Standing Orders for Administering *Haemophilus influenzae* type b Vaccine (Adult)

Purpose: To reduce morbidity and mortality from *Haemophilus influenzae* type b disease by vaccinating all persons 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons ≥18 years of age in need of vaccination against *Haemophilus influenzae* type b based on the following criteria:
    - Diagnosis of anatomic or functional asplenia (including sickle cell disease) and no documented history of Hib vaccination
    - Patients undergoing elective splenectomy and no documented history of Hib vaccination
    - Recipient of a hematopoietic stem cell transplant

2. Screen all patients for contraindications and precautions to Hib:
   Contraindications:
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of Hib or to one of its components. For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

   Precautions:
    - Moderate or severe acute illness with or without fever
    - The vial stoppers for PedvaxHIB® and the DTaP-IPV-Hib and ActHIB vaccine components of Pentacel® contain natural rubber latex and may cause allergic reactions in latex sensitive individuals
    - Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

3. Provide all patients (or their parent/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. Provide vaccine as follows:
   Follow dosing schedules in table below. Administer 0.5 mL intramuscularly in the deltoid muscle for adults.

Needle Length and Injection Site of IM Injections for Adults		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Men and Women (<130 lbs)	1 inch†	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

Medical Indication	Dosing Schedule
Functional or anatomic asplenia	Give 1 dose
Elective splenectomy	Give 1 dose, preferably at least 14 days before procedure
Hematopoietic stem cell transplant	Give 3 doses (at least 4 weeks apart) beginning 6–12 months after transplant, regardless of Hib vaccination history

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. 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.

6. 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.

7. 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 (800-822-7967) or online at https://vaers.hhs.gov.

8. 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