

New Mexico Department of Health Immunization Protocol with Procedures and Standing Orders for Nurses

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**Immunization Program
Infectious Disease Bureau
Public Health Division
New Mexico Department of Health
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Please Note:

- 1. The annual Influenza Vaccine Protocol is a stand-alone protocol and is not included in this document. The influenza protocol is updated each flu season.**
- 2. The COVID19 Vaccine Protocol is a stand-alone protocol and is not included in this document. The COVID19 protocol is updated as changes to COVID19 vaccine are implemented by CDC.**
- 3. The JYNNEOS Monkeypox vaccine protocol is a stand-alone protocol and is not included in this document.**

PEDIATRIC VACCINES

VACCINES FOR CHILDREN PROGRAM (Children 0-18 years)

Introduction

New Mexico Department of Health (NMDOH) Public Health Nurses and New Mexico school nurses who have been trained in immunization administration and handling may operate under standing orders from their Regional Health Officer (RHO) to provide vaccines to clients. The purpose of this protocol is to provide with information and standing orders so that they may provide these services.

Any required patient care not covered by these or other PHD protocols and standing orders requires consultation and an additional order from a Regional Health Officer or designated clinician.

General Information

All vaccines available within DOH for children aged 0-18 years are provided by the Vaccines for Children Program (VFC). Please adhere carefully to instructions you receive from VFC about vaccine storage, handling and administration. Dose accountability is required for VFC and other programmatic requirements. VFC vaccines are NOT to be used for individuals 19 years of age or older due to strict federal requirements (i.e., they may be administered to individuals up until their 19th birthday). VFC-supplied vaccines are available for children who are uninsured/underinsured, are Medicaid-eligible, or are American Indian or Alaska Native.

The 14th edition (revised April 2021) of CDC's "Pink Book" on the epidemiology and prevention of vaccine-preventable diseases can be accessed at: [Pink book Course Book: Epidemiology of Vaccine Preventable Diseases | CDC](https://www.cdc.gov/vaccines/imz/downloads/pink-book-course-book-epidemiology-of-vaccine-preventable-diseases/)

Adverse Events

Adverse events following vaccination are very rare. If a client has had a serious adverse event following vaccine administration, contact the RHO, who will assist with filling out the VAERS (Vaccine Adverse Events Reporting System) forms at: <https://vaers.hhs.gov/>.

Vaccine Efficacy

Perhaps the greatest success story in public health is the reduction of vaccine-preventable infectious diseases through robust population-wide immunization campaigns. Routine immunization has eradicated smallpox from the globe and led to the near elimination of wild poliovirus. Vaccines have reduced some preventable infectious diseases to an all-time low, and now few people experience the devastating effects of measles, pertussis, and other illnesses. Prior to approval by the Food and Drug Administration (FDA), vaccines are tested extensively by scientists to ensure they are effective and safe. Vaccines are the best defense against infectious diseases; however, no vaccine is 100% effective, and all may have some side effects. Differences in the ways individual immune systems react to a vaccine account for rare occasions when people are not protected following immunization or when they experience side effects. However, the benefits of vaccination in preventing serious illness and death far outweigh the potential risks associated with vaccination.

Note: Studies have indicated that children who receive acetaminophen prior to vaccination have a less robust response to vaccine compared to children who do not receive acetaminophen at all, or who receive it following vaccination. For this reason, the Public Health Division does not recommend routine use of acetaminophen prior to or at the time of vaccination; however, it can be used to treat pain or fever if they should occur following vaccination.

Combination vaccines

Combination vaccines are generally preferred over simultaneous administration of single-component vaccines. Considerations should include an assessment of the number of injections, vaccine availability,

likelihood of improved coverage, likelihood of patient return, and storage and costs. Considerations should also include patient choice and the potential for adverse events. The minimum age for administration of combination vaccines is the oldest minimum age for any of the individual components. The minimum interval between doses is equal to the greatest minimum interval of any of the individual components. Recommended spacing of doses should be maintained (CDC Resource Table: [cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html)).

However, **MMRV (PROQUAD)** is associated with an increased risk of febrile seizures in children 12-23 months compared to those who receive MMR vaccine and varicella vaccine separately at the same visit. Therefore, children 12-47 months of age who need both MMR and varicella vaccines should receive separate MMR and varicella vaccines **for the first dose**, rather than MMRV, unless only MMRV is available at the time of the visit.

The following table lists the combination vaccines available through DOH/VFC sources.

Brand Name	Antigens	Use for ages	Use for Dose	Special Considerations
Pentacel ® Sanofi Pasteur	DTaP, IPV, Hib	6 weeks through 4 years	1, 2, 3 or 4 of DTaP, IPV or Hib	Do not use for American Indian/ Alaska Native children under 6 months of age if PRP-OMP containing vaccine (PedvaxHIB) is available.
Pediarix ® GSK	DTaP, IPV, Hep B	6 weeks through 6 years	1, 2, or 3 of IPV or DTaP; any dose of hep B	<ul style="list-style-type: none"> • Infants who receive a birth dose of Hepatitis B are approved to receive the full three dose series of Pediarix. • A dose of Pediarix inadvertently administered as the 4th or 5th dose of the DTaP-IPV series does NOT need to be repeated.
ProQuad ® Merck	MMR, Varicella (MMRV)	12 months-12 years	If 1st dose: <ul style="list-style-type: none"> • ages 12-47 mo, use separate MMR & Varicella • ages 4-12 years, use MMRV If 2nd dose: ages 15 mo-12 years, use MMRV	MMRV is associated with an increased risk of febrile seizures in children 12-23 months compared to those who receive MMR vaccine and varicella vaccine at the same visit. For the first dose, administer MMR and varicella unless only MMRV is available at the time of the visit.
Kinrix ® GSK	DTaP, IPV	4 through 6 years	5th dose of DTaP. 4th dose of IPV	N/A
Quadracel ® Sanofi Pasteur	DTaP, IPV	4 through 6 years	5 th dose of DTaP; 4 th or 5 th dose of IPV - in children that have received 4 doses of Pentacel® or Daptacel®	N/A

Vaxelis®	DTaP, IPV, HIB, Hep B	6 weeks through 4 years	<ul style="list-style-type: none"> • use for dose 1, 2 or 3 of DTaP, IPV or Hib • May be used to complete Hepatitis B series (dose 2 or 3). • May use to complete the first 3 doses of the DTaP series in children who have received 1 or 2 doses of Pentacel or DAPTACEL and are also scheduled to receive the other antigens in VAXELIS. 	<ul style="list-style-type: none"> • can be used for the first 3 doses of the recommended DTaP series but should not be used for the fourth or fifth dose. • Children who have received a 3-dose series of VAXELIS should complete the primary and pertussis vaccination series with Pentacel, Quadracel or DAPTACEL
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Consent for Vaccination: Adults

A competent adult may provide consent to receive services, including vaccinations, provided by NMDOH. For non-life-threatening services such as immunizations, for adults who are not competent (temporarily or long-term) services must be deferred until they are competent or have consent from a legal guardian for services.

Consent for Vaccination: Minors (i.e., individuals less than 18 years of age)

In general, an adult parent or guardian must provide consent for minors to receive services, including immunizations. However, NMSA § 24-1-9 (NM Public Health Act) states that “any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease.” The NMDOH Office of General Counsel’s opinion is that STD vaccinations qualify as *preventive* “treatment” for purposes of the Public Health Act section 24-1-9. As a result, minors of any age may consent to STD-related vaccinations. Current vaccines available through NMDOH that are considered preventive treatment for STDs are: hepatitis A virus (HAV) vaccine, hepatitis B virus (HBV) vaccine, and human papilloma virus (HPV) vaccine.

