

DHA-IHD Updates to Pediatric Standing Orders

All standing orders (pediatric and adult) are no longer brand specific and needle length and injection site information has been added to each order. Also, latex-specific information has been added. In addition, the following updates have been made:

VACCINE	2019	2020
DTaP	<ul style="list-style-type: none"> Age 6 weeks - 6 years Catch-up schedule for those who didn't receive DTaP at recommended ages not covered in this standing order 	<ul style="list-style-type: none"> Age 2 months – 6 years to reflect routine use Contraindications more detailed to include neomycin, polymycin B, streptomycin and yeast Latex info included for each brand Included routine and catch-up schedule for all licensed DTaP vaccines
HepA	<ul style="list-style-type: none"> Age - 12-23 months & 2 years older Age 2 years or older who live in communities, regions, or states where routine vaccination is recommended Children aged 6-11 months with international travel off-label and is not covered under these standing orders 	<ul style="list-style-type: none"> Age updated to 1-18 years who has not completed a complete series and those with: <ul style="list-style-type: none"> Anticipated travel Pregnant Altered immunosuppression Occupational exposure Incarceration or homelessness In settings such as group homes, nonresidential day care for developmentally disabled Deleted diagnosis of a clotting-factor disorder, such as hemophilia Added 6-11 months of age pending international travel Latex info added Dosing schedule for brands HAVRIX and VAQTA added
HepB		<ul style="list-style-type: none"> Latex info added Dosing schedule for all HepB vaccine brands (COMVAX no longer available)
Hib	<ul style="list-style-type: none"> Age covered 2-71 months 	<ul style="list-style-type: none"> Age more specific and updated to 2-59 months and 2 – 17years Added 2-59 months (who didn't complete series) and are immunoglobulin deficient, complement deficiency, receiving chemotherapy or radiation therapy Added 2-17 years who are HIV+, anatomic or functional asplenia, undergoing splenectomy, or recipient of a hematopoietic stem cell transplant Latex info added

		<ul style="list-style-type: none"> Dosing schedule for each brand - PedvaxHIB®, ActHIB®, Hiberix®, Pentacel® Routine schedule, catch-up for immunocompetent, and high risk groups added
HPV	<ul style="list-style-type: none"> Dosing schedule <ul style="list-style-type: none"> 2 dose series - 2nd dose given minimum of 5 months after 1st – if given too soon give a 3rd dose at least 4 months after 2nd dose 3 dose series (0,2, and 6 months) with minimal interval of 4 weeks between 1st and 2nd dose, 12 weeks between the 2nd and 3rd dose and at least 24 weeks between 1st and 3rd dose 	<ul style="list-style-type: none"> Dosing schedule updated to: <ul style="list-style-type: none"> 2 month dose series – minimum interval 5 months –if dose 2 given too soon repeat (no specified time indicated so deleted give 3rd dose) Dosing for 3 dose changed to minimum of 5 months (20 weeks) between 1st and 3rd dose
Polio	New for 2020	
JEV	<ul style="list-style-type: none"> Booster dose recommended for persons 14 months and older if more than 11 months have passed since completing the primary series and risk of exposure to the JE virus continues 	<ul style="list-style-type: none"> Deleted the following precautions <ul style="list-style-type: none"> Immunocompromised children breastfeeding women Booster is updated for ages 2 months to 17 years
MMR		<ul style="list-style-type: none"> Procedure is more detailed to include age 4 years or older with no documentation; 6 months and older with international travel, 12 months or older with 1 dose given younger than 12 months; and history of 2 doses but identified as increased risk to mumps outbreak Added TB skin test precautions
MMRV		<ul style="list-style-type: none"> Added TB skin test precautions
Meningococcal ACWY	<ul style="list-style-type: none"> Indicated for ages <ul style="list-style-type: none"> 11-17 years unvaccinated 17 years unvaccinated and 1st year college student living in a residence hall 2 months through 17 years with a diagnosis of persistent complement component deficiency (an immune system disorder) or diagnosis of anatomic or 	<ul style="list-style-type: none"> Age updated to 2 months – 18 years and not completed 2 dose series and risk based vaccination is indicated for those <ul style="list-style-type: none"> Have not completed the recommended series by 2 yrs of age Anticipated travel to country where meningococcal disease is hyperendemic

