Standing Orders for Administering Diphtheria, Tetanus, and Acellular Pertussis (DTaP) Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from tetanus, diphtheria and pertussis 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 patients 2 months to 6 years of age in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
    - Lack of documentation of completion of a 5-dose series of diphtheria, tetanus and pertussis-containing vaccine (DTaP)

2. Screen all patients for contraindications and precautions to DTaP:

Contraindications:

- History of a serious reaction (e.g., anaphylaxis) after a previous dose of a vaccine containing tetanus or diphtheria toxoid or to a vaccine component (to include neomycin, polymyxin B, streptomycin, or yeast)
- For information on vaccine components, refer to the manufacturer's package insert or go to https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf
- History of encephalopathy (e.g. coma, decreased level of consciousness, prolonged seizures) within 7 days following a pertussis-containing vaccine not attributable to another identifiable cause

Precautions:

- History of Guillain-Barré syndrome within 6 weeks of a previous dose of tetanus toxoid-containing vaccine
- History of an Arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine: defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- Moderate or severe acute illness with or without fever
- Progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy: defer vaccination until a treatment regimen has been established and the condition has stabilized
- The tip caps of the prefilled syringes of Infanrix®, Kinrix®, and Pediarix® contain natural rubber latex and may cause allergic reactions in latex sensitive individuals. The vials of Infanrix®, Kinrix®, and Pediarix® do not contain latex. Daptacel® does not contain latex
- 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.

4. Provide vaccine as follows:
    - Follow dosing schedule as below. DTaP consists of a 3-dose primary series (2, 4, and 6 months of age) and 2 boosters (15-18 months and 4-6 years of age). DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).
    - Administer 0.5mL intramuscularly in the preferred site (anterolateral thigh for infants and toddlers or in the deltoid for children and adolescents). The alternate site (anterolateral thigh muscle or deltoid muscle) may be used if the preferred site is inadequate. Choose needle gauge and length appropriate to administration route and the patient's age and/or body mass according to the IM injection table below.

Schedule for routine vaccination

Currently Licensed Vaccines containing Diphtheria, Tetanus, & Acellular Pertussis (DTaP)							
Vaccine type	**Trade name**	**Manufacturer**	**2 mos**	**4 mos**	**6 mos**	**15–18 mos**	**4–6 yrs**
DTaP vaccines							
DTaP	Infanrix/ Daptacel	GlaxoSmithKline/ Sanofi Pasteur	X	X	X	X	X
Combination vaccines with DTaP							
DTaP-IPV-HepB *(3 dose series)*	Pediarix *(6 wks – 6 yrs)*	GlaxoSmithKline	X	X	X		
DTaP-IPV-Hib *(4 dose series)*	Pentacel *(6 wks – 4 yrs)*	Sanofi Pasteur	X	X	X	X	
DTaP-IPV-Hib-HepB *(3 dose series)*	Vaxelis *(6 wks – 4 yrs)*	Sanofi Pasteur	X	X	X		
DTaP-IPV	Kinrix/ Quadracel	GlaxoSmithKline/ Sanofi Pasteur					X
DT vaccine							
DT	No trade name	Sanofi Pasteur	X	X	X	X	X

Needle Length and Injection Site of IM Injections for Children		
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**
Infants (1-12 months)	1 inch	Anterolateral thigh
Toddlers (1-2 years)	1 - 1.25 inch	Anterolateral thigh*
	5/8† - 1 inch	Deltoid muscle of arm
Children (3-10 years)	5/8† - 1 inch	Deltoid muscle of arm*
	1 - 1.25 inch	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html.
†If skin is stretched tightly and subcutaneous tissues are not bunched
*Preferred site

5. For persons who did not receive DTaP at the ages/intervals specified in #4, provide catch-up doses according to the following:

Dose	Recommended age	Minimum age	Recommended interval to next dose	Minimum interval to next dose
DTaP #1	2 months	6 weeks	8 weeks	4 weeks
DTaP #2	4 months	10 weeks	8 weeks	4 weeks
DTaP #3	6 months	14 weeks	6-12 months†	6 months†
DTaP #4	15-18 months	15 months	3 years	6 months
DTaP #5*	4-6 years	4 years		

†If a child age ≥12 months received dose #4 with an interval of less than 6 months but more than 4 months, the dose does not need to be repeated
*Dose #5 is not necessary if dose 4 was administered at age ≥4 years and at least 6 months after dose #3

6. 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.

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 (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