Standing Orders for Administering DTaP (INFANRIX®) to Children Younger than Age 7 Years

**Purpose:** To reduce morbidity and mortality from diphtheria, tetanus and pertussis disease by vaccinating all children 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 pediatric patients who meet the criteria below.

**Procedure**

1. Identify infants and children ages 6 weeks through 6 years (prior to 7th birthday) who have not completed a diphtheria, tetanus, and acellular pertussis (DTaP) vaccination series. The series consists of a primary immunization course of 3 doses administered at 2, 4, and 6 months of age (at intervals of 4 to 8 weeks), followed by 2 booster doses, administered at 15 to 18 months of age and at 4 to 6 years of age. The first dose may be given as early as 6 weeks of age.

   **Note:** Only four doses are required in some circumstances:
   - ACIP recommendations state if the child was 12 months of age or older when the first dose of DT was administered, three doses complete the primary DT series and should receive the 4th dose after the 4th birthday. A fifth dose is NOT needed.
   - ACIP recommendations state that if the 4th dose of DTaP was given after the 4th birthday, a fifth dose is NOT needed.

2. Screen all patients for contraindications and precautions to DTaP:

   **Contraindications:**
   - history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of DTaP or to a DTaP component. For information on vaccine components, refer to the manufacturers’ package insert or go to [http://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)
   - history of encephalopathy (e.g. coma, decreased level of consciousness; prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of pertussis-containing vaccine
   - progressive neurologic disorders (including infantile spasms, uncontrolled epilepsy or progressive encephalopathy)

   **Precautions:**
   - moderate or severe acute illness with or without fever
   - history of arthus-type hypersensitivity reactions 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
   - history of developing Guillain-Barre syndrome within 6 weeks of receipt of a prior vaccine containing tetanus toxoid
   - the tip caps of the prefilled syringes may contain natural rubber latex which may cause allergic reactions in latex-sensitive individuals
   - progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized

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• fever of 105° F or higher not attributable to another cause within 48 hours of a previous dose of DTaP
• collapse or shock-like state (i.e., hypotensive hyporesponsive episode) within 48 hours of a previous dose of DTaP
• seizure within 3 days of a previous dose of DTaP persistent, inconsolable crying lasting more than 3 hours that occurred within 48 hours of a dose of DTaP
• 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 routine vaccination with DTaP (INFANRIX) at ages 2 months, 4 months, 6 months, 15 through 18 months, and 4 through 6 years. Administer 0.5 mL DTaP 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 gauge needle. Choose needle length appropriate to the child’s age, body mass and site selected (deltoid vs. vastus lateralis).

5. For patients who have not received DTaP at the ages specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses after obtaining written orders by a provider. ACIP recommends a catch-up schedule for DTaP by observing minimum intervals of 4 weeks between the first three doses, and 6 months between the third and fourth dose. If the child is age 4–6 years and the fourth dose was administered before the fourth birthday, administer an additional dose at least 6 calendar months after the fourth dose. This catch-up schedule is considered off-label and requires a written order from the child’s provider but represents the current standard of care.

6. 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.

7. 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.

8. 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.
9. 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