2017 ANMC Protocol for Immunization Administration to Children (patients 0-18 years)

Patient is age 0-18 and VacTrAK indicates "Vaccine Due" or child meets criteria for vaccination

Did the patient receive the vaccination from another clinic?

No → Screening Questions

Yes → Do not vaccinate. Obtain and enter vaccine records

Screening Questions (*If any boxes are checked, consult provider)

- ☐ Is the patient sick today? Or is temperature >101degrees (100.4 degrees if <3 months)?
- ☐ Does the patient have an allergy to medications, food, latex or any vaccine component?
- ☐ Has the patient had a serious reaction to a vaccine in the past?
- ☐ Has the patient had a seizure, brain, or other nervous system problem?
- ☐ Does the patient have cancer, leukemia, HIV/AIDS, or immune system problem?
- ☐ Within the past 3 months, has the patient taken medications that affect the immune system such as steroids or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?
- ☐ Has the patient received blood products, immune globulin or antiviral drugs in the past year?
- ☐ If female, is the patient pregnant or might become pregnant in the next month?
- ☐ Has the patient received any vaccines in the past 4 weeks?
- ☐ **For RotaTeq®:** if a baby, has a history of intussusception, or immunodeficiency?
- ☐ **For Flu Vaccines,** see most current Seasonal Flu Vaccine Protocol
- ☐ **(Optional) Use IAC Childhood Screening Form:** http://www.immunize.org/catg.d/p4060.pdf

Vaccine Contraindications and State Eligibility

Contraindications & precautions: https://www.cdc.gov/vaccines/hcp/admin/contraindications-vacc.html

All vaccines: severe allergic reaction (anaphylaxis) to vaccine or vaccine component. Review https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf or see package insert http://www.immunize.org/fda/ for vaccine ingredients.

Live vaccines (MMR, Varicella, Rotavirus): immune deficiency, blood products, pregnancy

Rotavirus: history of intussusception, severe combined immunodeficiency (SCID)

Pregnancy: do not give MMR, Varicella, 9vHPV

DTaP or Tdap: encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of Tdap, DTP, or DTaP vaccine.

If any doubt whether a contraindication or precaution exists, get medical provider approval before administration

State-provided vaccine is for all children 0-18 years of age and older, regardless of insurance or IHS beneficiary status. See http://dhss.alaska.gov/dph/Epi/iz/Documents/ssv/Child_Eligibility.pdf.

Vaccine Information Statement (VIS) and Parental Consent:

- Provide VIS to parent or guardian, discuss vaccine risks and benefits, and obtain consent.
- Unaccompanied Minor (18 years and younger):
  - ☐ Obtain parent or guardian consent. Consent must be obtained prior to vaccination.
  - ☐ Document that consent was obtained before vaccine was given.
- Document VIS publication date.
- Parents who refuse vaccines need to be counseled by Provider or RN on risks of not vaccinating.

Preparation and Administration of Vaccines

- Check vaccine name, ensure it is age-appropriate and check expiration date.
- Wash hands, draw up each vaccine into separate syringes.
- Use single-dose diluent vials from pharmacy to reconstitute Varicella and MMR vaccines.
- Use correct needle length

IM 22-25 gauge needle, inject at 90°

- ☐ **neonate**: 5/8 inch (thigh)
- ☐ **1-12 months**: 1 inch (thigh)
- ☐ **1-2 yrs**: 1 inch (thigh)
- ☐ **3-18 yrs**: 1 inch (deltoid) preferred (alternative 1 to 1 ¼ inch in thigh)

SubQ 23-25 gauge needle, inject at 45°

- ☐ **<12 months**: 5/8 inch (thigh)
- ☐ **>12 months**: 5/8 inch (upper posterior arm)

- Label syringe with vaccine name.
- CMA: To prevent errors, review indication/dose/route with another staff before administering.
- Use 2 patient identifiers to verify patient.
- Review vaccines drawn with patient/parent just prior to administering.
- Select administration site. Never inject vaccines in the buttocks. Wipe area with alcohol swab.
- Separate injection sites by 1 inch if injecting two or more vaccines in single limb.
- Immediately discard used needle/syringe in labeled, puncture-proof containers.

