Alaska Native Medical Center

SCF and ANMC Protocol for Vaccine Administration to Children and Adults: 2022

1. Purpose

To reduce morbidity and mortality from the following vaccine-preventable conditions listed below by vaccinating children and adults who meet the criteria established by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP).

This protocol encompasses vaccines given to prevent morbidity and mortality from the following: hepatitis A virus, hepatitis B virus, *Haemophilus influenzae* type B, human papillomavirus, measles, mumps, rubella, meningococcal disease (caused by serotypes A, C, W or Y), meningococcal disease (caused by serogroup B), pneumococcal disease, poliomyelitis, rotavirus, tetanus, diphtheria, pertussis, varicella, and zoster.

Use the *SCF and ANMC Protocol for Seasonal Flu Vaccine Administration to Children and Adults* for vaccines given to reduce morbidity and mortality from influenza.

Use the *SCF and ANMC Protocol for COVID-19 Vaccine Administration to Prevent Coronavirus Disease 2019 (COVID-19)* for vaccines given to reduce morbidity and mortality from coronavirus disease 2019 (COVID-19).

2. Scope

Eligible healthcare personnel practicing at the Alaska Native Medical Center (ANMC), Southcentral Foundation Anchorage Native Primary Care Center and its associated Southcentral Foundation clinics, Southcentral Foundation Benteh Nuutah Valley Native Primary Care Center and Southcentral Foundation Rural Clinics.

3. Policy

Where allowed by state law, this protocol enables eligible nurses and other healthcare professionals to assess the need for vaccination and to vaccinate patients who meet any of the criteria below.

4. Procedure

4.1. Assess for Need of Vaccination Against the Vaccine-Preventable Conditions Listed Under **Section 1. Purpose**

4.1.1. Utilize current Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedules, provided below and found here: https://www.cdc.gov/vaccines/schedules/

4.1.1.1. CDC Recommended Child and Adolescent Immunization Schedule (for ages 18 years or younger), United States, 2022: https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

4.1.1.2. CDC Recommended Adult Immunization Schedule (for ages 19 years or older), United States, 2022: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

4.1.2. Utilize current CDC Vaccine Catch-Up Guidance job aides in conjunction with Table 2 of the CDC Recommended Child and Adolescent Immunization Schedule, guidance job aides are found here for various vaccines: https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#guidance

4.1.2.1. Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age for Hib Vaccines (PedvaxHIB Vaccine Only) job aide is attached (**see Attachment 2**) and found here: https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/hib-pedvax.pdf

4.1.3. Utilize the Alaska Immunization Information System VacTrAK to determine the vaccination status of the patient.

4.1.3.1. The patient may need to be vaccinated if their VacTrAK record indicates "Due Now" or "Past Due" for vaccine under the Vaccination Forecast.

4.1.3.1.1. Ask the patient (or, in the case of minors, their parents or legal representative) if vaccine was previously received from another clinic.

4.1.3.1.2. If vaccine was received at another clinic, determine whether those vaccinations are on the patient's VacTrAK record before giving vaccines.

4.1.3.1.3. If the VacTrAK record is not complete, obtain record of vaccines and enter vaccinations into the patient's VacTrAK record before utilizing the Vaccination Forecast in VacTrAK.

4.1.4. Utilize combination vaccines on formulary instead of separate injections when appropriate (see Table A below). Review Table B (see **section 4.5.2** below) for information about vaccines on the formulary.

Table A: Childhood Standard Vaccine Schedule (Birth through 6 Years Old)*

Vaccine	Patient Age							
	Birth	**6 weeks to 2 months**	**4 months**	**6 months**	**12 months to 15 months**	**18 months**	**19 months to 23 months**	**4 years to 6 years**
HepB	Hep B	Pediarix®	Pediarix®	Pediarix®				
DTaP					Infanrix®			Kinrix®
IPV								
Rotavirus (RV)		RotaTeq®	RotaTeq®	RotaTeq®				
Pneumococcal (PCV)		Prevnar13®	Prevnar13®	Prevnar13®	Prevnar13®			
Hib		PedvaxHIB®	PedvaxHIB®		PedvaxHIB®			
MMR					MMR			MMR
Varicella (VAR)					Varivax®			Varivax®
HepA					Hep A (2 doses, given 6 months apart)			

*Use this table in conjunction with the CDC Recommended Child and Adolescent Immunization Schedule (for Ages 18 Years or Younger): https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

4.1.5. If any doubt regarding the vaccination status of the patient, healthcare personnel will consult a medical provider before administering vaccines.