As a general principle, consent requires that the person have the capacity to understand the procedure and consequences. **If a nurse or clinician is unsure about a person’s capacity to give consent, and no legal guardian is present, then they should contact a supervisor/RHO/PHD Medical Director or the Office of General Counsel.**

Non-parent, non-legal guardians of minors may not provide consent for services that would otherwise require a parent or guardian’s consent. However, per the Office of General Counsel, if a child presents with a non-parent, non-guardian adult for vaccination, a public health nurse may accept consent by telephone from a parent or guardian of the child. The name of the guardian/parent, the guardian/parent’s telephone number, date and time, and issues discussed (e.g., vaccines to be provided, risks, benefits, post-vaccination management, etc.) should be noted on the consent form. A nurse may also accept written consent from a parent or guardian, which should be scanned into the patient’s medical record. The non-guardian adult should sign the appropriate consent and screening form.

Public health staff who receive consent from a parent or guardian to provide care for a child are not obligated to check or ensure that another parent or guardian consents to the care.

There are some additional (rare) exceptions to the consent procedures for minors:

Prenatal and postnatal care. “A female minor shall have the capacity to consent to prenatal, delivery and postnatal care by a licensed health care provider.” NMSA § 24-1-13.1 (NM Public Health Act). Therefore, a minor who is pregnant may consent to any indicated vaccinations.

Emancipated, married or divorced minors. "...any emancipated minor or any minor who has contracted a lawful marriage may give consent to the furnishing of...medical...care to such minor...The consent of a parent of an emancipated minor or of a minor who has contracted a lawful marriage is not necessary...subsequent judgment of annulment of the marriage or judgment of divorce shall not deprive the minor of his adult status once attained." NMSA § 24-10-1 (NM Public Health Act). Therefore, an emancipated, married, or divorced minor may consent to any indicated vaccinations.

Certain unemancipated minors. An unemancipated minor fourteen (14) years or older who is living apart from their parents or legal guardian or the parent of a child may consent to "medically necessary health care." Medically necessary health care is defined as "clinical...services that are...essential to prevent...medical conditions" NMSA § 24-7A-6.2 (Uniform Health-Care Decisions Act). Therefore, an unemancipated minor fourteen years or older who is living apart from their parents/legal guardian or who is the parent of a child may consent to any indicated vaccinations.

The above list of applicable laws is not exhaustive but is merely intended to illustrate some of the laws that apply in New Mexico with respect to minors' ability to consent to treatment. Always consult with an attorney whenever a question arises as to whether a minor has the legal ability to consent to treatment, or whether parental consent in a given case is required.

Vaccine eligibility by age

VFC Eligibility. Children through 18 years of age who meet at least one of the following criteria are eligible to receive a VFC vaccine:

- Medicaid eligible: A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- Uninsured: A child who has no health insurance coverage
- American Indian or Alaska Native: As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- Underinsured and served at a federal qualified health center (FQHC) or a rural health clinic (RHC)

For VFC age eligibility, where vaccination is indicated, VFC vaccine may be administered to persons who are 18 years of age – that is, to anyone less than 19 years of age (also written as "<19 years," "**through 18 years,**" etc.). In other words, individuals are eligible by **age up to 18.99 years of age, 18 years and 364 days**, prior to their 19th birthday, etc.

Individuals who are exactly 19 years of age (on their 19th birthday) or older are **NOT** eligible to receive VFC vaccine.

Purpose: To reduce morbidity and mortality from diphtheria, tetanus, and pertussis by vaccinating all infants and children who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants and children ages 2 months through 6 years of age who have not completed a diphtheria, tetanus, and acellular pertussis (DTaP) vaccination series.
2. Screen all patients for contraindications and precautions to DTaP:
 - a. **Contraindications** (do not give vaccine, refer to primary care provider):
 - i. Previous anaphylactic reaction to this vaccine or to any of its components.
 - ii. History of encephalopathy (e.g., coma, decreased level of consciousness; prolonged seizures) not attributable to another identifiable cause within 7 days of a previous dose of pertussis-containing vaccine.
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Moderate or severe acute illness with or without fever.
 - ii. History of arthus-type hypersensitivity reactions after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid containing vaccine.
 - iii. Progressive or unstable neurologic disorder (including infantile spasms for DTaP), uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.
 - iv. Temperature of 105° F (40.5° C) or higher not attributable to another cause within 48 hours of a previous dose of DTaP.
 - v. Collapse or shock-like state (i.e., hypotensive hypo-responsive episode) within 48 hours of a previous dose of DTaP.
 - vi. Seizure within 3 days of a previous dose of DTaP.
 - vii. Persistent, inconsolable crying lasting more than 3 hours that occurred within 48 hours of a dose of DTaP.
 - viii. History of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine.
3. Provide all patients (or, in the case of minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Document 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: [Diphtheria, Tetanus, Pertussis \(DTaP\) Vaccine Information Statement \(immunize.org\)](https://www.immunize.org/diphtheria-tetanus-pertussis-dta-p-vaccine-information-statement)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other

school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.

5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Routine:
 - i. Administer a 0.5 mL dose intramuscularly, 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years.
 - ii. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
6. Catch-up vaccination (See also Appendix E):
 - a. The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
7. Storage and Handling: See Appendix A, Vaccine Management.
8. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - c. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
9. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
10. Report all adverse reactions to DTaP vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

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

Standing Orders for Administering Tetanus, Diphtheria (Td) +/- Acellular Pertussis (Tdap) to Children and Adolescents Aged 7 years through 18 Years of Age, including Pregnant Adolescents

08/01/2022

Purpose: To reduce morbidity and mortality from diphtheria, tetanus, and pertussis by vaccinating all infants and children who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify children and teens from 7 through 18 years in need of vaccination against diphtheria, tetanus, and pertussis.
2. Screen all patients for contraindications and precautions to Td or Tdap:
 - a. **Contraindications** (do not give vaccine, refer to primary care provider):
 - i. History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of DTaP, Tdap, Td or to a vaccine component. For a list of vaccine components, go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - ii. For Tdap only: A history of encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. History of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine.
 - ii. History of an arthus-type hypersensitivity reaction following a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine.
 - iii. Moderate or severe acute illness with or without fever.
 - iv. For Tdap only: Progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.
3. Provide all patients (or, in the case of minors, their parent or 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 and preferred; these can be found at: [Tdap - Tetanus, Diphtheria, Pertussis - Vaccine Information Statement \(immunize.org\)](#) OR [Td - Tetanus and Diphtheria - Vaccine Information Statement \(immunize.org\)](#)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient. In a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.

- a. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly using the injection guide in Appendix F.
- b. Routine vaccination:
 - i. Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
 - ii. Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
 - iii. Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination. This vaccine can be given at any time during pregnancy.
- c. Catch-up vaccination (see also Appendix E):
 - i. "Not fully vaccinated" against pertussis is defined as having received fewer than 4 doses of DTaP or having received 4 doses of DTaP but the last dose was prior to age 4 years.
 - ii. Persons 7 years through 18 years of age who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine.
 - iii. Children 7 through 10 years who receive a dose of Tdap inadvertently or as part of the catch-up series should still receive the scheduled Tdap vaccine dose at age 11 through 12 years. Td should be administered instead 10 years after this dose.
 - iv. Adolescents aged 13 through 18 years who have not received Tdap vaccine should receive one dose of Tdap. Additional booster doses can be Td **OR Tdap**, every 10 years thereafter.
 - v. Inadvertent doses of DTaP vaccine:
 1. If administered inadvertently to a child aged 7 through 10 years, dose(s) may count as part of the catch-up series. The routine Tdap booster dose at age 11 through 12 years should still be given.
 2. If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.

