

STANDING ORDERS FOR Administering Human Papillomavirus Vaccine to Children and Teens

Purpose

To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1 Assess children and teens for need of vaccination against human papillomavirus infection based on the following criteria:

- Age 11 years and older who have not completed an HPV vaccination series
- Age 9 years and older with any history of sexual abuse or assault
- Age 9 through 10 years, without a specific risk factor, whose parent/guardian wishes to have them vaccinated

2 Screen for contraindications and precautions

Contraindication

Do not give HPV vaccine to a child or teen who has experienced a serious systemic or anaphylactic reaction to a prior dose of HPV vaccine or to any of its components (e.g., yeast). For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution

- Moderate or severe acute illness with or without fever
- Pregnancy; delay vaccination until after completion of the pregnancy

3 Provide Vaccine Information Statements

Provide all patients (or, in the case of minors, their parent, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

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5 Administer HPV vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:

Schedule for routine vaccination

TYPE OF VACCINE	AGE WHEN INITIAL DOSE IS ADMINISTERED ^{1,2}	DOSE	SCHEDULE ²
HPV (Gardasil, Gardasil 9)	9 through 14 years	0.5 mL	Two doses, 6–12 months apart ²
	15 years or older	0.5 mL	Three doses at 0, 1–2, and 6 months

Note: For individuals who failed to complete either the 2-dose or 3-dose schedule as stated above, do not start over. Simply follow the schedule below.

Schedule for catch-up vaccination

HISTORY OF PREVIOUS HPV VACCINATION	SCHEDULE FOR ADMINISTRATION OF HPV VACCINE
0 documented doses, or none known	Follow schedule as per above table.
1 previous dose when younger than age 15 years	Give dose #2 with minimum interval of 5 months ²
2 previous doses given less than 5 months apart and dose #1 given when younger than age 15 years	Give dose #3 with minimum interval of 12 weeks after dose #2 and at least 5 months after dose #1.
1 previous dose when age 15 or older	Give dose #2 at least 4 weeks after dose #1, then give dose #3 at least 12 weeks after dose #2 and at least 5 months after dose #1.
2 previous doses when age 15 or older	Give dose #3 at least 12 weeks after dose #2 and at least 5 months after dose #1.

¹ Only two doses are recommended for anyone who begins the 2-dose schedule before the 15th birthday, regardless of age at series completion.

² Immunocompromised persons, including those with HIV infection, should receive a 3-dose series at 0, 1–2, and 6 months, regardless of age at vaccine initiation.

6 Document Vaccination

Document each patient’s vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC’s “Medical Management of Vaccine Reactions in Children and Teens,” go to www.immunize.org/catg.d/p3082a.pdf. For “Medical Management of Vaccine Reactions in Adult Patients,” go to www.immunize.org/catg.d/p.3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

Standing Orders Authorization

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ . <small style="margin-left: 200px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>