4.2. Screen for Contraindications and Precautions

4.2.1. Contraindications and precautions are summarized below, and adapted from the following resources:

4.2.1.1. Appendix found in each of the current CDC Recommended Immunization Schedules for the Child and Adolescent or Adult (see **section 4.1.1** above)

4.2.1.2. ACIP General Best Practice Guidelines for Immunization, section Contraindications and Precautions, found here: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

4.2.2. For vaccine components and the most update information, refer to the manufacturer's package insert (https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)

4.2.3. Refer to Table B (see **section 4.5.2** below) for information about vaccines on the formulary.

4.2.4. Contraindications for use of all vaccines

4.2.4.1. Do not give a vaccine to a person who has experienced a severe allergic reaction (e.g. anaphylaxis) after a previous dose of the vaccine or to any of the vaccine's components.

4.2.5. Contraindications for use of specific vaccines

4.2.5.1. Do not give pertussis-containing vaccine (DTaP, Tdap) to a person who:

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

4.2.5.2. Do not give *Haemophilus influenzae* type B vaccine (Hib) to a person who:

4.2.5.2.1. For PedvaxHIB®, ActHIB® and Hiberix® only: History of severe allergic reaction to dry natural latex.

4.2.5.2.2. Less than age 6 weeks (less than 42 days of age).

4.2.5.3. Do not give hepatitis A vaccine (HepA) to a person who has experienced a severe allergic reaction (e.g. anaphylaxis) to neomycin.

4.2.5.4. Do not give hepatitis B vaccine (HepB) to a person who:

4.2.5.4.1. Has experienced a severe allergic reaction (e.g. anaphylaxis) to yeast.

4.2.5.4.2. For Heplisav-B® only: Pregnancy.

4.2.5.5. Do not give human papillomavirus vaccine (HPV) to a person who:

4.2.5.5.1. Has experienced a severe allergic reaction (e.g. anaphylaxis) to yeast.

4.2.5.5.2. Pregnancy. Refer to ACIP resource in **section 4.2.1.2** for more information.

4.2.5.6. Do not give measles, mumps, rubella vaccine (MMR, MMRV) to a person who:

4.2.5.6.1. Has known severe immunodeficiency (e.g. hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy, or persons with human immunodeficiency virus (HIV) infection who are severely immunocompromised). Refer to ACIP resource in **section 4.2.1.2** for more information.

4.2.5.6.2. Has a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g. parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test.

4.2.5.6.3. Pregnancy.

4.2.5.7. Do not give meningococcal serogroups A,C,W,Y vaccine (MenACWY-D, MenACWY-CRM, MenACWY-TT) to a person who:

4.2.5.7.1. Has experienced a severe allergic reaction (e.g. anaphylaxis) to yeast.

4.2.5.7.2. For MenACWY-D and MenACWY-CRM only: Severe allergic reaction to any diphtheria toxoid- or CRM197-containing vaccine.

4.2.5.7.3. For MenACWY-TT only: Severe allergic reaction to a tetanus toxoid-containing vaccine.

4.2.5.8. Do not give pneumococcal conjugate vaccine (PCV13, PCV15, PCV20) to a person who:

4.2.5.8.1. Has experienced a severe allergic reaction (e.g. anaphylaxis) to any diphtheria-toxoid-containing vaccine or to a component of a diphtheria-toxoid-containing vaccine.

4.2.5.8.2. Has experienced a severe allergic reaction (e.g. anaphylaxis) to yeast.

4.2.5.9. Do not give rotavirus vaccine (RV1, RV5) to a person who:
- 4.2.5.9.1. Has had a diagnosis of severe combined immunodeficiency (SCID).
- 4.2.5.9.2. Has a history of intussusception.

4.2.5.10. Do not give varicella vaccine (VAR, MMRV) to a person who:
- 4.2.5.10.1. Has known severe immunodeficiency (e.g. hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy or persons with human immunodeficiency virus (HIV) infection who are severely immunocompromised). Refer to ACIP resource in **section 4.2.1.2** for more information.
- 4.2.5.10.2. Has a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g. parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test.
- 4.2.5.10.3. Pregnancy.

4.2.3. Precautions for use of all vaccines

4.2.3.1. Moderate or severe acute illness with or without fever.

4.2.4. Precautions for use of specific vaccines

4.2.4.1. Diphtheria, tetanus, pertussis vaccine (DTaP, DT, Tdap, Td)
- 4.2.4.1.1. History of Guillain-Barre' syndrome (GBS) within 6 weeks of a previous dose of tetanus-toxoid-containing vaccine.
- 4.2.4.1.2. History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine.
- 4.2.4.1.3. For DTaP only: Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, or progressive encephalopathy; defer DTaP until neurologic status is clarified and stabilized.
- 4.2.4.1.4. For Tdap only: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.

4.2.4.2. Measles, mumps, rubella vaccine (MMR, MMRV)
- 4.2.4.2.1. Recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends upon product).
- 4.2.4.2.2. History of thrombocytopenia or thrombocytopenic purpura.
- 4.2.4.2.3. Need for tuberculin skin testing or interferon gamma release assay (IGRA) testing. Refer to ACIP resource in **section 4.2.1.2** for more information.
- 4.2.4.2.4. For MMRV (ProQuad®) only: Family or personal history of seizures. Refer to ACIP resource in **section 4.2.1.2** for more information.

