
Standing Orders for Administering Meningococcal Vaccine to Children & Teens

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 and teens who meet any of the criteria below.

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 previously unvaccinated
 - b. anticipated college enrollment, particularly anticipated residence in an on-campus dormitory
 - c. age 2 years or older meeting any of the following criteria:
 - anticipated travel to a country in the “meningitis belt” of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged
 - anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
 - diagnosis of a damaged spleen; splenectomy
 - diagnosis of terminal complement component deficiency (an immune system disorder)
 - d. military recruits
 - e. any other child or teen ages 2 years or older wishing to decrease their risk for meningococcal disease
2. Identify children and teens who were vaccinated at least 5 years earlier with **meningococcal polysaccharide vaccine (MPSV4)** and who remain at increased risk for infection (e.g., living in epidemic disease areas), particularly those who were first vaccinated when younger than age 4 years.
3. Screen all patients for contraindications and precautions to meningococcal vaccine:
 - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome (if not at extremely high risk of meningococcal disease)
4. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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; these can be found at www.immunize.org/vis.
5. Administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. If MCV4 is unavailable and immediate protection is needed, MPSV4 is an acceptable alternative; administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
6. 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 given, 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.
7. 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.
8. Report all adverse reactions to meningococcal 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 policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____