MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Hepatitis A - Pediatric
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Purpose

To reduce morbidity and mortality from hepatitis A virus (HAV) infection by vaccinating all children & adults 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 & adults who meet the criteria below.

Procedure

1. Identify all children and teens in need of vaccination against hepatitis A based on the following criteria:
    a. age 12–23 months
    b. age 2–18 years who live in communities, regions, or states where routine vaccination is recommended (contact your health department for recommendations)
    c. anticipated travel to a country with intermediate or high endemicity for hepatitis A (i.e., all except Canada, Japan, Australia, New Zealand, and Western Europe)
    d. anticipated close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the arrival of the adoptee in the United States
    e. a male who has sex with other males
    f. users of street drugs (injecting and non-injecting)
    g. diagnosis of chronic liver disease, including hepatitis B and C
    h. diagnosis of a clotting-factor disorder, such as hemophilia
    i. an unvaccinated child or teen with recent possible exposure to HAV (e.g., within previous two weeks). (Note: Children younger than age 12 months should be given IG instead of vaccine.)
    j. any other child or teen who wants to be protected from hepatitis A
2. Screen all patients for contraindications and precautions to hepatitis A vaccine:
    a. **Contraindications**: a history of a serious reaction after a previous dose of hepatitis A vaccine or to a hepatitis A 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; pregnancy
3. Provide all patients (parent/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; these can be found at www.immunize.org/vis.

4. Administer hepatitis A vaccine intramuscularly as follows: 0.5 mL for patients age 1–18 years and 1.0 mL for patients age 19 years and older. Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass: 1 through 2 yrs: 1– ¼"; 3 yrs and older: 1–1½". (Note: a e" needle may be used for patients who weigh 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.)
5. Provide a subsequent dose of hepatitis A vaccine to complete each patient's 2-dose schedule by observing a minimum interval of 6 months between the first and second doses.
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.
8. Report all adverse reactions to hepatitis A 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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Hepatitis B – Adult
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Purpose

To reduce morbidity and mortality from hepatitis B virus (HBV) infection by vaccinating all adults 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 adults who meet any of the criteria below.

Procedure

1. Identify adults in need of hepatitis B vaccination based on the following criteria:*
   a. Age younger than 19 years with no or unknown history of prior receipt of a complete series of hepatitis B vaccine
   b. Age 19 years or older meeting any of the following criteria:
      - patient with end-stage renal disease, including patients receiving hemodialysis
      - patient with HIV infection
      - patient with chronic liver disease
      - sexually active and not in a long-term, mutually monogamous relation (i.e., more than 1 sex partner during the previous 6 months)
      - under evaluation or treatment for a sexually transmitted disease (STD)
      - a male who has sex with males
      - current or recent injection-drug user
      - at occupational risk of infection through exposure to blood or blood-contaminated body fluids (e.g., healthcare worker, public safety worker, trainee in a health professional or allied health school)
      - client or staff of an institution for persons with developmental disabilities
      - sex partner or household member of a person who is chronically infected with HBV (including an HBsAg-positive adopted child)
      - planned travel to a country with high or intermediate prevalence of chronic HBV infection (a list of countries is available at www.cdc.gov/travel/diseases.htm)
      - housed in or seen for care in a setting in which a high proportion of persons have risk factors for HBV infection (e.g., STD treatment facilities, correctional facilities, institutions for developmentally disabled persons)
   c. Any person who wishes to be vaccinated against HBV infection
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
   a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component. For a list of vaccine components, 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 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. Provide non-English speakers with the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer hepatitis B vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For persons age 20 years or older, give 1.0 mL dosage; for persons age 19 years or younger, give 0.5 mL dosage.
5. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 4 months (16 weeks) between the first and third doses.
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.
8. Report all adverse reactions to hepatitis B 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.

*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see MMWR 2005;54 [No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, give hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided.

This policy and procedure shall remain in effect for all patients of the Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Hepatitis B – Pediatrics
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Purpose

To reduce morbidity and mortality from hepatitis B virus (HBV) infection 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 infants, children, and teens who have not begun or have not completed a hepatitis B vaccination series.*
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
   a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B 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 (parent/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; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL hepatitis B vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: newborns (first 28 days of life) and premature infants: 5/8"; infants younger than age 12 mos: 1"; toddlers 1–2 yrs: 1–1 ¼" (anterolateral thigh) or 5/8 –1" (deltoid muscle); children 3–18 yrs: 5/8–1" (deltoid) or 1–1 ¼" (anterolateral thigh). A 5/8" needle may be used in toddlers and children if inserted in the deltoid muscle at 90° angle to the skin which is stretched flat between thumb and forefinger. It is necessary to give 4 doses of HepB when Comvax or Pediarix vaccines are given after the birth dose. For patients ages 11–15 years, an alternative 2-dose schedule using Recombivax-HB adult formulation vaccine may be used; give 1.0 mL hepatitis B vaccine intramuscularly in the deltoid.
5. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 16 weeks between the first and third doses. The last dose in the infant series should not be given earlier than age 24 weeks. For patients ages 11–15 years on the 2-dose adult formulation Recombivax-HB schedule, give the second dose 4–6 months following the first dose.

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.
8. Report all adverse reactions to hepatitis B 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.

*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see *MMWR* 2005;54

[No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, give hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided.

This policy and procedure shall remain in effect for all patients of the Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Human Papillomavirus Vaccine (HPV) - Adult
2011-2012

A program of the Minneapolis Department of Health & Family Support, City of Lakes

Purpose

To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all adults 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 adults who meet the criteria below.

Procedure

1. Identify all women age 26 years and younger who have not completed a human papillomavirus (HPV) vaccination series. Identify men age 26 years and younger who wish to reduce their likelihood of acquiring genital warts.
2. 2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication**: a history of a serious reaction after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV 4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For a complete list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions**:
      - a moderate or severe acute illness with or without fever
      - pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Provide 1) either HPV2 or HPV4 to women or 2) HPV4 to men. Provide either vaccine in a 3-dose schedule at 0, 1–2, and 6 months. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. For adults who have not received HPV vaccine at the intervals specified in #4, provide subsequent doses of HPV vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third dose, and at least 24 weeks between the first and third doses.
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, consider observing patients for 15 minutes after they receive HPV vaccine.
8. 8. Report all adverse reactions to HPV 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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Human Papillomavirus Vaccine (HPV) - Pediatric
2011-2012

A program of the Minneapolis Department of Health & Family Support City of Lakes

Purpose

To reduce morbidity and mortality from human papillomavirus (HPV) infection 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 the criteria below.

Procedure

1. Identify all girls age 11 years and older who have not completed the HPV vaccination series. The quadrivalent HPV vaccine may be administered to boys to reduce their likelihood of acquiring genital warts.
2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication**: a history of a serious reaction after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For a complete list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions**:
      - a moderate or severe acute illness with or without fever
      - pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients (parent/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; these can be found at www.immunize.org/vis.
4. Provide 1) either HPV2 or HPV4 to girls or 2) HPV4 to boys. Provide either vaccine in a 3-dose schedule at 0, 1–2, and 6 months. Provide vaccine routinely to girls at age 11–12 years; vaccine may be given to girls or boys as young as age 9 years. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. For children and teens who have not received HPV vaccine at the ages and/or intervals specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses to complete the 3-dose schedule by observing a mini- mum interval of 4 weeks between the first and second doses, 12 weeks between the second and third doses, and at least 24 weeks between the first and third doses.
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, consider observing patients for 15 minutes after they receive HPV vaccine.
8. Report all adverse reactions to HPV 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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Influenza – Pediatrics
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Purpose

To reduce morbidity and mortality from influenza by vaccinating all children and adolescents 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 adolescents who meet any of the criteria below.

Procedure

1. Identify children and adolescents ages 6 months and older who have not completed their influenza vaccination(s) for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
    a. Contraindications: a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vac- cine (LAIV; nasal spray) to people with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylac- tic; pregnant adolescents; children younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheez- ing or asthma within the past 12 mos, based on a healthcare provider's statement; or children or adolescents with chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromus- cular, hematologic, or metabolic (e.g., diabetes) disorders; immunosuppression, including that caused by medications or HIV; long-term aspirin therapy (applies to a child or adolescent age 6 mos through 18 yrs).
    b. Precautions: moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe patient for 30 minutes following vaccination); for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients (or, in the case of a minor, 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. Administer injectable trivalent inactivated vaccine (TIV) intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children, and teens). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants 6 through 11 mos: 1"; 1 through 2 yrs: 1–11/4"; 3yrs and older: 1–1½". Give 0.25 mL to children 6–35 mos and 0.5 mL for all others age 3 yrs and older. (Note: A 5/8" needle may be used for patients weighing less that 130 lbs (<60 kg) 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.) Alternatively, healthy children age 2 yrs and older may be given 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. Children age 6 mos through 8 yrs should receive a second dose 4 wks or more after the first dose if they are receiving influenza vaccine for the first time or if they did not receive at least 1 dose of vaccine in the 2010–2011 vaccination season.

5. 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.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emer- gency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Influenza – Adult
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults 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 patients who meet any of the criteria below.

Procedure

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
    a. Contraindications: a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult with a history of hypersensitivity to eggs, either anaphylatic or non-anaphylactic; who is pregnant, is age 50 years or older, or who has chronic pulmonary (includ- ing asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
    b. Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (ob- serve patient for at least 30 minutes following vaccination); for LAIV only, close contact with an immunosup- pressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, riman- tadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must docu- ment in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. 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. Administer influenza vaccine as follows: a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated in- fluenza vaccine (TIV-IM) intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle. (Note: A 5/8" needle may be used for adults weighing less than 130 lbs (<60 kg) 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; or b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position; or c) For adults ages 18 through 64 years, give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle; or d) For adults ages 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle.

5. 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 vaccina- tion site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(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 administer- ing clinic.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Inactivated Poliovirus Vaccine (IPV) – Pediatric
2011-2012

A program of the Minneapolis Department of Health & Family Support, City of Lakes

Purpose

To reduce morbidity and mortality from poliomyelitis by vaccinating all children & 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 & teens who meet the criteria below.

Procedure

1. Identify infants, children, and teens ages 2 months through 17 years who have not completed a poliomyelitis vaccination series.
2. Screen all patients for contraindications and precautions to inactivated poliovirus vaccine (IPV):
   a. **Contraindications**: a history of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to an IPV 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
      - pregnancy
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. Provide routine vaccination with IPV at ages 2 months, 4 months, 6–18 months, and 4–6 years. Administer 0.5 mL IPV intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) and in the deltoid muscle (for toddlers and older children). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants younger than 12 mos: 1"; 1 through 2 yrs: 1–1 ¼"; 3 yrs and older: 1–1½". (Note: A 5/8" 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.) IPV may also be given subcutaneously (23–25g, e" needle) in the anterolateral fat of the thigh for infants younger than 12 mos and in the posterolateral fat of the upper arm (for older children and teens).
5. For children and teens who have not received IPV at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing minimum intervals of 4 weeks between doses 1–2 and, if child younger than age 4 years, between doses 2–3. Give a final dose at age 4 years or older, separated by a minimum interval of 6 months from the previous dose. If the child or teen has received a third dose at age 4 years or older, a fourth dose is not necessary.

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.
8. Report all adverse reactions to IPV 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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Meningococcal - Adult
2011-2012

A program of the Minneapolis Department of Health & Family Support

Purpose

To reduce morbidity and mortality from meningococcal disease by vaccinating all adults 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 adults who meet the criteria below.

Procedure

1. Identify adults in need of vaccination against meningococcal disease based on any of the following criteria:
    a. age 19 through 21 years, anticipate college enrollment, and lack documentation of receipt of quadrivalent meningococcal conjugate vaccine (MCV4) at age 16 years or older. Currently enrolled college students who meet these criteria may be vaccinated.
    b. 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
    c. diagnosis of a damaged spleen; splenectomy
    d. diagnosis of persistent complement component deficiency (an immune system disorder)
    e. employment as a microbiologist with routine exposure to isolates of N. meningitidis
    f. anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
    g. g. military recruits
    h. history of receiving either MCV4 or meningococcal polysaccharide vaccine (MPSV4: Menomune [sanofi]) at least 5 years earlier and having continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas).
    i. any other adult wishing to decrease their risk for meningococcal disease
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
    a. **Contraindications**: a history of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/appendices/B/excipient-table-2.pdf.
    b. **Precautions**: moderate or severe acute illness with or without fever
3. Provide all patients 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. 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. For adults ages 55 years and younger, 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, MPSV4 is an acceptable alternative, although it must be given subcutaneously. For these adults and adults older than age 55 years, administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, ⅝" needle) in the posterolateral fat of the upper arm.
5. Schedule additional vaccination as follows:
    a. For adults identified above in 1.c., 1.d., or who have HIV infection, give 2 doses, 2 months apart.
    b. For adults who remain at high risk (e.g., categories 1.b. through 1.e.), give 1 dose every 5 years.
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.
8. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nii Cheng, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Meningococcal - Pediatric
2011-2012

A program of the Minneapolis City of Lakes Department of Health & Family Support

Purpose

To reduce morbidity and mortality from Meningococcal disease by vaccinating all children & 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 & teens who meet 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 college enrollment (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 a damaged spleen; splenectomy; iv) diagnosis of persistent complement component deficiency (an immune system disorder)
    d. military recruits
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
    a. **Contraindications**: a history of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For a list of vaccine components, 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 as follows:
    a. For children and teens ages 2 years and older with persistent complement component deficiency, anatomic or functional asplenia, give 2 doses at least 8 weeks apart and 1 dose every 5 years thereafter.

b. For children ages 2 through 10 years who travel to countries with highly endemic or epidemic disease, or are affected by a current outbreak caused by a vaccine serogroup, give 1 dose and, if risk continues, give booster after 3 years if previous dose was given at age 2 through 6 years or, after 5 years if previous dose was given at age 7 years or older.

c. For children and teens ages 11 through 12 years, give 1 dose with a booster dose at age 16 years.

d. 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.

e. 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.

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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Measles, Mumps & Rubella (MMR) - Adult
2011-2012

A program of the Minneapolis Department of Health & Family Support

Purpose

To reduce morbidity and mortality from measles, mumps, and rubella infection by vaccinating all adults 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 adults who meet the criteria below.

Procedure

1. Identify adults in need of initial vaccination against measles, mumps, or rubella who (a) were born in 1957 or later with no history of receipt of live, measles-, mumps-, and/or rubella-containing vaccine given at age 12 months or older or other acceptable evidence of immunity (e.g., laboratory evidence); (b) are women of any age planning to become pregnant and who do not have evidence of immunity; or (c) are healthcare workers born before 1957 without evidence of immunity. Measles, mumps, and rubella (MMR) vaccine (rather than single-antigen vaccine) is recommended if one or more antigens is indicated.
2. Identify adults in need of a second dose of MMR vaccine who (a) were born in 1957 or later and are either planning to travel internationally, a student in a college, university, technical, or vocational school, or (b) are healthcare workers born before 1957 at potential risk of infection from a current mumps outbreak.
3. Screen all patients for contraindications and precautions to measles, mumps, and rubella (MMR) vaccine:
    a. **Contraindications**:
        - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
        - pregnant now or may become pregnant within 1 month
        - known severe immunodeficiency, hematologic and solid tumors; congenital immunodeficiency; receiving long-term immunosuppressive therapy, severely immunocompromised from HIV infection, including CD4+ T-lymphocyte count of less than 200 cells per µL
    b. **Precautions**:
        - recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product)
        - history of thrombocytopenia or thrombocytopenic purpura
        - moderate or severe acute illness with or without fever

4. Provide all patients 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
5. Administer 0.5 mL MMR vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
6. For adults in need of a second dose of MMR, observe a minimum interval of 4 weeks between the first and second doses.
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 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.
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.
9. Report all adverse reactions to MMR 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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Measles, Mumps & Rubella (MMR) - Pediatric
2011-2012

A program of the Minneapolis Department of Health & Family Support

Purpose

To reduce morbidity and mortality from measles, mumps, and rubella infection by vaccinating all children & 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 & teens who meet the criteria below.

Procedure

1. Identify children and teens ages 12 months and older in need of vaccination against measles, mumps, and rubella.
2. Screen all patients for contraindications and precautions to measles, mumps, and rubella (MMR) vaccine:
   a. **Contraindications**:
      - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
      - pregnant now or may become pregnant within 1 month
      - known severe immunodeficiency (e.g., hematologic and solid tumors; congenital immunodeficiency; prolonged [14 days or longer] high-dose steroid therapy; severely immunocompromised from HIV infection)
   b. **Precautions**:
      - recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends
      - on product)
      - history of thrombocytopenia or thrombocytopenic purpura
      - moderate or severe acute illness with or without fever
3. Provide all patients (parent/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; these can be found at www.immunize.org/vis.
4. Provide routine vaccination with MMR vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL MMR vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
5. For children and teens who have not received MMR vaccine at the ages specified in #4, give one dose at the earliest opportunity and then schedule a second dose, if needed, by observing a minimum interval of 4 weeks between doses.

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.
8. Report all adverse reactions to MMR 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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Td/Tdap – Adult
2011-2012

A program of the Minneapolis Department of Health & Family Support

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all adults 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 adults who meet the criteria below.

Procedure

1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
    a. lack of documentation of at least 3 doses of tetanus- and diphtheria-containing toxoids
    b. lack of documentation of pertussis-containing vaccine given since age 7 years in adults who
        - are younger than age 65 years, including pregnant women in the third or late second trimester (after 20 weeks gestation)
        - are age 65 years or older who have or anticipate having contact with an infant younger than age 12 months or are a healthcare worker
    c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with receipt of the last dose being 10 years ago or longer
    d. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
    e. age 65 years or older and wanting to be protected against pertussis
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap):
    a. **Contraindications**:
        - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
        - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
    b. **Precautions**:
        - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
        - history of an arthus-type reaction following a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-containing vaccine
        - moderate or severe acute illness with or without fever

- for Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy

3. Provide all patients 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td or Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Provide subsequent doses of either Td or Tdap to adults as follows:
   a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 months between the second and third doses.
   b. to boost with Tdap or Td after primary schedule is complete: for Tdap, there is no minimum interval following Td; for Td booster, boost routinely every 10 years.
   c. In pregnancy, if a one-time dose of Tdap has never been administered, give Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
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.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Ni Chaim, MD
Approved Signature

12/16/11
Date

MINNEAPOLIS SCHOOL BASED CLINICS program

Vaccination Standing Orders
Td/Tdap – Pediatric
2011-2012

A program of the Minneapolis Department of Health & Family Support

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all children & 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 & teens who meet the criteria below.

Procedure

1. Identify children and teens ages 7 years and older in need of vaccination against diphtheria, tetanus, and pertussis based on the following criteria:
    a. lack of documentation of at least 3 doses of diphtheria, tetanus, and (if indicated) pertussis vaccine, with at least one of the doses given after the age of 4 years and with the most recent dose given a minimum of 6 months after the preceding dose
    b. lack of history of pertussis-containing vaccine given at age 10 years or older
    c. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
2. Screen all patients for contraindications and precautions to Td or Tdap:
    a. **Contraindications**:
        - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
        - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
    b. Precautions:
        - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
        - history of an arthus-type reaction following a previous dose of tetanus-containing vaccine
        - moderate or severe acute illness with or without fever
        - For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy
3. Provide all patients (parent/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; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.

5. Schedule vaccination as follows:
    a. For children and teens ages 7 years and older who meet the criteria described in 1 above, give one dose at the earliest opportunity and then complete the remaining doses (as needed) by observing minimum intervals of 4 weeks between the first and second doses, and 6 months between the second and third doses. A one-time dose of Tdap should be substituted for one of the doses of Td, preferably the first.
    b. For children and teens age 11–18 years without a history of pertussis-containing vaccine given at age 7 years or older, give Tdap routinely at age 11–12 years or as catch-up at 13–18 years; no minimum interval since previous Td needs to be observed.
    c. Give further boosters as Td every 10 years.
    d. For pregnant adolescents who have not previously received a one-time dose of Tdap, give Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
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.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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 Minneapolis School Based Clinics Program until rescinded or until June 1, 2012.

Nir Chaim, MD
Approved Signature

12/16/11
Date