4.2.4.3. Meningococcal serogroups A,C,W,Y vaccine (MenACWY-CRM only)
- 4.2.4.3.1. For MenACWY-CRM only: Preterm birth if infant is less than age 9 months.

4.2.4.4. Meningococcal serogroup B vaccine (MenB-4C, MenB-FHbp)
- 4.2.4.4.1. Pregnancy.
- 4.2.4.4.2. For MenB-4C: Latex sensitivity.

4.2.4.5. Poliovirus vaccine, inactivated (IPV)
4.2.4.5.1. Pregnancy.

4.2.4.6. Rotavirus vaccine (RV1, RV5)
4.2.4.6.1. Altered immunocompetence other than SCID.
4.2.4.6.2. Chronic gastrointestinal disease
4.2.4.6.3. RV1 (Rotarix®) only: Spina bifida or bladder exstrophy. Refer to ACIP resource in **section 4.2.1.2** for more information.

4.2.4.7. Varicella vaccine (VAR, MMRV)
4.2.4.7.1. Recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product).
4.2.4.7.2. Receipt of specific antiviral drugs (i.e. acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination).
4.2.4.7.3. Use of aspirin or aspirin-containing products. Refer to ACIP resource in **section 4.2.1.2** for more information.
4.2.4.7.4. For MMRV (ProQuad®) only: Family or personal history of seizures. Refer to ACIP resource in **section 4.2.1.2** for more information.

4.2.4.8. Zoster recombinant vaccine (RZV)
4.2.4.8.1. Current herpes zoster infection.

4.2.5. MMR and varicella-containing vaccines can be administered on the same day. If not administered on the same day, these vaccines should be separated by at least 28 days.

4.2.6. Utilize screening checklists for contraindications and precautions found at Immunization Action Coalition (IAC) online (https://www.immunize.org/handouts/screening-vaccines.asp) and posted in Cerner under 'Adhoc' found in the banner across the top of the display screen.

4.2.6.1. IAC Screening Checklist for Contraindications to Vaccines for Children and Teens, found here: https://www.immunize.org/catg.d/p4060.pdf
4.2.6.2. IAC Screening Checklist for Contraindications to Vaccines for Adults, found here: https://www.immunize.org/catg.d/p4065.pdf

4.2.7. If any doubt regarding the presence of a contraindication or precaution, healthcare personnel will consult a medical provider before administering vaccines.

4.3. Screen for Vaccine Eligibility
4.3.1. Screen all patients for State-supplied vaccine eligibility at each visit before administering vaccines.

4.3.1.1. Vaccine Eligibility for Children (Birth through 18 Years of Age)
4.3.1.1.1. Screen for eligibility. All children birth through 18 years of age are eligible to receive State-supplied vaccines.

4.3.1.1.2. Review the State-Supplied Vaccine Eligibility for Children flyer for more information: https://dhss.alaska.gov/dph/Epi/iz/Documents/ssv/Child_Eligibility.pdf

4.3.1.1.3. Administer State-supplied vaccines to children who meet one of the Vaccines for Children (VFC) vaccine eligibility catagories. If none of the VFC eligibility categories applies, Alaska children may receive State-supplied vaccine funded through the Alaska Vaccine Assessment Program (AVAP). Source: https://dhss.alaska.gov/dph/Epi/iz/Pages/vcf.aspx

4.3.1.1.4. Additional information about the State of Alaska Vaccines for Children (VFC) Program, found here: https://dhss.alaska.gov/dph/Epi/iz/Pages/vcf.aspx

4.3.1.2. Vaccine Eligibility for Adults (19 Years of Age and Older)

4.3.1.2.1. Screen for eligibility. Not all adults 19 years of age and older are eligible to receive State-supplied vaccines.

4.3.1.2.2. Review the State-Supplied Vaccine Eligibility for Adults flyer for more information: https://dhss.alaska.gov/dph/Epi/iz/Documents/ssv/Adult_Eligibility.pdf

4.3.1.2.3. Administer State-supplied vaccines to adults who are eligible through the Alaska Vaccine Assessment Program (AVAP). The vaccine eligibility categories for patients 19 years of age and older are the following: State Vaccine (AVAP) or Ineligible (Private Vaccine).

4.3.2. When private-supplied vaccine is used, the Ineligible (Private Vaccine) eligibility category applies.

4.3.3. Documentation of vaccine eligibility is required for all patients.

4.3.4. Additional information about State-supplied vaccine eligibility for all patients, found here: https://dhss.alaska.gov/dph/Epi/iz/Pages/vaxpacket/default.aspx

4.4. Provide Vaccine Information Statements (VIS)

4.4.1. Provide all patients (or, in the case of minors, their parents, or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS) for each vaccine needed.