NOTE: Only one dose of Tdap vaccine is routinely recommended for adolescents because Tdap does not provide a boost. However, if a child receives Tdap as part of a catch-up schedule between the ages of 7 and 10 years, that child should receive the scheduled dose of Tdap vaccine between the ages of 11 and 12 years.

6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. 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 be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.

- d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to Tdap or Td vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from poliomyelitis by vaccinating all infants, children and adolescents who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants, children and adolescents ages 2 months through 18 years who have not completed a poliomyelitis vaccination series.

Note: Routine vaccination of adults (18 years of age and older) who reside in the United States is not necessary or recommended because most adults are already immune and have a very small risk of exposure to wild poliovirus in the United States. However, individuals 18 through to 19 years of age at high risk (e.g., travelers, laboratory workers, refugees) may benefit from vaccination under this standing order.

2. Screen all patients for contraindications and precautions to inactivated poliovirus vaccine (IPV):
 - a. **Contraindications** (do not give vaccine, refer to primary care provider):
 - i. History of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to an IPV vaccine component. For a list of vaccine components, go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Moderate or severe acute illness with or without fever.
 - ii. Pregnancy.
3. Provide all patients (or, in the case of a minor, parent or 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 and preferred; these can be found at: [Polio Vaccine Information Statement \(immunize.org\)](#)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Provide routine vaccination with IPV at ages 2 months, 4 months, 6–18 months, and 4–6 years.
 - b. Administer 0.5 mL IPV intramuscularly, using the injection guide in Appendix F.
 - c. Routine vaccination:

- i. Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years.
 - ii. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
 - d. Catch-up vaccination (See also Appendix E):
 - i. In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
 - ii. If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
 - iii. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
 - iv. If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 - Bivalent OPV (bOPV) doses are not valid in the United States.
 - Trivalent OPV (tOPV) doses, administered through April 1, 2016, count toward U.S. vaccination requirements.
 - For children younger than 18 years of age, any OPV doses given after April 1, 2016, do not count towards U.S. vaccination requirements. These children should receive an IPV dose to complete the schedule according to the U.S. IPV schedule.
 - v. IPV is not routinely recommended for U.S. residents aged 18 years or older.
6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
- a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. 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 be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

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

Standing Orders Signatures (see last page of this document).

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

Standing Orders for Administering *Haemophilus Influenzae* Type B (Hib) Vaccine to Infants, Children and Adolescents 6 weeks through 18 Years of Age

08/01/2022

Purpose: To reduce morbidity and mortality from *Haemophilus influenzae* type b disease by vaccinating all children who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants and children in need of vaccination against *Haemophilus influenzae* type b (Hib) based on the following criteria:
 - a. Age 6 weeks through 14 months without vaccination or with an incomplete primary series of Hib vaccine.
 - b. Age 15 months through 59 months without evidence of receiving a dose of Hib vaccine since his or her 1st birthday.
 - c. Age 15 months through 59 months who are partially vaccinated and are undergoing elective splenectomy or receiving chemotherapy or radiation therapy.
 - d. Age 5 years or older who are unvaccinated or partially vaccinated and have:
 - i. leukemia,
 - ii. malignant neoplasms
 - iii. anatomic or functional asplenia (including sickle cell disease)
 - iv. human immunodeficiency virus (HIV) infection, or
 - v. other immunocompromising condition
 1. **Note:** This is ACIP off label recommendation.
2. Screen all patients for contraindications and precautions to Hib vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider): History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Hib vaccine or to a Hib vaccine component. For a list of vaccine components, go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include moderate or severe acute illness with or without fever.
3. Provide all patients (or, in the case of minors, their parent or 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 [Haemophilus influenzae type b \(Hib\) VIS Vaccine Information Statement \(immunize.org\)](#)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Provide routine vaccination with Hib vaccine at ages 2 months, 4 months, 6 months*, and 12 through 15 months.

- b. Special considerations: for American Indian/ Alaska Native children under 6 months of age, PRP-OMP containing vaccine (PedvaxHIB) is preferred if available.
- c. Administer 0.5 mL Hib vaccine intramuscularly using the injection guide in Appendix F.
 - i. Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.

ii. Hib Conjugate Vaccines:

PRP-T	ActHIB, Pentacel Hiberix (booster dose only)
PRP-OMP	PedvaxHIB

*HbOC (HibTiter) no longer available in the United States

1. The primary series with ActHIB or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
2. One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine: Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.

ACIP-Recommended Haemophilus influenzae type b (Hib) Routine Vaccine Schedule					
Type	Vaccine	2 months	4 months	6 months	12 – 15 months
PRP-T	ActHIB	X (1 st)	X (2 nd)	X (3 rd)	X
	Pentacel*	X (1 st)	X (2 nd)	X (3 rd)	X
	Hiberix †	-	-	-	X
PRP-OMP	PedvaxHIB	X (1 st)	X (2 nd)	-	X

* The recommended age for the 4th dose of Pentacel is 15-18 months, but it can be given as early as 12 months, provided at least 6 months have elapsed since the 3rd dose.

† Hiberix is approved only for the last dose of the Hib series among children 12 months of age and older. The recommended age is 15 months, but to facilitate timely booster vaccination it may be given as early as 12 months.

d. Catch-up vaccination (See also Appendix E):

- i. If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- ii. If the first 2 doses were PRP-OMP (PedvaxHIB), and were administered before first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
- iii. If the first dose was administered at age 7 months through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 months through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
- iv. If first dose is administered before first birthday and second dose is administered younger than 15 months of age, a third (and final) dose should be given 8 weeks later.
- v. For unvaccinated children aged 15 months or older, administer only 1 dose.

Haemophilus influenzae type b Vaccine Detailed Schedule for Unvaccinated Children			
Vaccine	Age at 1 st Dose (months)	Primary Series	Booster
PRP-T*	2 – 6	3 doses, 8 weeks apart	12 – 15 months
	7 – 11	2 doses, 4 weeks apart	12 – 15 months

	12 – 14	1 dose	2 months later
	15 – 59†	1 dose	-
PRP-OMP	2 – 6	2 doses, 8 weeks apart	12 – 15 months
	7 – 11	2 doses, 4 weeks apart	12 – 15 months
	12 – 14	1 dose	2 months later
	15 – 59	1 dose	-

* Hiberix brand PRP-T vaccine is approved only for the last dose of the Hib series among children 12 months of age and older.

† MenHibrix brand PRP-T vaccine is not recommended for children 19 months of age or older.

e. Vaccination of persons with high-risk conditions:

- i. Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- ii. For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- iii. Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- iv. A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
- v. Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through to 19 years of age with human immunodeficiency virus (HIV) infection.

* *"Unimmunized" is defined as a patient who has not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age.*

6. Storage and Handling: See Appendix A, Vaccine Management.

7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.

- a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
- b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
- c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into

TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.

