Standing Orders for Administering Human Papillomavirus Vaccine (Adult)

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 18 45 years of age who have not completed the HPV vaccination series.
- 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)
- For information on vaccine components, refer to the <u>manufacturers' package insert</u> or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf
- Pregnancy: delay vaccination until after completion of pregnancy

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 Volument (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.
- 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. The HPV vaccine (GARDASIL 9®) consists of a 2 or 3 dose series depending on age at time of initial vaccination:
 - o **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 muscle for adults

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

- 5. For persons 18–26 years of age who did not receive HPV vaccine at the ages specified in #4.
 - Administer one dose at the earliest opportunity and then schedule subsequent doses as needed to complete the age-appropriate schedule
 - Minimum intervals are specified in #4
- 6. For persons 27–45 years of age who have not completed the HPV vaccine series:
 - Catch-up HPV vaccination is not recommended for all adults aged >26 years. Instead, shared clinical decision-making regarding HPV vaccination is recommended for some adults who are not adequately vaccinated
 - Patients should discuss this issue with a privileged provider before vaccination. If HPV vaccine is indicated, provide doses as specified in #5 after receiving a written order from the patient's provider. This standing order does not cover vaccination of persons 27-45 years of age due to the requirement for shared clinical decision making between the provider and the patient
- 7. 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.

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)

- 8. 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.
- 9. 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.

10.	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	