

STANDING ORDERS FOR Administering Human Papillomavirus Vaccine to Adults

Purpose

To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for and vaccinate adults who meet any of the criteria below.

Procedure

1 Assess adults for need of vaccination against human papillomavirus infection based on the following criteria:

- Adults, age 26 years or younger
- Adults, age 27 through 45 years, based on shared clinical decision making. (Note: Although many adults ages 27–45 years have prior exposures to 1 or more HPV types, most have not been exposed to all 9 HPV types that are contained in the vaccine. Also, at any age, having a new sex partner is a risk factor for being exposed to a new HPV infection.)

2 Screen for contraindications and precautions

Contraindication

- Do not give HPV vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of HPV vaccine or to any of its components (e.g., yeast). For list of vaccine components, refer to the manufacturers' package insert (www.immunize.org/fda), or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precaution

- Moderate or severe acute illness with or without fever

Pregnancy

- HPV vaccination is not recommended during pregnancy; delay vaccination until after pregnancy

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

BIOLOGICAL SEX AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22-25	5/8"-1"	Deltoid muscle of arm
Female or male 130-152 lbs	22-25	1"	Deltoid muscle of arm
Female 153-200 lbs	22-25	1-1½"	Deltoid muscle of arm
Male 153-260 lbs	22-25	1-1½"	Deltoid muscle of arm
Female 200+ lbs	22-25	1½"	Deltoid muscle of arm
Male 260+ lbs	22-25	1½"	Deltoid muscle of arm
Female or male, any weight	22-25	1"-1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight

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5 Administer HPV vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following table:

HISTORY OF PREVIOUS HPV VACCINATION ¹	SCHEDULE FOR ADMINISTRATION OF HPV VACCINE
0 documented doses, or none known	Give 3 doses at 0, 1-2, and 6 months.
1 previous dose given before 15th birthday	Give dose #2 at least 5 months after dose #1; no further doses are indicated. ²
1 previous dose given at 15 years or older	Give the 2nd dose 1-2 months (minimum of 4 weeks) after dose #1, then give the 3rd dose 6 months after dose 1 (minimum of 12 weeks after dose #2 and at least 5 months after dose #1).
2 previous doses with dose #1 given before 15th birthday and dose #2 given at any age and at least 5 months after dose #1	No further doses are indicated. ²
2 previous doses given at 15 years or older	Give the 3rd dose 6 months after dose #1 (minimum of 12 weeks after dose #2 and at least 5 months after dose #1).

¹ All previously administered doses of HPV vaccine (regardless of brand) count as valid doses if given at appropriate intervals.

² Immunocompromised persons, including those with HIV infection, should receive a 3-dose schedule at 0, 1-2, and 6 months regardless of age at vaccine initiation.

6 Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

Medical record: 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. You must also 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); plan to discuss the need for vaccine with the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

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 Immunize.org's "Medical Management of Vaccine Reactions in Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. For Immunize.org's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____		
NAME OF PRACTICE OR CLINIC		
effective _____	until rescinded or until _____	.
DATE	DATE	
Medical Director _____	/ _____	_____
PRINT NAME	SIGNATURE	DATE