

Standing Orders for Administering Meningococcal Vaccine to Children & Teens (ESTABLISHED PATIENTS ONLY)

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., Pharmacists), where allowed by state law, may vaccinate children age 7 years and older who meet the criteria below and are **established HealthPoint patients**.

Procedure

1. Identify children and teens in need of vaccination against meningococcal disease based on any of the following criteria:
 - a. Age 11 through 18 years and unvaccinated or, for those age 16 years or older, last vaccinated when younger than age 16 years
 - b. Anticipated first-year college student living in a residence hall and either unvaccinated or last vaccinated when younger than age 16 years (for college students ages 19 and older, see meningococcal vaccine standing orders for adults)
 - c. Age 2 months and older with diagnosis of persistent complement component deficiency (an immune system disorder) or diagnosis of anatomic or functional asplenia (including sickle-cell disease); or children who are part of an outbreak attributable to a vaccine serogroup
 - d. Age 9 months and older with anticipated travel to a country where meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa), particularly if contact with the local population will be prolonged
 - e. Military recruits
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
 - a. Contraindications: a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. Precaution: moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must 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 (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 routine vaccination as follows: For children and teens age 11 through 12 years, give 1 dose with a booster dose at age 16 years. For teens age 13 through 18 years who have not previously received meningococcal vaccine, give 1 dose and a booster at age 16 through 18 years if previous dose was given at age 13 through 15 years.

5. Provide vaccination to children and teens with risk factors according to guidance on page 2 (“Meningococcal Vaccination Recommendations by Age and/or Risk Factor”).
6. Administer 0.5 mL of age-appropriate vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children and teens age 3 yrs and older (anterolateral thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child’s age and body mass: infants younger than age 12 mos: 1"; toddlers 1–2 yrs: 1–1¼" (anterolateral thigh) or "–1" (deltoid muscle); children age 3 yrs and older: "–1" (deltoid) or 1–1¼" (anterolateral thigh). A "needle may be used in toddlers and children if inserted in the deltoid muscle at 90-degree angle to the skin, which should be stretched flat between thumb and forefinger. If the person age 2 or older has a permanent contraindication or precaution to MCV4, or if MCV4 is unavailable and immediate protection is needed, meningococcal polysaccharide vaccine (MPSV4: Menomune) is an acceptable alternative, although it must be given subcutaneously. Administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, " needle) in the posterolateral fat of the upper arm (in children, the anterolateral fat of the thigh may also be used).
7. Document each patient’s vaccine administration information and follow up in the following places:
 - a. Medical chart: 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. 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. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of HealthPOiNT /BVCAA until rescinded or until December 31, 2016.

Medical Director’s signature: _____



Effective date: January 1, 2016

Reference: Immunization Action Coalition, 06/13 (Technical content reviewed by the Centers for Disease Control and Prevention)