

STANDING ORDERS FOR Administering Td/Tdap Vaccine to Adults

Purpose

To reduce morbidity and mortality from tetanus, diphtheria, and pertussis 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 vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against tetanus, diphtheria, and pertussis based on the following criteria:

- Lack of documentation of ever receiving a dose of tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) as an adolescent or adult
- Currently pregnant (preferably between 27 and 36 weeks gestation) and no documentation of Tdap given during current pregnancy
- Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids
- Completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with no documentation of receiving a booster dose in the previous 10 years
- Recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years

2 Screen for Contraindications and Precautions

Contraindications

- Do not give Tdap or Td to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of either vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert at Immunize.org (www.immunize.org/official-guidance/fda/pkg-inserts/) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.
- Do not give Tdap to a person who has experienced encephalopathy within 7 days following DTP/DTaP/Tdap 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; in such cases, 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
- For Tdap only: progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy until the patient's treatment regimen has been established and the condition has stabilized

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. The Tdap VIS and its translations can be found at www.immunize.org/vaccines/vis/tdap. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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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 | $\frac{5}{8}$ "–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 |

* Alternate 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 $\frac{5}{8}$ " needle for patients weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

5 Administer Td or Tdap Vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following criteria and schedule:

The routine schedule for Td or Tdap vaccination in adults with no history of receiving any diphtheria-, tetanus-, and/or pertussis-containing vaccine as children or adults, is to administer a 3-dose series at 0, 1, and 6–12 month intervals, including at least one dose of Tdap, preferably as the first dose, followed by a either Td or Tdap booster every 10 years.

| HISTORY OF PREVIOUS DTP, DTaP, Td, or Tdap VACCINATION | DOSE AND SCHEDULE FOR ADMINISTRATION OF Td and Tdap** |
|--|--|
| 0 documented doses, or none known | Give Tdap as dose #1. Give dose #2 (Td or Tdap) at least 4 weeks later, and dose #3 (Td or Tdap) 6–12 months after dose #2. |
| 1 previous dose (not Tdap) | Give Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td or Tdap) 6–12 months after dose #2. |
| 1 previous dose (as Tdap) | Give Td or Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td or Tdap) 6–12 months after dose #2. |
| 2 previous doses (none Tdap) | Give Tdap as dose #3 at least 6 months after dose #2. |
| 2 previous doses (including 1 Tdap) | Give dose #3 (Td or Tdap) at least 6 months after dose #2. |
| 3 or more previous doses (none Tdap) | Give Tdap as soon as possible. (You do not need to wait 10 years from previous dose.) |
| 3 or more previous doses (including 1 or more doses of Tdap) | Give Td or Tdap booster every 10 years unless patient needs prophylaxis for wound management sooner or if patient is pregnant (see below). |

**Either Td or Tdap may be given for catch-up and booster doses.

Tdap vaccination during pregnancy

Tdap should be administered during **each** pregnancy, preferably early during the window of 27 through 36 weeks gestation, regardless of number of years since prior Td or Tdap vaccination (see "Standing Orders for Administering Tdap During Pregnancy" at www.immunize.org/catg.d/p3078b.pdf).

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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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); discuss the need for vaccination 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 Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.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 all Adverse Events to VAERS

Report all adverse events following the administration of tetanus-, diphtheria-, and pertussis-containing 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 <http://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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