4.5. Prepare to Administer Vaccine

4.5.1. Prior to administering a vaccine, follow the ANMC Medication Administration Procedure 500-19E at http://share.home.anthc.org/cbss/ecs/SitePages/ANMC%20Polices%20and%20Procedures.aspx

4.5.2. Select a vaccine that is appropriate for the age and health status of the patient (see Table B below):

Table B: Vaccine Product Formulary

Vaccines	Abbreviation	Brand Name*	Route	Dose	Licensed Age Range
Diphtheria, tetanus vaccine	DT	no trade name	IM	0.5 mL	6 weeks through 6 years
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Infanrix®	IM	0.5 mL	6 weeks through 6 years
		Daptacel®	IM	0.5 mL	6 weeks through 6 years
Haemophilus influenzae type b vaccine	Hib (PRP-OMP)	PedvaxHIB®	IM	0.5 mL	6 weeks through 6 years
Hepatitis A vaccine	HepA	---------- **Pediatric Hepatitis A vaccine** ----------			
		Havrix®	IM	0.5 mL	12 months through 18 years
		Vaqta®	IM	0.5 mL	12 months through 18 years

		---------- Adult Hepatitis A vaccine ----------			
		Havrix®	IM	1 mL	19 years and older
		Vaqta®	IM	1 mL	19 years and older
Hepatitis B vaccine	HepB	**---------- Pediatric Hepatitis B vaccine ----------**			
		Engerix-B®	IM	0.5 mL	Birth through 19 years
		RecombivaxHB®	IM	0.5 mL	Birth through 19 years
		---------- Adult Hepatitis B vaccine ----------			
		Heplisav-B®	IM	0.5 mL	18 years and older
		Engerix-B®	IM	1 mL	20 years and older
		RecombivaxHB®	IM	1 mL	20 years and older
Human papillomavirus vaccine	HPV	Gardasil 9®	IM	0.5 mL	9 years through 45 years
Measles, mumps, and rubella vaccine	MMR	M-M-R II®	Subcut	0.5 mL	12 months and older
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D	Menactra®	IM	0.5 mL	9 months through 55 years
	MenACWY-CRM	Menveo®	IM	0.5 mL	2 months through 55 years
	MenACWY-TT	MenQuadfi®	IM	0.5 mL	2 years and older
Meningococcal serogroup B vaccine	MenB-4C	Bexsero®	IM	0.5 mL	10 years through 25 years
	MenB-FHbp	Trumenba®	IM	0.5 mL	10 years through 25 years
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®	IM	0.5 mL	6 weeks and older
Pneumococcal 15-valent conjugate vaccine	PCV15	Vaxneuvance®	IM	0.5 mL	18 years and older
Pneumococcal 20-valent conjugate vaccine	PCV20	Prevnar 20®	IM	0.5 mL	18 years and older
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®	IM	0.5 mL	2 years and older
Poliovirus vaccine (inactivated)	IPV	IPOL®	IM	0.5 mL	6 weeks and older
Rotavirus vaccine (RV)	RV5	RotaTeq®	ORAL	2 mL	6 weeks to 32 weeks (should not be given after 32 weeks of age)
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Boostrix®	IM	0.5 mL	10 years and older
		Adacel®	IM	0.5 mL	10 years through 64 years
Tetanus and diphtheria vaccine	Td	Tdvax®	IM	0.5 mL	7 years and older
		Tenivac®	IM	0.5 mL	7 years and older
Varicella vaccine	VAR	Varivax®	Subcut	0.5 mL	12 months and older
Zoster vaccine, recombinant	RZV	Shingrix®	IM	0.5 mL	18 years and older
Combination Vaccines (Use combination vaccines instead of separate injections when appropriate)					
DTaP (diphtheria, tetanus, and acellular pertussis), hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®	IM	0.5 mL	6 weeks through 6 years
DTaP (diphtheria, tetanus, and acellular pertussis) and inactivated poliovirus vaccine	DTaP-IPV	Kinrix®	IM	0.5 mL	4 years through 6 years
DTaP (diphtheria, tetanus, and acellular pertussis), inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®	IM	0.5 mL	6 weeks through 4 years
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®	IM	1 mL	18 years and older
*The vaccine brand names highlighted in light grey may not be routinely on the formulary.					

4.5.3. For additional information about a vaccine product, refer to the manufacturer's package insert (https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states)

4.5.4. Check vaccine name and expiration date.

4.5.4.1. Wash hands and draw up each vaccine separately using aseptic technique.
4.5.4.2. Label each syringe according to the ANMC Medication Administration Procedure 500-19E at http://share.home.anthc.org/cbss/ecs/SitePages/ANMC%20Polices%20and%20Procedures.aspx

4.5.5. For vaccines that are administered intramuscularly (IM), prepare the vaccine by choosing the needle gauge, needle length, and injection site according to the following chart (see Table C below):