- d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to Hib vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from hepatitis A virus (HAV) infection by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify all children and teens in need of vaccination against hepatitis A based on the following criteria:
 - a. All children age 12–months or older.
 - b. All children who will be attending daycare/preschool in New Mexico. As of the 2020-21 school year, 2 doses of HepA will be required for kindergarten entry.
 - c. Children who are experiencing homelessness.
 - d. Anticipated travel to a country with intermediate or high endemicity for hepatitis A (i.e., all countries except Canada, Japan, Australia, New Zealand, and countries in Western Europe)
 - e. Anticipated close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the arrival of the adoptee in the United States.
 - f. A male who has sex with males.
 - g. Users of injection and non-injection illicit drugs.
 - h. Diagnosis of chronic liver disease, including hepatitis B and C.
 - i. Diagnosis of a clotting-factor disorder, such as hemophilia.
 - j. An unvaccinated child or teen with recent possible exposure to HAV (e.g., within previous two weeks). Note: Consult licensed healthcare provider for exposed children younger than age 12 months, as they should be given IG instead of vaccine.
 - k. Individuals who work with (even if through school) or handle HAV-infected primates or work with HAV in a research laboratory.
 - l. All children age 1 year and older with HIV
 - m. Any other child or teen who wants to be protected from hepatitis A.
2. Screen all patients for contraindications and precautions to hepatitis A vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider) History of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis A vaccine or to a hepatitis A vaccine component. For information on vaccine components, refer to the manufacturer’s package insert (www.immunize.org/package-inserts) or go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include moderate or severe acute illness with or without fever.
3. Provide all patients (or, in the case of a minor, 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 and preferred; these can be found at: [Hepatitis A Vaccine Information Statement \(immunize.org\)](#)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting

without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, “Are you Suzie Smith?” Instead ask “What is your name?”). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.

5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer’s insert of the vaccine you are using.
 - a. Administer 0.5 ml of hepatitis A vaccine intramuscularly using the injection guide in Appendix F.
 - i. Initiate the 2-dose HepA vaccine series at 12 through 23 months; separate the 2 doses by at least 6 months.
 - ii. Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose at least 6 months after the first dose.

Hepatitis A Vaccines

Formulation	HAVRIX	VAQTA
Pediatric		
Age	1 through 18 years	1 through 18 years
Volume	0.5 mL	0.5 mL
Dose	720 (EL.U)	25 U
Schedule*	0, 6-12	0, 6-18
Number of Doses	2	2

- b. Special populations: Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection. This includes:
 - i. Children traveling to or working in areas of high or intermediate hepatitis A endemicity;
 1. Infants 6 – 11 months of age traveling to countries outside of the United States for which protection against hepatitis A is recommended should receive a total of 3 doses:
 - Vaccinate with 1 dose prior to travel departure AND
 - Vaccinate with full 2 dose series with dose 1 and dose 2 separated by at least 6 months between the ages of 12 months to 23 months. In special situations, refer to a licensed healthcare provider. This dose will not count toward the routine childhood Hepatitis A series.
 - ii. Males who have sex with males;
 - iii. Users of injection and non-injection illicit drugs;
 - iv. Persons who work with HAV-infected primates or with HAV in a research laboratory;
 - v. Persons with clotting-factor disorders;
 - vi. Persons with chronic liver disease;
 - vii. Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity. The first dose should be administered as soon as the adoption is planned, ideally 2 or more weeks before the arrival of the adoptee
- c. Catch-up vaccination (See Appendix E):
 - i. For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.
 - ii. The minimum interval between the two doses is 6 months.

6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to Hib vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from hepatitis B virus (HBV) infection by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants, children, and adolescents through 18 years of age who have not begun or have not completed a hepatitis B vaccination series.
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider): History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component. For a list of vaccine components, go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include moderate or severe acute illness with or without fever.
3. Provide all patients (or, in the case of minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record and on the Immunization Program Documentation and Consent Form (Part B), 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: [Hepatitis B Vaccine Information Statement \(immunize.org\)](#)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Birth dose: newborns should be vaccinated with monovalent vaccine within 24 hours of birth if medically stable and weighing more than 2,000 g.
 - i. For infants weighing under 2,000 grams, dose 1 can be given at hospital discharge or at chronological age 1 month.
 - b. After the birth dose, the series may be completed using single-antigen vaccine (2 doses) or Pediarix.
 - i. Administer dose 2 at age 1–2 months (minimum interval of 4 weeks from the first dose). **Monovalent HepB vaccine should be used for doses administered before age 6 weeks.**
 - ii. Administer the final dose at age 6–18 months (at least 8 weeks after the second dose AND at least 16 weeks after the first dose). Minimum age for the final (3rd or 4th) dose is 24 weeks.
 - iii. If Pediarix (at ages 2 months, 4 months, 6 months) is used to complete the series, the child may receive a 4th dose of HepB vaccine.

- iv. The final (3rd or 4th) dose in the infant series should not be given earlier than age 24 weeks.
 - c. Special circumstances
 - i. **Infants who did not receive a birth dose** should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Catch-up Schedule.
 - ii. **Infants born to mothers who are HBsAg-positive** should receive infant HBIG (0.5 mL intramuscular), in addition to dose 1, within 12 hours of birth.
 - 1. These infants should be under case management by the state Perinatal Hepatitis B Prevention Program. Complete 3-dose series by 6 months of age.
 - iii. **Infants born to mothers with unknown HBsAg status** should receive dose 1 within 12 hours of birth.
 - 1. If low birth weight (less than 2,000 grams), infant should have also received HBIG within 12 hrs.
 - 2. For infants weighing 2000 grams or more whose mothers are subsequently found to be HBsAg positive, obtain an order to give infant HBIG ASAP (no later than 7 days of birth).
 - d. Catch-up vaccination (See also Appendix E):
 - i. Unvaccinated persons should complete a 3-dose series at 0, 1-2 months, and 6 months.
 - ii. Adolescents 11–15 years of age may use an alternative 2-dose schedule, with at least 4 months between doses (1 mL adult formulation Recombivax HB only; Engerix-B is not licensed for a 2-dose schedule).
6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient’s vaccine administration information in the client’s electronic health record OR in TransactRx.
- a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically). **The exception is that vaccines administered as “Confidential” do not upload to NMSIIS in order to protect client confidentiality. Be sure to provide the patient with the vaccination administration information for their personal record.**
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

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

Standing Orders Signatures (see last page of this document).

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

Standing Orders for Administering Measles, Mumps & Rubella (MMR) Vaccine to Infants, Children and Adolescents 12 Months through 18 Years of Age

08/01/2022

Purpose: To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify children and teens 12 months through 18 years of age in need of vaccination against measles, mumps, and rubella.
 - a. MMR is required for daycare, preschool, and school in New Mexico.
2. Screen all patients for contraindications and precautions to measles, mumps, and rubella (MMR) vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider):
 - i. History of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/package-inserts) or go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - ii. Pregnant now or may become pregnant within 1 month.
 - iii. Known severe immunodeficiency (e.g., hematologic and solid tumors; congenital immunodeficiency; prolonged [14 days or longer] high-dose steroid therapy; severely immunocompromised from HIV infection).
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product).
 - ii. History of thrombocytopenia or thrombocytopenic purpura.
 - iii. Moderate or severe acute illness with or without fever.
3. Provide all patients (or, in the case of a minor, 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 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. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.

- a. Administer 0.5 mL MMR vaccine subcutaneously using the injection guide in Appendix F.
 - i. Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
 - ii. Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
 - i. Children traveling to or working in areas of high or intermediate MMR endemicity;
 1. Infants 6 months – 11 months of age traveling to countries outside of the United States for which protection against MMR is recommended should receive a total of 3 doses:
 - Vaccinate with 1 dose prior to travel departure
AND
 - Vaccinate with full 2 dose series with dose 1 and dose 2 separated by at least 4 weeks between the ages of 12 months to 15 months. In special situations, refer to a licensed healthcare provider. This dose will not count toward the routine childhood MMR series.
 - iii. **Additional Doses in a Mumps Outbreak Response:** For persons 12 months and older, who previously received at least two doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:
 1. Administer 1 dose of MMR
 - b. Catch-up vaccination (See Appendix E):
 - i. Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.
6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
- a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

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

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from varicella (chickenpox) by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses, where allowed by state law, may vaccinate children and teens who meet any of the criteria below.

