

Standing Orders for Administering Typhoid (Typhim Vi®) Vaccine to Children and Adolescents

Purpose: To reduce morbidity and mortality from *Salmonella enterica* serovar *Typhi* (typhoid fever) disease by vaccinating all children and adolescents 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 healthcare professionals working within their scope of practice may vaccinate children and adolescents who meet the criteria below.

Procedure

1. Identify children and adolescents who are at least 2 years or older and in need of vaccination against typhoid fever based upon the following criteria:
 - Travelers to areas where a recognized risk of exposure to typhoid fever exists, particularly ones who will have prolonged exposure to potentially contaminated food and water. Current CDC Health Information for International Travel (Yellow Book) and advisories should be consulted for identified risk areas.
 - Re-immunization consists of a single dose every two years **under conditions of repeated or continued exposure to the *S typhi* organism.**

2. Screen all patients for contraindications and precautions to the Typhim Vi vaccine:

Contraindications:

- history of a serious reaction after a previous dose of typhoid vaccine or to any typhoid vaccine component. For information on vaccine components, refer to the [manufacturer's package insert](#) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

Precautions:

- moderate or severe acute illness with or without fever
 - It is not known whether Typhim Vi vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Typhim Vi vaccine should be given to a pregnant woman only if clearly needed.
 - It is not known whether Typhim Vi is excreted in human milk. Data are not available to assess the effects of Typhim Vi on the breastfed infant or on milk production/excretion. Because many drugs are excreted in human milk, caution should be exercised when Typhim Vi vaccine is administered to a nursing woman.
 - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.
3. Provide all patients (or their legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). 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; these can be found at

www.immunize.org/vis.

4. Administer the Typhim Vi vaccine as follows: Administer 0.5 mL Intramuscularly as a single dose. For children and adolescents aged 3-17 years, the deltoid muscle is the preferred site of administration. Use a 22-25 gauge, 5/8- to 1-inch needle. Choose needle length appropriate to the patient's age and body mass. For toddlers 2-3 years of age, the anterolateral thigh muscle is the preferred site of administration and the needle should be at least 1 inch long (the deltoid muscle can be used if the muscle mass is adequate). For optimal protection the vaccine should be administered at least two weeks prior to potential exposure.
5. **Booster Requirements:** Re-immunization consists of a single dose every two years **under conditions of repeated or continued exposure to the *S typhi* organism.**
6. Documentation
 - Document all immunizations administered in the electronic health record. 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.
7. 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.
8. 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 (1-800-822-7967) or online at <https://vaers.hhs.gov>.
9. 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