Table C: Intramuscular (IM) injection			
Choose the injection site and needle length that is appropriate to the person's age and body mass.			
Children (birth-18 years of age)	**Needle gauge**	**Needle length**	**Injection site**
Neonates (first 28 days of life)	22-25	5/8"[α]	Anterolateral thigh muscle
Infants (1 month - 12 months old)	22-25	1"	Anterolateral thigh muscle
Toddlers (1 year - 2 years old)	22-25	1-1 ¼"	Anterolateral thigh muscle[β]
Children (3 years - 10 years old)	22-25	1"	Deltoid muscle of arm[β]
		1-1 ¼"	Anterolateral thigh muscle
Children (11 years - 18 years old)	22-25	1"	Deltoid muscle of arm[β]
		1-1 ½"	Anterolateral thigh muscle
Adults (19 years and older)			
Men and women less than 130 lbs.	22-25	1"	Deltoid muscle of arm
Men and women 130-152 lbs.	22-25	1"	Deltoid muscle of arm
Male 152-260 lbs.	22-25	1-1 ½"	Deltoid muscle of arm
Female 152-200 lbs.			
Male greater than 260 lbs.	22-25	1 ½"	Deltoid muscle of arm
Female greater than 200 lbs.			
Men and women, any weight	22-25	1 ½"	Anterolateral thigh muscle
α If skin is stretched tightly and subcutaneous tissues are not bunched. β Preferred site.			
Source (and for further guidance): Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines, section Vaccine Administration: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html Immunization Action Coalition (IAC) Materials for Healthcare Professionals and Their Patients (Handout - Administering Vaccines: Dose, Route, Site, and Needle Size): https://www.immunize.org/catg.d/p3085.pdf			

4.5.6. For vaccines that are administered subcutaneously (Subcut), prepare the vaccine by choosing the needle gauge, needle length, and injection site according to the following chart (see Table D below):

Table D: Subcutaneous (Subcut) injection			
Choose the injection site that is appropriate to the person's age and body mass.			
Patient	**Needle gauge**	**Needle length**	**Injection site**
Infants age 1 month to 12 months	23-25	5/8"	Fatty tissue over anterolateral thigh muscle
Children age 12 months or older, adolescents and adults	23-25	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps
Source (and for further guidance): Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines, section Vaccine Administration: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html Immunization Action Coalition (IAC) Materials for Healthcare Professionals and Their Patients (Handout - Administering Vaccines: Dose, Route, Site, and Needle Size): https://www.immunize.org/catg.d/p3085.pdf			

4.5.7. For rotavirus vaccine [RV5 (RotaTeq®)] that is administered orally (ORAL), prepare the vaccine according to directions in the manufacturer's package insert (https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

4.5.8. Vaccines should continue to be stored at recommended temperatures until use.

4.5.8.1. Failure to adhere to recommended specifications for storage and handling of vaccines can reduce or destroy their potency, resulting in inadequate or no immune response in the recipient.

4.5.9. NOTE REGARDING PRE-DRAWN SYRINGES

4.5.9.1. ACIP discourages the routine practice of personnel prefilling syringes for several reasons. Source: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

4.5.9.1.1. Because the majority of vaccines have a similar appearance after being drawn into a syringe, prefilling might result in administration errors.
4.5.9.1.2. Because unused prefilled syringes must be discarded if not used, vaccine wastage might occur. Unused prefilled syringes must be discarded after one hour.
4.5.9.1.3. The FDA does not license administration syringes for vaccine storage.

4.5.9.2. In certain circumstances in which a single vaccine type is being used (e.g., a community influenza vaccination campaign), filling a small number (10 or fewer) of syringes may be considered.

4.5.9.2.1. The doses should be administered as soon as possible after filling, by the same person who filled the syringes.
4.5.9.2.2. Unused syringes that are prefilled by the manufacturer and activated (i.e., syringe cap removed or needle attached) should be discarded after one hour.

4.6. Administer Vaccine

4.6.1. Utilize the 7 rights of medication administration:

4.6.1.1. Right Patient (using name and date of birth),
4.6.1.2. Right Drug,
4.6.1.3. Right Dose,
4.6.1.4. Right Route,
4.6.1.5. Right Time,
4.6.1.6. Right Documentation, and
4.6.1.7. Right Allergies

4.6.2. Administer vaccine according to the age of the patient and appropriate route of vaccination (refer to **section 4.5** above).

4.6.2.1. Administer intramuscular (IM) injection at a 90 degree angle into the appropriate muscle.
4.6.2.2. Administer subcutaneous (Subcut) injection at a 45 degree angle into the appropriate fatty tissue.
4.6.2.3. Administer the rotavirus vaccine [RV5 (RotaTeq®)] given orally (ORAL) according to directions in the manufacturer's package insert (https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

4.6.3. Have the parent or legal representative hold the infant, toddler or older child in a comforting manner that secures the limb for injection. Have adolescents and adults sit or lie down for vaccination. Find CDC guidance here: (https://www.cdc.gov/vaccines/parents/visit/holds-factsheet.html).