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify children and teens 12 months through 18 years of age in need of vaccination against varicella.

(Note: Because HIV-infected children are at increased risk for morbidity from varicella and herpes zoster (shingles), single-antigen varicella vaccine should be considered for HIV-infected children with CD4+ T-lymphocyte percentages greater than or equal to 15% as well as for children age 9 years and older with CD4+ T-lymphocytes count greater than or equal to 200 cells per microliter.)

2. Screen all patients for contraindications and precautions to varicella vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider):
 - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/package-inserts) or go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - Pregnant now or may become pregnant within 1 month
 - Having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems
 - Receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent)
 - Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory
 - A child age 1 year or older with CD4+ T-lymphocyte percentages less than 15% or a child or teen age 6 years or older with CD4+ T-lymphocytes count less than 200 cells per microliter
 - For combination MMRV only: primary or acquired immunodeficiency, including immunosuppression associated with AIDS or other clinical manifestations of HIV infections, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia.
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer.
 - Recent receipt (within the previous 11 months) of antibody-containing blood product (specific interval depends on product)

- Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination
 - Moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, 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 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: [Varicella \(chickenpox\) Vaccine Information Statement \(immunize.org\)](https://www.immunize.org/varicella)
 4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?") if a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
 5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Provide routine vaccination with varicella vaccine at ages 12–15 months and at 4–6 years. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm, OR the fatty tissue over anterolateral thigh muscle, for children and teens. Varicella-containing vaccine must be stored frozen. Reconstitute and administer varicella-containing vaccine immediately after removing from the freezer.
 - b. For children and teens who have not received two doses of varicella vaccine (generally given at the ages specified above in #5a), give a dose at the earliest opportunity and then schedule a second dose, if needed. **Observe minimum intervals of 12 weeks between doses for children age 12 years or younger and 4 weeks between doses for teens 13 years and older.**
 6. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. 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 an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

8. Report all adverse reactions to varicella 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from invasive pneumococcal disease by vaccinating all children who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants and children in need of vaccination against invasive pneumococcal disease based on the following criteria:
 - a. Age 2 months through 59 months and generally healthy.
 - b. Age 2 months through 71 months with any of the conditions described below:
 - i. Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure).
 - ii. Chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids).
 - iii. Diabetes mellitus.
 - iv. Cerebrospinal fluid leak.
 - v. Candidate for or recipient of cochlear implant.
 - vi. Functional or anatomic asplenia (i.e., sickle cell disease or other hemoglobinopathy, congenital or acquired asplenia, or splenic dysfunction).
 - vii. Immunocompromising condition, including:
 1. HIV infection
 2. Chronic renal failure and nephrotic syndrome;
 3. Disease associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; or solid organ transplantation);
 4. Congenital immunodeficiency (includes B-[humoral] or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease]).
 - c. Age 6 years through 18 years with any of the conditions described in categories **iv** through **vii** above.
2. Screen all patients for contraindications and precautions to pneumococcal conjugate vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider): History of a serious reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine or refer to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include: moderate or severe acute illness with or without fever.
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: [Pneumococcal conjugate Vaccine Information Statement - PCV VIS \(immunize.org\)](#) AND [Pneumococcal Polysaccharide Vaccine \(PPSV23\) VIS \(immunize.org\)](#)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not

ask, for example, “Are you Suzie Smith?” Instead ask “What is your name?”). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.

5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer’s insert of the vaccine you are using.
 - a. Administer 0.5 mL PCV 13 intramuscularly according to the injection guide in Appendix F.
 - b. Routine vaccination with PCV 13:
 - i. Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
 - ii. For children ages 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).
 - c. Catch-up vaccination with PCV 13 (See also Appendix E):
 - i. Administer 1 dose of PCV13 to healthy children aged 24 through 59 months with any incomplete PCV13 schedule for their age.

Recommendations for Pneumococcal Vaccine Use in Children and Teens

Table 1.
Recommended
Schedule for
Administering
Pneumococcal
Conjugate
Vaccine (PCV13)

Child’s age now	Vaccination history of PCV13 and/or PCV7	Recommended PCV13 Schedule <small>(For minimum interval guidance for catch-up vaccination, see * below)</small>
2 through 6 months	0 doses	3 doses, 8 weeks* apart; 4th dose at age 12–15 months
	1 dose	2 doses, 8 weeks* apart; 4th dose at age 12–15 months
	2 doses	1 dose, 8 weeks* after the most recent dose; 4th dose at age 12–15 months
7 through 11 months	0 doses	2 doses, 8 weeks apart* and a 3rd dose at age 12–15 months
	1 or 2 doses before age 7 months	1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
	1 dose at age 7–11 months	2 doses: 1 dose at age 7–11 months and a 2nd dose at age 12–15 months, at least 8 weeks after the most recent dose
	2 doses at age 7–11 months	1 dose at age 12–15 months
12 through 23 months	0 doses	2 doses, at least 8 weeks apart
	1 dose before age 12 months	2 doses, at least 8 weeks apart
	1 dose at or after age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 or 3 doses before age 12 months	1 dose, at least 8 weeks after the most recent dose
	2 doses at or after age 12 months	0 doses
24 through 59 months (healthy children)	0 doses	1 dose
	Any incomplete schedule	1 dose, at least 8 weeks after the most recent dose
24 through 71 months (children with underlying medical condition as described in Table 3 below)	Unvaccinated or any incomplete schedule of less than 3 doses	2 doses: 1st dose at least 8 weeks after most recent dose and a 2nd dose at least 8 weeks later
	Any incomplete schedule of 3 doses	1 dose, at least 8 weeks after the most recent dose
	4 doses of PCV7 or other age-appropriate complete PCV7 schedule	1 dose
6 through 18 years with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 below), cerebrospinal fluid leak, or cochlear implant	No history of PCV13	1 dose

* Minimum interval between doses: For children younger than age 12 months: 4 weeks; for children age 12 months and older: 8 weeks.

Table 3. Underlying Medical Conditions that Are

- ii. For other catch-up guidance, see Catch-up Schedule.

- iii. Vaccination of persons with high-risk conditions with PCV13 and PPSV23: **All recommended PCV 13 doses should be administered prior to PPSV23 vaccination if possible.**
1. For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; solid organ transplantation; or congenital immunodeficiency:
 - a. Administer 1 dose of PCV13 if 3 doses of PCV (PCV7 and/or PCV13) were received previously. Must be given at least 8 weeks after any prior PCV13 dose.
 - b. Administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously. Must be given at least 8 weeks after any prior PCV13 dose.
 - c. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
 - d. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV 13. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.

Table 2. Recommended Schedule for Administering Pneumococcal Polysaccharide Vaccine (PPSV23)

Risk Group	Schedule for PPSV23	Revaccination with PPSV23
Immunocompetent children and teens with underlying medical condition (see Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Not indicated
Children and teens with immunocompromising condition, functional or anatomic asplenia (see specific conditions in Table 3 at right)	Give 1 dose of PPSV23 at age 2 years or older and at least 8 weeks after last dose of PCV13	Give 1 additional dose of PPSV23 at least 5 years following the first PPSV23; the next recommended dose would be at age 65 years

2. For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
 - a. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
 - b. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.

