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.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet the criteria below.

Procedure

1. Identify all children and teens ages 11 years and older who have not completed the HPV vaccination series.
2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent or 9-valent HPV vaccine [4vHPV or 9vHPV: Gardasil, Merck] or latex for bivalent HPV vaccine [2vHPV: Cervarix, GSK]). 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.
   b. **Precautions:**
      - Moderate or severe acute illness with or without fever
      - Pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients (or, if minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (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 1) either 2vHPV, 4vHPV, or 9vHPV to girls or 2) 4vHPV4 or 9vHPV to boys. Provide either vaccine in a 3-dose schedule at 0, 1–2, and 6 calendar months. Provide routine vaccination with HPV vaccine to girls and boys at age 11 or 12 years; vaccine may be administered to girls or boys as young as age 9 years. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate. (Note: a ⅝" needle may be used for children and teens weighing less than 130 lbs [60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90˚ angle.)
5. For children and teens who have not received HPV vaccine at the ages and/or intervals specified in #4, administer one dose at the earliest opportunity and then schedule subsequent doses to complete the 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third doses, and at least 24 weeks between the first and third doses.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. 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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions following the administration of HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the_____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director's signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION

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www.immunize.org/catg.d/p3090.pdf ▪ Item #P3090 (5/15)