4.6.4. Never inject vaccine in the buttock.

4.6.5. Separate injection sites by 1 inch if injecting more than one vaccine in a single limb (see **section 4.6.9** below).

4.6.6. Immediately discard used needles, syringes and oral dosing tube in labeled puncture-proof containers.

4.6.7. The vaccine recipient should remain in clinic for 15 minutes after injection to monitor for adverse reaction. Have vaccine recipient remain seated to reduce the risk of syncope (fainting).

4.6.8. NOTE REGARDING NON-STANDARD ADMINISTRATION

4.6.8.1. ACIP discourages variations from the recommended route, site, volume, or number of doses of any vaccine. Source: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

4.6.8.1.1. Any vaccination using less than the standard dose should not be counted, and the person should be revaccinated according to age unless serologic testing indicates that an adequate response has developed.

4.6.8.1.2. If less than a full recommended dose of a vaccine is administered because of syringe, applicator, or needle leakage, the dose should be repeated.

4.6.8.2. Regarding rotavirus vaccine [RV5 (RotaTeq®)] given orally, if for any reason an incomplete dose is administered (e.g., infant spits or regurgitates the vaccine), a replacement dose is not recommended. The infant should continue to receive any remaining doses in the recommended series. Source: https://www.merck.com/product/usa/pi_circulars/r/rotateq/rotateq_pi.pdf

4.6.9. NOTE REGARDING ADMINISTRATION OF VACCINES WITH COVID-19 VACCINES

4.6.9.1. For the most current CDC guidance concerning administration of COVID-19 vaccines with other vaccines and other clinical considerations, refer to the Interim Clinical Considerations for the Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, found here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

4.7. Document Vaccination

4.7.1. Documentation Process (Outpatient Clinics)

4.7.1.1. In VacTrAK, the healthcare personnel reviews the Vaccination Forecast. If the patient is “Due Now” or “Past Due” for vaccine and the patient, parent or legal representative agrees to vaccination, the provider is verbally notified or appropriate protocol is followed. Screening for contraindications and precautions is completed and the provider is notified if contraindications or precautions are revealed or if there is doubt whether a contraindication or precaution exists.

4.7.1.2. In Cerner, the healthcare personnel enters orders in the patient’s medical record for the needed vaccines using ‘Protocol with Co-Signature’. The medical provider reviews VacTrAK as well as the orders in Cerner and co-signs the order. Vaccines may be given prior to provider co-signature.

4.7.1.3. Ordered vaccines are documented in Cerner using the 'Activities and Interventions' task list.

4.7.2. Documentation Process (Inpatient, ED and UCC)

4.7.2.1. In VacTrAK, the healthcare personnel reviews the Vaccination Forecast for patient's immunization status.

4.7.2.2. In Cerner, the nurse completes the pneumococcal and influenza immunization screening in the 'Admission History Adult' or the influenza immunization screening in the 'Admission History Pediatric' or other applicable intake nursing assessment. An order is generated in Cerner if the patient is due for pneumococcal or influenza vaccines, as appropriate. The ordered vaccines will appear on the 'MAR'.

4.7.2.2.1. For influenza vaccination, utilize the *SCF and ANMC Protocol for Seasonal Flu Vaccine Administration to Children and Adults* for the current season.

4.7.2.3. A medical provider's order is required in Cerner for all other vaccines.

4.7.2.4. Ordered vaccines are documented in Cerner using the 'MAR'.

4.7.3. Documentation is completed for each vaccine. Record the date of vaccine administration; the vaccine name, manufacturer, lot number and expiration date; the vaccination site and route; the Vaccine Information Statement (VIS) publication date; and vaccine funding source and eligibility.

4.7.4. The State of Alaska requires documentation of vaccine funding source and vaccine eligibility on all administered vaccine doses given to children, adolescents and adults. Document correctly.

4.7.4.1. When using Cerner, select the appropriate menu option in the 'Vaccines For Children' field to document vaccine eligibility and the 'Funding Source' field to document vaccine funding source. Both fields are located in the powerform used to document vaccines in Cerner.

4.7.4.2. When using VacTrAK, select the appropriate menu option in the 'Update VFC Eligibility' field to document vaccine eligibility and select the lot number associated with the appropriate vaccine funding source.

4.7.5. Per State of Alaska, healthcare organizations are required to report all administered immunizations to VacTrAK within 14 days of vaccine administration (7 AAC 27.650).

4.7.5.1. Vaccines documented in Cerner will transfer to VacTrAK electronically in real time.

4.7.6. The Cerner Registry Import offers healthcare personnel the capacity to import immunizations from VacTrAK into the Cerner patient medical record to complete the Cerner immunization record.

4.7.7. If vaccines are not administered (i.e. contraindicated or refused), the medical provider is notified. The medical provider, nurse or other healthcare personnel documents in Cerner.