- c. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
- iv. For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease:
 - a. who have not received PPSV23, administer 1 dose of PPSV23.
 - b. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
- v. A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

Table 3. Underlying Medical Conditions that Are Indications for Pneumococcal Vaccination

Risk Group	Condition
Immunocompetent children and teens with risk condition	Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids); diabetes mellitus; cerebrospinal fluid leak; cochlear implant
Children and teens with functional or anatomic asplenia	<ul style="list-style-type: none"> • Sickle cell disease and other hemoglobinopathies • Congenital or acquired asplenia, or splenic dysfunction
Children and teens with immuno-compromising condition	<ul style="list-style-type: none"> • HIV infection • Chronic renal failure and nephrotic syndrome • Diseases associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; or solid organ transplantation) • Congenital immunodeficiency (includes B- [humoral] or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, or C4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease])

All charts are from: <http://www.immunize.org/catg.d/p2016.pdf>

- 6. Storage and Handling: See Appendix A, Vaccine Management.
- 7. Document each patient’s vaccine administration information in the client’s electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.

- c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
- 8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
 - 9. Report all adverse reactions to pneumococcal 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from meningococcal disease by vaccinating all children who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants, children and adolescents in need of vaccination against meningococcal disease based on the following criteria:
 - a. Age 11 – 16 years and previously unvaccinated and generally healthy.
 - b. **Entering 7th grade in New Mexico.**
 - c. Age 2 months through 10 years of age with any of the conditions described below:
 - i. Traveling to specific countries [Meningococcal Disease: Travel as a Risk Factor | CDC](#)
 - ii. Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure).
 - iii. Chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids).
 - d. Age 2 months through 18 years with any of the conditions described below:
 - i. Diabetes mellitus.
 - ii. Cerebrospinal fluid leak.
 - iii. Candidate for or recipient of cochlear implant.
 - iv. Functional or anatomic asplenia (i.e., sickle cell disease or other hemoglobinopathy, congenital or acquired asplenia, or splenic dysfunction).
 - v. Immunocompromising condition, including:
 1. HIV infection
 2. Chronic renal failure and nephrotic syndrome;
 3. Disease associated with treatment with immunosuppressive drugs or radiation therapy (e.g., malignant neoplasms, leukemias, lymphomas, and Hodgkin’s disease; or solid organ transplantation);
 4. Congenital immunodeficiency (includes B-[humoral] or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders [excluding chronic granulomatous disease]).
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider):
 - i. History of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a vaccine component. For a list of vaccine components, go to: [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Moderate or severe acute illness with or without fever;

- ii. Meningococcal conjugate vaccines may be given to pregnant women who are at increased risk for serogroup A, C, W, or Y meningococcal disease.
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: [Meningococcal ACWY Vaccine Information Statement \(immunize.org\)](https://www.immunize.org/meningococcal-acwy-vaccine-information-statement)
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Administer 0.5 mL intramuscularly according to the injection guide in Appendix F.
 - i. Minimum ages:
 - 2 months for MenACWY-CRM [Menveo]
 - 24 months for MenACWY [MenQuadfi]
 - b. Routine vaccination:
 - i. Administer a single dose of Menveo, or MenQuadfi vaccine at age 11 through 12 years, with a booster dose at age 16 to 18 years.
 - ii. Adolescents aged 11 through 18 years with HIV infection should receive a 2-dose primary series of Menveo or MenQuadfi with at least 8 weeks between doses.
 - c. For children aged 2 months through 18 years with increased risk due to:
 - i. **High risk conditions:** anatomic or functional asplenia, sickle cell disease, HIV infection, persistent complement component deficiency, eculizumab use:
 1. Menveo
 - i. *Children who initiate vaccination at 8 weeks through 6 months:* Administer a four-doses series at 2, 4, 6, and 12 months of age.
 - ii. *Children who initiate vaccination at 7 through 23 months:* Administer 2 doses, with the second dose at least 12 weeks after the first dose AND after the first birthday.
 - iii. *Children 24 months and older who have not received a complete series:* Administer 2 primary doses at least 8 weeks apart.
 - iv. First dose at 24 months or older: 2 doses at least 8 weeks apart.
 2. **MenQuadfi - not recommended for 2-23 months**
 - ii. **Travel:** For children who travel to or reside in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the "meningitis belt" of sub-Saharan Africa or the Hajj), administer an age-appropriate formulation and series of MenACWY vaccine for protection against serogroups A and W meningococcal disease. Prior receipt of MenHibrix is not sufficient, because it does not contain serogroups A or W.
 1. Children <24 months of age:
 - i. **Menveo** (2-23 months):
 1. 1st dose at 2 – 6months: 4-dose series at 2, 4, 6, and 12 months.
 2. 1st dose at 7 - 23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
 2. Children 2 years or older: 1 dose of Menveo or MenQuadfi

- iii. **Outbreak setting:** For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age- and formulation-appropriate series of Menveo or **MenQuadfi**.
 1. For booster doses among persons with high-risk conditions, refer to: [Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020 | MMWR \(cdc.gov\)](#)
- d. Catch-up Recommendations for **individuals WITHOUT a high-risk condition:**
 - i. **Administer** Menveo or **MenQuadfi** vaccine at age 13 through 18 years if not previously vaccinated.
 - ii. If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
 - iii. If the first dose is administered at age 16 through 18 years, a booster dose is not needed.
6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
9. 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from serotype B meningococcal disease by vaccinating individuals who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices. Children ages 10 years through 18 years are to be vaccinated using VFC-supplied vaccine.

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.

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure

1. Identify children and teens in need of vaccination against serotype B meningococcal disease based on the following criteria:

- a. Children aged 16 through 18 years of age without high-risk conditions may be vaccinated upon request* and based on their academic setting requirements.
- b. Children 10 years and older with high-risk conditions
 - persistent complement component deficiencies, or
 - anatomic or functional asplenia, or
 - Microbiologists routinely exposed to isolates of *Neisseria meningitides*, or
 - Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak.
 - For those attending an academic setting with a vaccine requirement for MenB.

*The Advisory Committee on Immunization Practices (ACIP) recently recommended to leave serogroup B meningococcal vaccination in adolescents up to individual clinical decision. This guideline is different from the recommendation for quadrivalent meningococcal conjugate vaccine (www.cdc.gov/vaccines/vpd-vac/mening/faqs-hcp-adolescent-vaccine.html). PHD has determined that, due to the low disease burden and limited information on the impact of these vaccines, health office staff do not need to promote meningococcal B vaccine – but may provide it upon client request.

2. Screen all patients for contraindications and precautions to meningococcal vaccine:

- a. **Contraindications** (do not give vaccine, refer to primary care provider): a history of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of MenB vaccine or to a vaccine component. For information on vaccine components, refer to the manufacturer’s package insert (www.immunize.org/packageinserts) or go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
- b. **Precaution:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include: moderate or severe acute illness with or without fever

3. Provide all patients (or, in the case of a minor, parent or 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 and preferred; these can be found at: www.immunize.org/vis.

4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian; in a school or other mass setting without access to records and parent/guardians, ask the child their full name and birthdate (do not ask, for example, “Are you Suzie Smith?” Instead ask “What is your name?”). If a child does not know their birthdate, name of parent can be used. Another staff (e.g., clerk), or a teacher or other

school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.

