

STANDING ORDERS FOR Administering Tdap/Td Vaccine to Children and Teens Age 7 Years and Older

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis 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, pharmacists, and other healthcare professionals to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess Children in Need of Vaccination against diphtheria, tetanus, and pertussis based on the following criteria:

- Do not give Tdap during pregnancy to any person who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.
- Lack of documentation of at least 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTaP), with at least one dose given after age 4 years and with the most recent dose given a minimum of 4 calendar months after the preceding dose
- Lack of documentation of at least 3 doses of diphtheria and tetanus toxoid-containing vaccine (e.g., DT, Tdap, Td)
- Lack of documentation of a pertussis-containing vaccine given at age 10 years or older
- Are currently pregnant (preferably between 27 and 36 weeks gestation) with no documentation of Tdap given during the current pregnancy, or
- Have completed a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine (DTaP, DT, Tdap, Td) with receipt of the last dose being 10 years ago or longer

2 Screen for contraindications and precautions

Contraindications

- Do not give Td or Tdap to a child or teen who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert at Immunize.org (www.immunize.org/official-guidance/fda/pkg-inserts/) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.
- Do not give Tdap to a child or teen who has experienced encephalopathy not attributable to another identifiable cause within 7 days following a previous dose of DTP, DTaP or Tdap.

Precautions

- Moderate or severe acute illness with or without fever
- History of an Arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; in such cases, defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- History of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
- For Tdap only: progressive or unstable neurologic disorder (including infantile spasms), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized

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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. The Tdap VIS and its translations can be found at www.immunize.org/vaccines/vis/tdap/. (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/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Children (7 through 10 years)	22-25	5/8" - 1"	Deltoid muscle of arm**
		1 - 1½"	Anterolateral thigh muscle
Adolescents and Teens (11 through 18 years)	22-25	5/8" - 1"	Deltoid muscle of arm**
		1 - 1½"	Anterolateral thigh muscle

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

**Preferred site

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

Schedule for routine vaccination

RECOMMENDED AGE FOR ROUTINE DOSE	MINIMUM AGE FOR ADOLESCENT DOSE	RECOMMENDED INTERVAL TO NEXT DOSE	MINIMUM INTERVAL TO NEXT DOSE
11-12 years ^{1,2,3} (Tdap)	10 years ^{3,4} (Tdap)	10 years ⁵ (Td or Tdap)	5 years ⁵ (Td or Tdap)

NOTES

- 1 Tdap should be administered at 11-12 years. It should also be given to all pregnant teens during each pregnancy, preferably during the early part of gestational weeks 27-36.
- 2 Children who received Tdap at age 7 through 9 years should receive the routine Tdap dose at age 11-12 years.
- 3 Children who received Tdap at age 10 years do not need to receive the routine Tdap dose at age 11-12 years.
- 4 The minimum age for Tdap in children with an incomplete history of DTaP is 7 years. It should be given as the first dose in the catch-up series.
- 5 Either Td or Tdap may be given for catch-up and booster doses.

Schedule for catch-up vaccination

NUMBER OF PRIOR DOCUMENTED DOSES ⁵	MINIMUM INTERVAL BETWEEN DOSES OF TD ⁵ AND/OR Tdap ⁵ STARTING FROM THE MOST RECENT DOSE GIVEN		
	DOSE 1 TO DOSE 2	DOSE 2 TO DOSE 3	DOSE 3 TO DOSE 4
Unknown	4 weeks	6 months	
0	4 weeks	6 months	
1	4 weeks	4 weeks, if dose #1 is given at younger than age 12 months; 6 months (as final dose) if dose #1 is given at age 12 months or older	6 months, if dose #1 is given at younger than age 12 months
2		4 weeks, if dose #1 is given at younger than age 12 months; 6 months (as final dose) if dose #1 is given at age 12 months or older	6 months, if dose #1 is given at younger than age 12 months
3			6 months, if dose #1 is given at younger than age 12 months

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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); discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) 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 Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. For "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to 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 Td or Tdap 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://www.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 _____	DATE	until rescinded or until _____	DATE
.			
Medical Director _____	PRINT NAME	/ _____	SIGNATURE
		DATE	DATE