Documentation

Order and document vaccines in Cerner. Required documentation: date of vaccination, vaccine name, dose, site and route of injection, manufacturer, lot number, expiration date, VIS publication date, funding source, VFC-eligibility. If vaccines are not given (i.e. contraindicated, refused), provider documents in 'Provider Note' and CMA/nurse documents in 'Immunization Schedule' or MAR. User guides are located at http://share.home.anthc.org/chs/crs/immprog/SitePages/Home.aspx.

Outpatient Clinics:

Cerner

- CMA/ LPN/RN: check VacTrAK for vaccines due and enter the order for vaccines in Cerner using 'Protocol with Co-Signature'.
- Provider: review vaccines due (using VacTrAK) and co-sign vaccine order.
- Vaccines may be given prior to provider co-signature.

VacTrAK (by CMA, LPN, RN)

- All vaccines transfer from Cerner to VacTrAK.
- If vaccines missing in VacTrAK, manually enter immunizations into VacTrAK.

Inpatient/ER/UCC Departments:

Cerner

- Provider: orders vaccines in Cerner
- Nurse documents vaccine in MAR.

VacTrAK

- All vaccines transfer from Cerner to VacTrAK.
- If vaccines missing in VacTrAK, manually enter immunizations into VacTrAK.

Adverse Reaction Monitoring, Reporting and Management

- Instruct patient to remain in clinic for 20 minutes after injection to watch for an allergic adverse reaction. Adolescent should stay seated for 15 minutes to decrease risk of syncope (fainting).
- **Management of Acute Allergic Reaction**: anaphylaxis is very rare. Epinephrine and equipment for maintaining an airway should be available for immediate use.
- If an adverse reaction occurs, notify provider and complete an Event Report. File report to Vaccine Adverse Event Reporting System (VAERS) if indicated. http://vaers.hhs.gov/index

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Follow chart below if there are no risk factors present.

2017 STANDARD CHILDHOOD VACCINE SCHEDULE (age birth through 18 years)

Vaccine	Dose & Route	Birth	6wks-2m	4m	6m	12m	15m	19-23m	4-6yrs	11-18yrs
Hep B[1]	0.5 ml IM	HepB	Pediarix® 0.5ml IM	Pediarix® 0.5ml IM	Pediarix® 0.5 ml IM					
DTaP[2]**/Tdap**[11]	0.5 ml IM					Infanrix®			Kinrix® 0.5 ml IM	Tdap
IPV[3]	0.5 ml IM									
Rotavirus[4]	2 ml ORAL		RotaTeq®	RotaTeq®	RotaTeq®					
Pneumococcal[5]	0.5 ml IM		Prevnar13®	Prevnar13®	Prevnar13®	Prevnar13®				
Hib[6]	0.5 ml IM		PedvaxHib®	PedvaxHib®		PedvaxHib®				
MMR[7]	0.5 ml SQ					MMR			MMR	
Varicella[7]	0.5 ml SQ					Varivax®			Varivax®	
Hep A[8]	0.5 ml IM					Hep A		HepA		
HPV[9]	0.5 ml IM									Gardasil9®
Meningococcal[10]	0.5 ml IM		*(Meningococcal - 2 months-18 years old high risk [10])*							Menactra®

1 **Hep B (ped/adol)**: *first Hep B within 24 hours after birth*. Use Pediarix® to complete the Hep B series. Final Hep B dose given no earlier than 24 weeks of age, and at least 8 weeks after prior dose & 16 weeks after first dose. A total of four doses of Hep B are permitted when a combination vaccine (Pediarix ®) is used after birth dose.

2 **DTaP**: *min. age 42 days*. Pediarix® (DTaP-IPV-Hep B) is used for doses 1, 2 and 3 of DTaP. Don't use Pediarix ® for DTaP doses 4 and 5 or if child is ≥7 yrs old. Give DTaP dose 4 at 12 mos of age if 6 mo s interval after dose 3. Don 't need DTaP dose 5 if dose 4 was given ≥4 yrs of age. Kinrix® (DTaP-IPV) is for 4 yr-6 yr olds only.

3 **IPV**: *min. age 42 days*. Pediarix® is used for doses 1, 2 and 3 of IPV. Final IPV dose must be given at 4 years of age or older and at least 6 months after previous dose.

4 **Rotavirus** (RotaTeq®): *min. age 42 days*. Give dose 1 between age 6 weeks through 14 weeks. Don't start series if ≥15 wks old. Give all doses by age 8 months, 0 days.