5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Administer 0.5 mL intramuscularly according to the injection guide in Appendix F.
 - i. Minimum ages:
 - Preferred age of 16 – 18 years (permitted ages 16-23)
 - Minimum age of 10 years for meningococcal B at increased risk.
 - ii. Routine vaccination:
 - i. Administer a single dose of meningococcal B vaccine as either a 2-dose series of MenB-4C (Bexsero) or a 3-dose series of MenB-FHbp (Trumenba).
 1. Bexsero: 2 doses at least 1 month apart.
 2. Trumenba: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.
 - ii. Bexsero and Trumenba are not interchangeable. The **same vaccine** product should be used for all doses.
 - iii. Meningococcal conjugate (MCV4) and serogroup B meningococcal (MenB) vaccines may be administered during the same visit, but at a different injection site.
 - iv. Each vaccine should be administered with a separate syringe.
 - iii. Meningococcal conjugate (MCV4) and serogroup B meningococcal (MenB) vaccines may be administered during the same visit, but at a different injection site.
 - iv. Each vaccine should be administered with a separate syringe.
 - b. Routine vaccination:
 - i. Administer a single dose of meningococcal B vaccine as either a 2-dose series of MenB-4C (Bexsero) or a 3-dose series of MenB-FHbp (Trumenba).
 1. Bexsero: 2 doses at least 1 month apart.
 2. Trumenba: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.
 - ii. Bexsero and Trumenba are not interchangeable. The **same vaccine** product should be used for all doses.
 - iii. Meningococcal conjugate (MCV4) and serogroup B meningococcal (MenB) vaccines may be administered during the same visit, but at a different injection site.
 - iv. Each vaccine should be administered with a separate syringe.
 - c. Booster vaccination for children with high-risk conditions identified above:
 - i. 1 dose 1 year following completion of the MenB primary series
 - ii. A booster dose every 2–3 years thereafter, for as long as increased risk remains
 - d. During an outbreak:
 - i. A one-time booster dose if it has been more than one year since primary series completion
 - ii. A booster dose interval of at least 6 months may be considered by public health officials depending on the specific outbreak, vaccination strategy, and projected duration of elevated risk.
6. Provide vaccination to children and teens with risk factors according to guidance on page 42 (“Meningococcal Vaccination Recommendations by Age and/or Risk Factor”).
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
9. 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from Human Papilloma Virus by vaccinating all adolescents who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible registered nurses, where allowed by state law, may vaccinate individuals who meet the criteria below, with or without parental consent.

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify adolescents in need of vaccination against human papilloma virus disease based on the following criteria:

Gender and Age	9-valent HPV vaccine (HPV9)
Females, 11 through to 18 years	Eligible
Males, 11 through to 18 years	Eligible

*9vHPV is the only licensed HPV vaccine for use and on the CDC VFC vaccine list.

Note: the CDC recommends routine vaccine at 11-12 years of age – but vaccination may be provided as early as 9 years of age in special situations (see section 5(b)(v)). Individuals 19 years old and above may be vaccinated, but not using VFC-supplied vaccine. See adult standing orders for more guidance.

2. Screen all patients for contraindications and precautions to human papilloma virus vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider):
 - i. History of a serious reaction (e.g., anaphylaxis) after a previous dose of HPV vaccine or to an HPV vaccine component. For a list of vaccine components, go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - iii. Moderate or severe acute illness with or without fever;
 - iv. Pregnancy: delay vaccination until after completion of the pregnancy. If pregnancy is a possibility, proceed to pregnancy testing (see separate protocol and orders).
3. Provide all patients (or 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.
4. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, of mass setting, confirm identity with the client - ask the child their full name and birthdate (do not ask, for example, “Are you Suzie Smith?” Instead ask “What is your name?”). Another staff (e.g., clerk), or a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer’s insert of the vaccine you are using.
 - a. Administer 0.5 mL intramuscularly according to the injection guide in Appendix F.
 - i. For Boys: 9vHPV (2 OR 3-dose series)

- ii. For Girls: 9vHPV (2 OR 3-dose series)
 - iii. Persons who have completed a valid series with any HPV vaccine do not need any additional doses.
 - iv. If the person started with 4vHPV or 2vHPV, you can finish the series with 9vHPV
- b. Routine vaccination with HPV:

The number of recommended doses is based on immunocompetence and age at administration of the first dose.

- i. For immunocompetent males and females 11 years through to 15 years of age: Administer a 2-dose series of HPV vaccine on a schedule of 0 and 6-12 months (minimum interval = 5 months). 9vHPV is the only licensed HPV vaccine for use in both males and females.
- ii. For males and females 15 years through to 18 years of age: Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2 months (minimum interval 4 weeks), and 6 months (minimum interval 12 weeks for dose 2 and 3, AND minimum interval 5 months for dose 1 and 3). 9vHPV is the only licensed HPV vaccine for use in both males and females.

Age of Initiation	Number of doses	Vaccine Series	Minimal Interval
11 – 14 years (boys and girls)	2 doses	0 and 6 – 12 months	- 5 months, repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose
- Age 15 or older (boys and girls) - Ages 9 – 26 who are Immunocompromised	3 doses	0, 1 – 2 months, 6 months	- 4 weeks between 1st and 2nd dose. - 12 weeks between 2nd and 3rd dose. - 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).

- iii. A series that was begun with one product may be continued with 9vHPV.
 - iv. For persons who have been adequately vaccinated with 2vHPV or 4vHPV, there is no ACIP recommendation regarding revaccination with 9vHPV.
 - v. Special situations:
 - 1. History of sexual abuse or assault: Begin series at age 9 years.
 - 2. Immunocompromised (including HIV) aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
 - 3. Females and males 9 years through to 15 years of age with immunocompromising conditions that might reduce cell-mediated or humoral immunity (e.g., B lymphocyte antibody deficiencies, T lymphocyte complete or partial defects, HIV infection, malignant neoplasms, transplantation, autoimmune disease, or immunosuppressive therapy should follow the 3-dose schedule.
- c. Catch-up vaccination (See also Appendix E):
- i. Administer the vaccine series to males and females with 9vHPV at age 13 through 18 years if not previously vaccinated.
 - ii. Use recommended routine dosing intervals (see above) for vaccine series catch-up.
- d. Interrupted vaccination schedule and minimum intervals
- i. If the vaccine schedule is interrupted, the vaccine series does not need to be restarted.

- ii. 2-dose schedule: the minimum interval is 5 months. If the second dose is administered after a shorter interval, a third dose should be administered a minimum of 12 weeks after the second dose and a minimum of 5 months after the first dose.
 - iii. 3-dose schedule: the minimum intervals are 4 weeks between the first and second doses, 12 weeks between the second and third doses, and 5 months between the first and third doses.
6. Storage and Handling: See Appendix A, Vaccine Management.
7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
- a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically). **The exception is that vaccine administered as "Confidential" do not upload to NMSIIS in order to protect client confidentiality. Be sure to provide the patient with the vaccination administration information for their personal record.**
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - a. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
9. Report all adverse reactions to HPV 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from rotavirus disease by vaccinating all infants who meet the criteria established by the CDC's Advisory Committee on Immunization Practices.

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

VFC vaccines are NOT to be used for individuals 19 years of age and older due to strict federal requirements.