	<p>functional asplenia (including sickle-cell disease)</p> <ul style="list-style-type: none"> • age 2 months through 17 years who are part of an outbreak attributable to a vaccine serogroup • age 2 months through 17 years with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic • Routine and catch-up schedule for ages 11-17 indicates 1 dose • Dosing schedule does not cover dose #2 in high-risk groups age 24 months and older 	<ul style="list-style-type: none"> • Exposure to meningitis as an outbreak • Routine and catch-up schedule has been updated to 2 doses for 11-18 years • Dosing schedule for high risk groups age 24 months and older have been added and updated • High-risk updated to include those with complement deficiency (an immune system disorder) or diagnosis of anatomic or functional asplenia (including sickle-cell disease)
MenB	<ul style="list-style-type: none"> • Indicated for ages 10-17 years with certain high-risk conditions 	<ul style="list-style-type: none"> • Indicated for ages updated to: <ul style="list-style-type: none"> • 10-18 years with certain high-risk conditions • Added healthy 16-18 yr olds not at increased risk but want protection • Ravulizumab (Ultomiris) added as high-risk condition under indications • Updated and added serious reaction to kanamycin as a contraindication • Latex info added for Bexsero® and Trumenba® • Added dosing for Trumemba • Added new ACIP recommendations <ul style="list-style-type: none"> • ≥10 years with complement deficiency or inhibitor use, asplenia, or microbiologists receive a booster 1 yr following the completion of MenB primary series followed by booster every 2-3 years if risk remains • Added ≥10 yrs who are at risk during outbreak – administer 1 time booster if it has been ≥1 yr since completing MenB primary series
PCV13		<ul style="list-style-type: none"> • Deleted indication/procedure to administer to persons with diabetes mellitus • Added more detail routine dosing and catch-up schedule for healthy ages 2

		months – 59 months and at-risk 24 months -71 months and 6 -17 years
PPSV23	New for 2020	
Rotarix	<ul style="list-style-type: none"> • Indication to administer ROTARIX® after 24 weeks of age not covered under SO 	<ul style="list-style-type: none"> • Indication updated to cover ages 24 weeks to 8 months who have not completed series • Added latex info ROTARIX® and RotaTeq® • Added more detailed dosing schedule for ROTARIX® and included RotaTeq® dosing schedule
Td/Tdap	<ul style="list-style-type: none"> • Indications for dosing <ul style="list-style-type: none"> • 10 years and older • 10 yrs and older with no documentation of 1 dose of Tdap • Use for ages 7-9 and pregnant females not covered in this SO • Dosing schedule requires Tdap booster one time and all subsequent doses are to be administered with Td 	<ul style="list-style-type: none"> • Indications for dosing updated to <ul style="list-style-type: none"> • Can begin as early as age 7 • Added pregnant females between 27-36 weeks • Added latex info for Adacel® and Boostrix® • Dosing schedule updated and added <ul style="list-style-type: none"> • Td/Tdap can be used for boosters every 10 years • Pregnant patients – 1 dose for each pregnancy during 27-36 weeks gestation • Dosing schedule updated provided for DTaP, DT, Td, or Tdap for ages 7-18 yrs
Typhoid		<ul style="list-style-type: none"> • Added contraindication of immunocompromised for oral typhoid • Added precaution – oral typhoid should not be given within 3 days of antimicrobial agent • Added dosing schedule for oral typhoid
Varicella		<ul style="list-style-type: none"> • Added precautions - TB skin test and aspirin or aspirin containing products
Yellow Fever	New for 2020	