Standing Orders for Administering Human Papillomavirus Vaccine to Adults

Purpose: To reduce morbidity and mortality from human papillomavirus (HPV) infection by vaccinating all who meet the criteria established by the CDC’s Advisory Committee on Immunization Practices. Currently ACIP recommends “vaccination for females aged 13 through 26 years and for males aged 13 through 21 years who were not vaccinated previously. Males aged 22 through 26 years may be vaccinated. ACIP recommends vaccination of men who have sex with men and immunocompromised persons (including those with HIV infection) through age 26 years if not previously vaccinated.”

Policy: Under these standing orders, eligible nurses, where allowed by state law, may vaccinate adults who meet the criteria below.

Procedure

1. Identify uninsured individuals 19-26 who have not completed the HPV vaccination series. Others over age 26, especially in the risk groups above, may be vaccinated if they request.

2. Screen all patients for contraindications and precautions to HPV vaccine:
   a. **Contraindication:** a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of HPV vaccine or to a HPV vaccine component. For information on vaccine components, refer to the manufacturers’ package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precautions:**
      i. Moderate or severe acute illness with or without fever
      ii. Pregnancy; delay vaccination until after completion of the pregnancy

3. Provide all patients 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 either HPV2, HPV4 or HPV9 to women or HPV4 or HPV9 to men.
   a. Provide either vaccine in a 3-dose schedule at 0, 2, and 6 calendar months. Administer 0.5 mL intramuscularly according to the injection guide in Appendices E&F.
   b. A series that was begun with one product may be continued with either of the others (other than gender restrictions as above), at any age.
   c. Interrupted vaccination schedule and minimum intervals:
      i. If the vaccine schedule is interrupted, the vaccine series does not need to be restarted.
      ii. The first and second doses should be separated by an interval of least four weeks.
   d. The second and third doses should be separated by an interval of at least 12 weeks, with a minimum interval of 24 weeks between the first and third doses.
   e. At this time there is no recommendation to re-vaccinate with HPV9 if the series was completed with another product.
5. Storage and Handling: See Appendix A, Vaccine Management.

6. Document each patient’s vaccine administration information in the patient record AND in NMSIIS.

7. 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). Immunizations entered into the Public Health Division’s BEHR medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).

8. For immunizations administered in outreach settings, the Immunization Program Part B serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must still be documented in NMSIIS.

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

10. 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 in older children, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

11. Report all adverse reactions to HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This standing order shall remain in effect for all patients of the New Mexico Department of Health until rescinded.

Regional Health Officer:

Signature: ___________________________ Date: ______________________

PHD Medical Director:

Signature: ___________________________ Date: 8/3/15