5 **Pneumococcal** High risk recommendations for children and adults: must review CDC vaccine schedules and additional details in CDC MMWR: Pneumococcal Vaccine **PCV13** (Prevnar13®): *min. 42 days*. **PPSV23** (Pneumovax23®) *min. 2 yrs*. For children and adults with cochlear implant, CSF leak, immunocompromised (ex. HIV, chronic renal failure, nephrotic syndrome, asplenia) and other high risk medical conditions such as chronic heart or lung disease, chronic liver disease, cirrhosis, diabetes, asthma, alcoholism, smokers (age ≥19 yrs): must see CDC recommendations to determine specific recommendations.

6 **Haemophilus influenza** High risk recommendation s for children and adults: must review CDC vaccine schedules and additional details in CDC MMWR: Hib Vaccine **Hib (PRP-OMP)** (PedvaxHib®): *min. 42 days*. For children and adults with high risk medical conditions such as asplenia, hematopoietic stem cell transplant (HSCT), HIV (age ≤18 yrs), immunocompromised: must see CDC recommendations.

7 **MMR and Varicella**: *min. age 12 mos.* Second doses of MMR and Varicella routine at 4-6 years old. International travel: MMR may be recommended for ag e ≥6 mos.

8 **Hep A (ped)**: *min. age 12 months*. Two doses of Hep A vaccine given at least 6 months apart.

9 **HPV** (Gardasil9®): *min age 9 yrs.* Routine at 11-12 yrs of age. May start series at 9 yrs of age. If starting/started before age 15 years, 2-dose series, doses 6-12 months apart. If starting/started at age 15 years or older, 3-dose series at 0, 1–2, 6 months. If person age 9-26 years has 2 doses (at least 5 months apart) and started series before age 15 years, they are complete. If series started with 4vHPV, finish series with 9vHPV. Immunocompromised persons receive 3-dose series regardless of age initiation.

10 **Meningococcal** High risk recommendations for children & adults: must review CDC vaccine schedules and additional details in CDC MMWR: Meningococcal Vaccine **MenACWY** (Menactra®): *min. age 9 mos*. Routine for 11-18 year olds. If first dose given at 11 -15 yrs old, give booster at 16 -18 yrs old (min. interval 8 weeks); if first dose given at ≥16 yrs old, dose 2 not recommended. For high risk age 2 mos & older (includes asplenia, HIV, complement deficiency), must see CDC recommendations. **MenB** (Trumenba®, Bexsero®): MenB is recommended for specific high risk age ≥10 yrs (includes asplenia, complement deficiency), must see CDC recommendations.

11 **Tdap** (Adacel®, Boostrix®): One dose Tdap routine at 11 -12 yrs. Give Tdap regardless of interval from Td. Td every 10 yrs after single dose of Tdap. Tdap booster not recommended except Tdap dose during *each* pregnancy, preferably during early part of 27-36 weeks gestation. One Tdap dose for underimmunized 7-10 yr olds.

For patients with immunocompr omise/risk conditions, consult t he CDC vaccine schedules: http://www.cdc.gov/vaccines/schedules/index.html
If not given on the same day, there is a 4 week minimum interval between live vacci nes (MMR, Varicella, LAIV), and between live vaccines and PPD.

Implementation of Protocols

Outpatient Clinics: This protocol, signed by the Medical Directors, serves as a pre-authorized order for RN, LPN, and CMA who have demonstrated competency to administer vaccines according to the protocol criteria. The immunization event is co-signed in Cerner by the attending provider.
Inpatient/ER/UCC Department: Provider orders vaccine in Cerner and RN documents immunization in Cerner MAR . A provider's order is required for all vaccines.

The Criteria Contained in this Protocol is Derived from: General Recommendations on Immunizations, 2011. (ACIP), MMWR, Jan 28,2011/ Vol. 60 (RR-2); 1-64: http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf, the National Immunization Child and Adolescent Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html and ACIP recommendations for individual vaccines available at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

ANMC Signatures

PCC Medical Director: _____ **Date:** 2/23/17

President Medical Staff: _____ **Date:** 2/23/17

These protocols shall remain in effect until March 1, 2018.

This protocol supercedes any other immunization recommendations before this date.