Standing Order for Administering Tetanus, Diphtheria and Pertussis Vaccines (Adult)

Purpose: To reduce morbidity and mortality from tetanus, diphtheria and pertussis disease 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 patients ≥18 years of age in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
    - Lack of documentation of completion of a diphtheria, tetanus and pertussis toxoid-containing vaccine (DTaP) series
    - Lack of documentation of receiving a routine dose of diphtheria, tetanus and pertussis toxoid-containing vaccine (Tdap) at age 10 years or older
    - Pregnant women who have not received a dose of Tdap during their current pregnancy
    - Recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and no record of having received a tetanus toxoid-containing vaccine in the previous 5 years

2. Screen all patients for contraindications and precautions to Td / Tdap vaccine:

Contraindications:

- History of a serious reaction (e.g., anaphylaxis) after a previous dose of a tetanus or diphtheria toxoid-containing vaccine or to a vaccine component
- For information on vaccine components, refer to the manufacturer's package insert or go to https://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:

- History of Guillain-Barré syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- 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
- Progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy: defer vaccination until a treatment regimen has been established and the condition has stabilized (Tdap only)
- Moderate or severe acute illness with or without fever
- The tip caps of the prefilled syringes of Adacel®† and Boostrix® contain natural rubber latex and may cause allergic reactions in latex sensitive individuals († the tip caps of

some lots of Adacel® prefilled syringes contain latex while others do not –please refer to package insert)
- 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 vaccination as follows:
   - See dosing as below. The routine schedule for Td or Tdap vaccination in adults with no lifetime history of receiving any diphtheria, tetanus, and/or pertussis-containing vaccine is to administer a 3-dose series at 0, 1, and 6–12 month intervals. One of the primary doses should be Tdap (preferably the first dose), followed by a booster (either Td or Tdap) every 10 years
   - Pregnant women should receive 1 dose of Tdap during each pregnancy, regardless of number of years since prior DTaP, DT, Td or Tdap vaccination. Tdap should be administered at 27–36 weeks' gestation, preferably during the earlier part of this period (to maximize the maternal antibody response/passive antibody transfer to the infant), although it may be administered at any time during pregnancy
   - Administer 0.5mL of Td or Tdap vaccine intramuscularly in the deltoid muscle for adults.

History of previous DTP, DTaP, Td, or Tdap	Dose and schedule for administration of Td and Tdap**
0 documented doses, or none known	Give Tdap as dose #1. Give dose #2 (Td or Tdap) at least 4 weeks later, and dose #3 (Td or Tdap) 6–12 months after dose #2
1 previous dose (not Tdap)	Give Tdap as dose #2 at least 4 weeks after dose #1
1 previous dose (Tdap)	Give Td or Tdap as dose #2 at least 4 weeks after dose #1
2 previous doses (none Tdap)	Give Tdap as dose #3 at least 6 months after dose #2
2 previous doses (including 1 Tdap)	Give dose #3 (Td or Tdap) at least 6 months after dose #2
3 or more previous doses (none Tdap)	Give Tdap as soon as possible (you do not need to wait 10 years from previous dose)
3 or more previous doses (including 1 Tdap)	Give Td or Tdap booster every 10 years unless patient needs prophylaxis for wound management sooner

Adapted from Immunization Action Coalition: www.immunize.org/catg.d/p3078.pdf • Item #P3078 (3/20)

Needle Length and Injection Site of IM Injections for Adults		
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**
Men and Women (<130 lbs)	1 inch†	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs: skin must be stretched tightly (do not bunch subcutaneous tissue)

5. 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.

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 (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