Standing Order for Administering Tetanus Toxoid-Containing Vaccine (DTaP/Td/Tdap) (Pediatric)

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 2 months - 17 years of age in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
    - No documented receipt of 5 valid doses of DTaP (or 4 valid doses of DTaP if the fourth dose was administered on or after the 4th birthday)
    - No documented receipt of ≥ 1 dose of pertussis-containing vaccine at ≥ 10 years of age
    - Pregnant persons 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 3110, screen all patients for contraindications and precautions to DTaP/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 (to include neomycin, polymyxin B, streptomycin, or yeast). For information on vaccine components, refer to the specific product's package insert at FDA.gov or The CDC Pink Book Appendix B.
    - 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: persons ≥ 7 years of age should receive Td instead of Tdap. Persons < 7 years of age with a contraindication to pertussis-containing vaccines must obtain a written order from a credentialed provider prior to receipt of any tetanus, diphtheria, or pertussis-containing vaccines.

    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-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: persons ≥ 7 years of age should receive Td instead of Tdap. Persons < 7 years of age with a precaution to pertussis-containing vaccines must obtain a written order from a credentialed provider prior to receipt of any tetanus, diphtheria, or pertussis-containing vaccines.
- 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. Prior to vaccine administration, provide all patients (or their parent/legal representative) with a copy of the current federal Vaccine Information Statement (VIS) for DTaP, Td or Tdap. 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 vaccine as follows:
    - Administer 0.5 mL of DTaP, Td, or Tdap vaccine intramuscularly (IM) according to Tables 1 - 3.
        - For catch-up guidance see the CDC Pediatric Catch-up Schedule or CDC Catch-up Job Aids
    - Persons 7–17 years of age 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.
    - If a Hib-containing combination vaccine is used for the primary DTaP series, DTaP-IPV-Hib-HepB (Vaxelis) is preferred for use in American Indian and Alaska Native infants due to the preferred Hib (PRP-OMP) component.
    - Pregnant persons should receive 1 dose of Tdap during each pregnancy, early during the window of 27 through 36 weeks' gestation, regardless of time since prior Td or Tdap vaccination.
    - Inadvertent administration:
        - Age 7-9 years:
            - DTaP or Tdap administered to a fully vaccinated child: does not count, administer adolescent Tdap dose at 11–12 years of age.
            - DTaP administered to an undervaccinated child: count as the Tdap dose of the catch-up series and administer adolescent Tdap dose at 11–12 years of age.
        - Age ≥ 10 years:
            - DTaP or Tdap administered: count as the routine adolescent Tdap dose recommended at 11–12 years of age.

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**
Infants (1-12 months)	1 inch (25 mm)	Anterolateral thigh
Toddlers (1-2 years)	1 - 1.25 inch (25-32 mm)	Anterolateral thigh*
	5/8† - 1 inch (16-25 mm)	Deltoid muscle of arm
Children (3-10 years)	5/8† - 1 inch (16-25 mm)	Deltoid muscle of arm*
	1 - 1.25 inch (25-32 mm)	Anterolateral thigh
Adolescents (11-17 years)	5/8† - 1 inch (16-25 mm)	Deltoid muscle of arm*
	1 - 1.5 inch (25-38 mm)	Anterolateral thigh

Adapted from CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.
†If skin is stretched tightly and subcutaneous tissues are not bunched
*Preferred site

TABLE 2. DTaP/Td/Tdap Vaccine Schedule, < 18 years of age				
Vaccine and Dose #	**Recommended age**	**Minimum age**	**Recommended interval to next dose**	**Minimum interval to next dose**
DTaP #1	2 months	6 weeks	8 weeks	4 weeks
DTaP #2	4 months	10 weeks	8 weeks	4 weeks
DTaP #3	6 months	14 weeks	6-12 months	6 months
DTaP #4*	15-18 months	15 months	3 years	6 months
DTaP #5†	4-6 years	4 years		
Tdap #1	11-12 years	10 years	10 years	5 years
Booster (Td or Tdap)			10 years	5 years

* DTaP #4 given early does not need to be repeated if given at ≥ 12 months of age and ≥ 4 months after DTaP #3.

† DTaP #5 not needed if DTaP #4 given at ≥ 4 years of age and ≥ 6 months after DTaP #3.

TABLE 3. Currently Licensed Tetanus, Diphtheria, and Pertussis-Containing Vaccines										
Vaccine Type	**Trade Name**	**Age**	**Manufacturer**	**Approved Use**						
				2 mos	**4 mos**	**6 mos**	**15-18 mos**	**4-6 yrs**	**≥ 7 yrs**
DTaP	Daptacel	6 wks - 6 yrs	PMC	X	X	X	X	X	
	Infanrix	6 wks - 6 yrs	GSK	X	X	X	X	X	
DTaP-IPV	Kinrix	4 - 6 years	GSK					X	
	Quadracel	4 - 6 years	PMC					X	
DTaP-IPV-HepB	Pediarix	6 wks - 6 yrs	GSK	X	X	X			
DTaP-IPV-Hib	Pentacel	6 wks - 4 yrs	PMC	X	X	X	X		
DTaP-IPV-Hib-HepB	Vaxelis	6 wks - 4 yrs	PMC	X	X	X			
Td	Tenivac	≥ 7 years	PMC						X
Tdap	Adacel	10 - 64 years	PMC						X
	Boostrix	≥ 10 years	GSK						X

Abbreviations: GSK = GlaxoSmithKline; PMC = Sanofi Pasteur

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