4.8. Be Prepared to Manage Medical Emergencies

4.8.1. An adverse event is an untoward event that occurs after a vaccination that might be caused by the vaccine product or vaccination process. These events range from common, minor, local reactions to rare, severe, allergic reactions (e.g., anaphylaxis).

4.8.2. Be prepared for management of a medical emergency related to the administration of vaccine by activating the medical emergency processes specific to the department when indicated.

4.9. Report Adverse Events to VAERS

4.9.1. If an adverse event occurs, notify a medical provider and complete an incident report.

4.9.2. The medical provider or pharmacy will file a report to the federal Vaccine Adverse Event Reporting System (VAERS), if indicated. To submit a VAERS report, go to https://vaers.hhs.gov/.

5. Protocol Authorization

This protocol, authorized by the signatures below, serves as a pre-authorization order for eligible healthcare personal who have demonstrated competency to administer vaccines according to the protocol criteria.

Attachments:

1. SCF and ANMC Protocol for Vaccine Administration to Children and Adults WORKFLOW
2. CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age for Hib Vaccines (PedvaxHIB Vaccine Only)

References:

1. ANMC Medication Administration Procedure 500-19E: http://share.home.anthc.org/cbss/ecs/SitePages/ANMC%20Polices%20and%20Procedures.aspx
2. CDC Recommended Immunization Schedules: https://www.cdc.gov/vaccines/schedules/
3. CDC Vaccine Information Statements (VIS): https://www.cdc.gov/vaccines/hcp/vis/current-vis.html
4. ACIP General Best Practice Guidelines for Immunization: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
5. ACIP Vaccine Recommendations and Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/index.html
6. ACIP Shared Clinical Decision-Making Recommendations: https://www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
7. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hall E., Wodi A.P., Hamborsky J., et al., eds. 14th ed. Washington, D.C. Public Health Foundation, 2021: https://www.cdc.gov/vaccines/pubs/pinkbook/index.html
8. State of Alaska State-Supplied Vaccine Eligibility for Children and Adults: http://dhss.alaska.gov/dph/Epi/iz/Pages/vaxpacket/default.aspx
9. Immunization Action Coalition (IAC) Materials for Healthcare Professionals and Their Patients: https://www.immunize.org/handouts/
    a. Administering Vaccines: Dose, Route, Site, and Needle: https://www.immunize.org/catg.d/p3085.pdf
    b. Screening Checklist for Contraindications to Vaccines for Children and Teens: https://www.immunize.org/catg.d/p4060.pdf
    c. Screening Checklist for Contraindications to Vaccines for Adults: https://www.immunize.org/catg.d/p4065.pdf
    d. Standing Orders Templates for Administering Vaccines: https://www.immunize.org/standing-orders/

Alaska Native Medical Center

SCF and ANMC Protocol for Vaccine Administration to Children and Adults: 2022

Signatures

These protocols shall remain in effect for all patients of the Alaska Native Medical Center (ANMC), Southcentral Foundation Anchorage Native Primary Care Center, Southcentral Foundation Benteh Nuutah Valley Native Primary Care Center and Southcentral Foundation Rural Clinics effective upon signatures below until rescinded or until **April 30, 2023**.

ANMC President Medical Staff	Name:	Eric N. Stewart, M.D.	Signature:		Date: 5/26/22
ANMC Chief Nursing Officer	Name:		Signature:		Date:
ANMC Director of Pharmacy	Name:	Ashley Schaber, PharmD	Signature:	Ashley Schaber	Date: 5/26/22
SCF Medical Director	Name:	VERLYN CORBETT MD	Signature:		Date: 5-27-22
SCF Nursing Director	Name:	RONA JOHNSON, ACNP	Signature:		Date: 5/27/22

Alaska Native Medical Center

SCF and ANMC Protocol for Vaccine Administration to Children and Adults: 2022

Signatures

These protocols shall remain in effect for all patients of the Alaska Native Medical Center (ANMC), Southcentral Foundation Anchorage Native Primary Care Center, Southcentral Foundation Benteh Nuutah Valley Native Primary Care Center and Southcentral Foundation Rural Clinics effective upon signatures below until rescinded or until **April 30, 2023**.

ANMC President Medical Staff	Name: _____	Signature: _____	Date: _____
ANMC Chief Nursing Officer	Name: Tracy Runyan-Traylor	Signature: _____	Date: 5/26/22
ANMC Director of Pharmacy	Name: _____	Signature: _____	Date: _____
SCF Medical Director	Name: _____	Signature: _____	Date: _____
SCF Nursing Director	Name: _____	Signature: _____	Date: _____

Alaska Native Medical Center

SCF and ANMC Protocol for Vaccine Administration to Children and Adults

ATTACHMENT 1: WORKFLOW

This workflow is intended to be utilized in conjunction with the criteria found within the above titled Protocol.
Each section below corresponds with a sub-section of the Protocol's Procedure, refer to the Protocol for full details.

