Standing Orders for Administering *Haemophilus influenzae* type b (PedvaxHIB®) Vaccine to Children

**Purpose:** To reduce morbidity and mortality from *Haemophilus influenzae* type b (Hib) disease by vaccinating all children 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 2 through 71 months of age in need of vaccination against *Haemophilus influenzae* type b based on the following criteria:
   - age 2 months through 14 months without vaccination or with an incomplete primary series of *Haemophilus influenzae* type b (Hib) vaccine
   - age 15-71 months without evidence of receiving a dose of Hib vaccine since his or her 1st birthday

2. Screen all patients for contraindications and precautions to Hib vaccine:
   - **Contraindications:**
     - a history of a serious reaction (e.g., anaphylaxis) after a previous dose of Hib vaccine or to a Hib 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](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf)
     - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1
   - **Precautions:**
     - moderate or severe acute illness with or without fever
     - use caution when vaccinating latex-sensitive individuals since the vial stopper of PedvaxHIB contains natural latex rubber that may cause allergic reactions

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](http://www.immunize.org/vis).

4. Provide routine vaccination with PedvaxHIB vaccine at age 2 months followed by a 0.5mL dose 2 months later. When the primary 2-dose regimen is completed before 12 months of age, a booster dose is required at 12–15 months. Administer 0.5 mL PedvaxHIB vaccine intramuscularly in the vastus lateralis for infants (or for toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers and older children). Use a 22–25 gauge needle. Choose needle length appropriate to the child’s age and body mass.

5. For children who have not received PedvaxHIB vaccine at the ages specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses by observing the following...
minimum intervals:

- for children aged 2-10 months, give 2 doses at least 2 months apart and a booster dose at age 12-15 months (but not earlier than 2 months after the second dose).
- for children aged 11-14 months, give 2 doses at least 2 months apart; no booster dose is required.
- for children aged 15-71 months, give 1 dose; no booster dose is required.

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 ___________________________