin-left: 250px;">DATE</small></p> <p>Medical Director _____ / _____  <small style="margin-left: 100px;">PRINT NAME</small> <small style="margin-left: 200px;">SIGNATURE</small> <small style="margin-left: 100px;">DATE</small></p>
--