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# Standing Orders for Administering Human Papillomavirus Vaccine to Children and Teens

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**Purpose:** To reduce morbidity and mortality from human papillomavirus (HPV) infection 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 the criteria below.

## Procedure

1. Identify all girls age 11 years and older who have not completed the HPV vaccination series. The quadrivalent HPV vaccine may be administered to boys to reduce their likelihood of acquiring genital warts.
2. Screen all patients for contraindications and precautions to HPV vaccine:
  - a. **Contraindication:** a history of a serious reaction after a previous dose of HPV vaccine or to a HPV vaccine component (e.g., yeast for quadrivalent HPV vaccine [HPV4: Gardasil, Merck] or latex for bivalent HPV vaccine [HPV2: Cervarix, GSK]). For a complete list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:**
    - a moderate or severe acute illness with or without fever
    - pregnancy; delay vaccination until after completion of the pregnancy
3. Provide all patients (parent/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; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Provide 1) either HPV2 or HPV4 to girls or 2) HPV4 to boys. Provide either vaccine in a 3-dose schedule at 0, 1–2, and 6 months. Provide vaccine routinely to girls at age 11–12 years; vaccine may be given to girls or boys as young as age 9 years. Administer 0.5 mL HPV vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. For children and teens who have not received HPV vaccine at the ages and/or intervals specified in #4, give one dose at the earliest opportunity and then schedule subsequent doses to complete the 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 12 weeks between the second and third doses, and at least 24 weeks between the first and third doses.
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. To prevent syncope, consider observing patients for 15 minutes after they receive HPV vaccine.
8. Report all adverse reactions to HPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://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: \_\_\_\_\_