# Standing Order for Administering Tetanus, Diphtheria and Pertussis Vaccines (Adult)

**Purpose:** To reduce morbidity and mortality from tetanus, diphtheria, and pertussis infection by vaccinating all individuals 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 this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

**Procedure:**

1. Identify patients ≥18 years of age in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
    - No documented receipt of ≥ 3 doses of tetanus and diphtheria toxoid vaccine
    - No documented receipt of ≥ 1 dose of pertussis-containing vaccine at ≥ 10 years of age
    - Pregnant women who have not received a dose of Tdap during their current pregnancy
    - Completed a 3-dose primary series of tetanus and diphtheria toxoid vaccine with no documentation of a booster dose in ≥ 10 years
    - Recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and no documented receipt of a tetanus toxoid-containing vaccine in the previous 5 years

2. Using DD Form 3111, screen all patients for contraindications and precautions to Td/Tdap vaccine:

    **Contraindications:**

    - History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of tetanus, diphtheria, or pertussis-containing vaccine or to a vaccine component. For information on vaccine components, refer to the package inserts for Tenivac, Adacel, and Boostrix.
    - Encephalopathy (e.g., coma, decreased level of consciousness, or prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of DTP, DTaP, or Tdap
        - Applies to pertussis component only: these persons should receive Td instead of Tdap

    **Precautions:**

    - Moderate or severe acute illness with or without fever
    - The tip caps of Tenivac (Td) prefilled syringes may contain natural rubber latex; the vial stoppers do not contain latex.
    - Guillain-Barré syndrome ≤ 6 weeks after a previous dose of tetanus toxoid–containing vaccine
    - History of Arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid–containing vaccine; defer vaccination until ≥ 10 years have elapsed since the last tetanus toxoid–containing vaccine
    - Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
        - Applies to pertussis component only: these persons should receive Td instead of Tdap
    - Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures 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 Support Center at (877) 438-8222, Option 1 or DSN 312-761-4245.

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 vaccination as follows:
   - Administer 0.5 mL of Td or Tdap vaccine intramuscularly (IM) according to Tables 1 and 2.
   - Adults who have never been vaccinated against tetanus, diphtheria, or pertussis should receive a series of three tetanus and diphtheria toxoid–containing vaccines (including ≥ 1 Tdap dose) at 0, 4 weeks, and 6-12 months.
   - Women should receive 1 dose of Tdap during each pregnancy, preferably early during the window of 27 through 36 weeks' gestation, regardless of time since prior Td or Tdap vaccination.

**TABLE 1. IM Needle Length and Injection Site Guide**

Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age

| Patient Age | Needle Length | Injection Site |
|---|---|---|
| Men and Women (<130 lbs) | 1 inch (25 mm)† | Deltoid muscle of arm |
| Men and Women (130-152 lbs) | 1 inch (25 mm) | |
| Men (152-260 lbs) | 1-1.5 inches (25-38 mm) | |
| Women (152-200 lbs) | | |
| Men (> 260 lbs) | 1.5 inches (38 mm) | |
| Women (>200 lbs) | | |

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

**TABLE 2. Td and Tdap Vaccine Schedule, ≥ 18 years of age**

| Previous DTP, DTaP, Td, or Tdap Doses | Td/Tdap Dose # and Schedule* |
|---|---|
| 0 or unknown | Give dose #1 (Tdap) now |
| 1 (not Tdap) | Give dose #2 (Tdap) ≥ 4 weeks after dose #1 |
| 1 (Tdap) | Give dose #2 (Td or Tdap) ≥ 4 weeks after dose #1 |
| 2 (none Tdap) | Give dose #3 (Tdap) ≥ 6 months after dose #2 |
| 2 (including ≥ 1 Tdap) | Give dose #3 (Td or Tdap) ≥ 6 months after dose #2 |
| 3 or more (none Tdap) | Give Tdap now (do not need to wait 10 years from previous dose) |
| 3 or more (including ≥ 1 Tdap) | Booster (Td or Tdap) every 10 years (or sooner if needed for wound management prophylaxis) |

Adapted from Immunization Action Coalition: Item #P3078 (3/20)
* Either Td or Tdap may be given for catch-up and booster doses unless otherwise specified

5. 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.

6. 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.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

8. This standing order must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the _____ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

_____ _____

Privileged Physician's Signature Date