Where allowed by state law, the Protocol enables eligible nurses and other healthcare professional to assess the need for vaccination and to vaccinate children and adults who meet any of the criteria in the above titled Protocol.

Section 4. Procedure

4.1. Assess for Need of Vaccination Against the Vaccine-Preventable Conditions Listed Under Section 1. Purpose

i.e. Review the current recommendations for vaccination. Utilize VacTrAK to determine the vaccination status of the child or adult. If there is any doubt regarding the vaccination status of the patient, healthcare personnel will consult a medical provider before administering vaccines.

↓

4.2. Screen for Contraindications and Precautions

i.e. Screen the patient or, in the case of minors, their parents or legal representative, for contraindications or precautions. If there is any doubt regarding the presence of a contraindication or precaution, healthcare personnel will consult a medical provider before administering vaccines.

↓

4.3. Screen for Vaccine Eligibility

i.e. Determine if patient is eligible to receive State-supplied vaccines before administering vaccines.

↓

4.4. Provide Vaccine Information Statements (VIS)

i.e. Provide all patients or, in the case of minors, their parents or legal representative, with a copy of the most current federal VIS for each vaccine needed.

↓

4.5. Prepare to Administer Vaccine

i.e Follow the ANMC Medication Administration Procedure 500-19E. Select an available vaccine appropriate for the age and health status of the patient and vaccination recommendations. Prepare the vaccine according to guidance in the Protocol. Vaccines should be stored at recommended temperatures until use.

↓

4.6. Administer Vaccine

i.e. Utilize guidelines for safe medication administration and administer vaccine according to the age of the patient and appropriate route. The vaccine recipient should remain seated in clinic for 15 minutes after vaccination to monitor for adverse reaction and reduce the risk of syncope (fainting).

↓

4.7. Document Vaccination

i.e. Document according to the department's process for each vaccine. The State of Alaska requires vaccine funding source and eligibility documentation on all administered vaccine doses. Document vaccine funding source and eligibility correctly.

↓

4.8. Be Prepared to Manage Medical Emergencies
4.9. Report Adverse Events to VAERS

i.e. Adverse events range from common, minor, local reactions to rare, severe, allergic reactions (e.g. anaphylaxis). Be prepared for management of a medical emergency related to the administration of vaccine by activating the medical emergency processes specific to the department when indicated.

Catch-Up Guidance for Healthy[1] Children 4 Months through 4 Years of Age

Haemophilus influenzae type b Vaccines: PedvaxHIB Vaccine Only

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	AND # of previous doses is	AND	AND	THEN	Next dose due
4 through 6 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at 12 months of age or older
		→	It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
7 through 11 months	0	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2 **and** at 12 months of age or older
		→	It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
12 through 14 months	0	→	→	Give Dose 1 today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
	1	Dose 1 was given **before** 12 months of age	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			It has **not** been 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
		Dose 1 was given at 12 months of age or older	It has been at least 8 weeks since Dose 1	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
			It has **not** been 8 weeks since Dose 1	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
	2	Dose 1 was given **before** 12 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (**Final Dose**) today	**No additional doses needed**
			It has **not** been 8 weeks since Dose 2	No dose today	Give Dose 3 (**Final Dose**) at least 8 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	→	No dose today	**No additional doses needed**

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger–United States, 2021, for immunization guidance for children at increased risk for *Haemophilus influenzae* type b disease.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger–United States, 2021. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Catch-Up Guidance for Healthy[1] Children 4 Months through 4 Years of Age

Haemophilus influenzae type b Vaccines: PedvaxHIB Vaccine Only

IF current age is	AND # of previous doses is	AND	AND	AND	THEN	Next dose due
15 through 59 months	0	→	→	→	Give Dose 1 (**Final Dose**) today	**No additional doses needed**
	1	Dose 1 was given **before** 12 months of age	→	→	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
		Dose 1 was given at 12 through 14 months of age	It has been at least 8 weeks since Dose 1	→	Give Dose 2 (**Final Dose**) today	**No additional doses needed**
			It has **not** been 8 weeks since Dose 1	→	No dose today	Give Dose 2 (**Final Dose**) at least 8 weeks after Dose 1
		Dose 1 was given at 15 months of age or older	→	→	No dose today	**No additional doses needed**
	2	Dose 1 was given **before** 12 months of age	Dose 2 was given **before** 15 months of age	It has been at least 8 weeks since Dose 2	Give Dose 3 (**Final Dose**) today	**No additional doses needed**
				It has **not** been 8 weeks since Dose 2	No dose today	Give dose 3 (**Final Dose**) at least 8 weeks after Dose 2
			Dose 2 was given at 15 months of age or older	→	No dose today	**No additional doses needed**
		Dose 1 was given at 12 months or older	→	→	No dose today	**No additional doses needed**

[1] Refer to notes of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger–United States, 2021, for immunization guidance for children at increased risk for *Haemophilus influenzae* type b disease.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger–United States, 2021. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf