Standing Orders for Administering Tdap (BOOSTRIX®) to Adults

Purpose: To reduce morbidity and mortality from tetanus, diphtheria and pertussis disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate adult patients who meet the criteria below.

Procedure

1. Identify adults (18 years of age and older) in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
   - lack of documentation of at least 3 doses of diphtheria and tetanus vaccine (i.e., DT, Td)
   - lack of documentation of at least 4 doses of diphtheria, tetanus, and pertussis vaccine, with at least one of the doses 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 receiving a routine dose of pertussis-containing Tdap vaccine as a child, adolescent or adult at age 10 years or older
   - lack of documentation of completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years

   Note: ACIP recommends that providers of prenatal care implement a Tdap immunization program for all pregnant women which include administering a dose of Tdap during each pregnancy (preferably during 27 through 36 weeks’ gestation) irrespective of the patient’s prior history of receiving Tdap to maximize the maternal antibody response and passive antibody transfer to the infant. Though this represents the current standard of care, this is an off-label use of this vaccine and is not covered under this standing order. Please obtain an individual order from the patient’s provider for Tdap vaccine in pregnant patients.

2. Screen all patients for contraindications and precautions to Td/Tdap vaccine:
   - Contraindications:
     - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of tetanus, diphtheria or pertussis containing vaccine (i.e. DT/DTaP/Td/Tdap) or a vaccine component. For information on vaccine components, refer to the manufacturer’s package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf
     - a history of encephalopathy (e.g. coma, decreased level of consciousness, prolonged seizures) within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause
   - Precautions:
     - a history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
     - a history of an arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10
years have elapsed since the last tetanus toxoid-containing vaccine

- moderate or severe acute illness with or without fever
- progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
- the tip caps of the prefilled syringes may contain natural rubber latex which may cause allergic reactions in latex-sensitive
- syncope (fainting) can occur in association with injectable vaccines, including Tdap (BOOSTRIX)
- For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient’s medical record, 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 vaccination as follows:
   - administer 0.5mL of Tdap intramuscularly in the deltoid muscle or, alternatively, the anterolateral thigh can also be used. Use a 22–25 gauge needle. Choose needle length appropriate to the patient’s age and body mass
   - provide doses of Tdap as follows:
     - for adults 18 years and older to complete the primary tetanus/diphtheria 3-dose schedule. The patient should receive one of the three doses as Tdap and two doses of Td. Tdap should preferably be used as the first dose for patients who have not received any tetanus/diphtheria/pertussis vaccine. Observe a minimum interval of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses.
     - for adults who have not previously received Tdap, administer one dose of Tdap regardless of the interval from the previous tetanus-containing vaccines.
   - **Note**: A Tdap booster dose is a one-time substitution dose in the Td schedule, once a patient has received a Tdap vaccine, all subsequent doses of tetanus-containing vaccines should be Td; there are no data to support repeat administration of Tdap

5. Documentation
   - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS
online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at https://vaers.hhs.gov.

8. This policy and procedure shall remain in effect for all patients of the ________________ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

Medical Director’s Signature ___________________________ Date ___________________________