

Standing Orders for Administering Human Papillomavirus Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all persons 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure

1. Identify all persons ages 9-17 years who have not completed the HPV vaccination series.

Note: *HPV vaccine is FDA-approved for individuals 9-45 years of age. Please see HPV adult standing orders if vaccinating an individual 18 years or older*

2. Screen all patients for contraindications and precautions to HPV vaccine:

Contraindications:

- A history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of HPV vaccine or to one of its components (including yeast)
- Pregnancy: delay vaccination until after completion of pregnancy
- 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>

Precautions:

- Moderate or severe acute illness with or without fever
 - Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
 - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245
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 vaccine as follows:

Routine vaccination is recommended at 11-12 years of age, but can start at 9 years of age if appropriate (i.e., history of sexual abuse or assault, parent/guardian wishes, etc.). The HPV vaccine (GARDASIL 9®) consists of a 2- or 3-dose series depending on age at time of initial vaccination:

- **Age 9-14 years at initial vaccination:** a 2-dose series at 0 and 6-12 months (minimum interval 5 months; repeat dose if given too soon)
- **Age 15-26 years at initial vaccination (or ages 9-26 with impaired immunity):** a 3-dose series at 0, 2, and 6 months (observe a minimum interval of 4 weeks between the 1st and 2nd doses, 12 weeks between the 2nd and 3rd doses, and at least 5 months between the 1st and 3rd dose: repeat dose if administered too soon)
- Administer 0.5mL of HPV vaccine intramuscularly in the deltoid for adolescents and adults

Needle Length and Injection Site of IM Injections for Children		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient’s age and body mass.		
Age Group	Needle Length	Injection Site
Children (3-10 years)	5/8 [†] inch- 1 inch	Deltoid muscle of arm*
	1-1.25 inches	Anterolateral thigh
Children (11-18 years)	5/8 [†] – 1 inch	Deltoid muscle of arm*
	1-1.5 inches	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>.

[†]If skin is stretched tightly and subcutaneous tissues are not bunched

*Preferred site

5. For persons 9-17 years of age who did not complete the HPV vaccine series as specified in #4:

- Administer one dose at the earliest opportunity and then schedule subsequent doses to complete the age-appropriate schedule
- Minimum intervals are specified in #4

Note: these minimum intervals are per ACIP recommendations and represent the current standard of care. These minimum intervals may not be reflected on the package insert of the HPV vaccine.

6. Document all immunizations administered in the patient’s electronic health record and the appropriate immunization tracking system. 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 (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