Procedure and Standing Order for Nurses:

1. Identify infants in need of vaccination against rotavirus based on the following criteria:
 - a. Must be less than 8 months (and 0 days) of age.
2. Screen all patients for contraindications and precautions to rotavirus vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider):
 - i. History of a serious allergic reaction (e.g., anaphylaxis) after a previous dose of RV vaccine or to an RV vaccine component (Note: latex rubber is contained in the Rotarix oral applicator). For a list of vaccine components, go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - ii. Diagnosis of severe combined immunodeficiency (SCID)
 - iii. History of intussusception
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Altered immunocompetence
 - ii. Chronic gastrointestinal disease
 - iii. Spina bifida or bladder exstrophy
 - iv. Moderate or severe acute illness with or without fever
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.
3. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic setting, confirm identity with parent or guardian. Do not vaccinate if identity cannot be confirmed.
4. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Provide routine vaccination with Rotarix at ages 2 and 4 months OR provide routine vaccination with RotaTeq at ages 2, 4, and 6 months.
 - b. Administer the full dose (1 mL for Rotarix; 2 mL for RotaTeq) of vaccine by administering the entire contents of the dosing applicator of the liquid vaccine into the infant's mouth toward the inner cheek until empty. Note that Rotarix needs to be reconstituted before administration; RotaTeq does not.
 - c. For infants who have not received rotavirus vaccine by age 2 months, give the first dose at the earliest opportunity but no later than age 14 weeks 6 days. Then schedule subsequent doses by observing minimum intervals of 4 weeks between the remaining one (if Rotarix) or

two (if RotaTeq) dose(s) such that the final dose can be administered by age 8 months 0 days. **Do not administer any RV vaccine beyond the age of 8 months 0 days.**

5. Storage and Handling: See Appendix A, Vaccine Management.
6. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. 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 an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to rotavirus 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.

Standing Orders Signatures (see last page of this document).

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ADULT VACCINATIONS

ADMINISTRATIVE CRITERIA

For more information, contact the New Mexico Department of Health Immunization Program

The PHD Adult Vaccinations Standing Orders provide the current medical indications for the administration of the vaccine. These standing orders may be fairly broad. However, additional administrative/budgetary limitations may exist that restrict the provision of vaccine to adult clients (individuals 19 years of age and older).

Federal Section 317-funded vaccine ("317 vaccine") can be given to adults who are at least 19 years old and who meet at least one of these criteria:

- Uninsured (self-pay) or under-insured*;
- Incarcerated in a correctional facility or jail;
- Receiving post-exposure prophylaxis;
- Receiving vaccine in response to a state-declared outbreak or natural disaster;
- Household or sexual contact of a pregnant or postpartum woman with Hep B (hepB vaccine only)..

* In this context, under-insured refers to adults whose medical insurance does not cover vaccines. This most commonly applies to adults who have Medicare Part B (medical coverage: covers only influenza, pneumococcal, and hep B vaccines) but not Part D (prescription coverage). **Please note that a high co-pay or deductible does not qualify a fully insured patient for Federal 317 vaccines.** If staff are uncertain, the responsibility will be for the individual to provide reasonable evidence that their insurance plan does not cover the vaccine(s).

Adults with Medicare Part D or Medicaid may NOT receive federal 317 vaccine.

When vaccine may be medically indicated according to the protocol, but vaccine is not available through the health office (including for workplaces, schools/universities/colleges, travel), clients should be referred to other resources such as retail pharmacies and private providers with the capacity to deliver immunizations and handle insurance claims.

Remember: VFC vaccine CANNOT be used for persons aged 19 years or older.

Purpose: To reduce morbidity and mortality from hepatitis A virus (HAV) infection by vaccinating all adults who meet the criteria established by the CDC's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible registered nurses, where allowed by state law, may vaccinate individuals who meet the criteria below, and as funding allows.

Procedure and Standing Order for Nurses:

1. Identify adults 19 years of age or older in need of vaccination against hepatitis A virus, based on the following criteria:
 - a. Any adult who wants to be protected from hepatitis A.
 - b. Adults with anticipated travel to a country with high or intermediate endemicity for hepatitis A (i.e., all EXCEPT the United States, Canada, Japan, Australia, New Zealand, and countries in Western Europe).
 - c. A male who has sex with other males.
 - d. Users of street drugs (injecting and non-injecting).
 - e. Diagnosis of chronic liver disease, including hepatitis B and C.
 - f. Diagnosis of a clotting-factor disorder, such as hemophilia.
 - g. Anticipated close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the arrival of the adoptee in the United States.
 - h. Adults who are homeless.
 - i. Adults with HIV.
 - j. Employment in a research laboratory requiring work with HAV or HAV-infected primates.
 - k. An unvaccinated adult age 40 years or younger with recent possible exposure to HAV (e.g., within previous two weeks).
 - i. **Note:** Consult your Regional Health Officer or another licensed clinician for adults older than age 40 years who have an indication for vaccination. Anticipate that these adults may need both IG and vaccine, but this requires a separate signed order.
2. Screen all patients for contraindications and precautions to hepatitis A vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider) History of a serious reaction (e.g., anaphylaxis) after a previous dose of HepA vaccine or to a HepA vaccine component. For a list of vaccine components, go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate. Consult with the Regional Health Officer or individual's physician, nurse practitioner, or physician's assistant and obtain an order. Precautions include moderate or severe acute illness with or without fever.
3. Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).
4. 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. 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.
5. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
6. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.

- a. Administer 1 mL intramuscularly according to the injection guide in Appendix F.
- b. Single Antigen Vaccines:
 - i. HAVRIX
 - 1. Adults 19 years of age and older: two 1-mL doses administered IM at a minimum interval of six months.
 - ii. VAQTA
 - 1. Adults 19 years of age and older: two 1-mL doses administered IM at a minimum interval of six months.
- c. Combination Vaccine:
 - i. **TWINRIX** is administered by intramuscular injection. **Follow procedure and assess for contraindications or precautions in Hepatitis B Procedure with Standing Order).**
 - 1. Standard Dosing: A series of 3 doses (1 mL each) given on a 0, 1 month, and 6-month schedule.
 - a. Accelerated Dosing: A series of 4 doses (1 mL each) given on days 0, 7, and 21 to 30 followed by a booster dose at month 12. This schedule should be used for someone who might travel or have another potential exposure (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5640a5.htm>)

Adult Hepatitis A Vaccines			
Formulation	Havrix	Vaqta	Twinrix (hepA/B)
Age	19 years and older	19 years and older	19 years and older
Dose Volume	1.0 mL	1.0 mL	1.0 mL
Schedule	0, 6 – 18 months	0, 6 – 18 months	0, 1, 6 months
Number of doses	2	2	3

- 7. Storage and Handling: See Appendix A, Vaccine Management.
- 8. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
- 9. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

10. Report all adverse reactions to HAV 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from hepatitis B virus (HBV) infection by vaccinating all adults who meet the criteria established by the CDC's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible registered nurses, where allowed by state law, may vaccinate individuals who meet the criteria below, and as funding allows.

Procedure and Standing Order for Nurses:

1. Identify adults 19 years of age and older in need of vaccination against hepatitis B virus, based on the following criteria:
 - a. No or unknown history of prior receipt of a complete series of hepatitis B vaccine, **AND**
 - b. Ages 19 – 59 OR
 - c. Age 60 and older with the following risk factors:
 - i. Patient with end-stage renal disease, including patients receiving hemodialysis; HIV infection; or chronic liver disease.
 - ii. Diabetes mellitus, at the discretion of the treating clinician.
 - iii. Sexually active (especially if more than one sex partner during the previous six months).
 - iv. Under evaluation or treatment for a sexually transmitted infection (STI).
 - v. A male who has sex with males.
 - vi. Current or recent injection-drug user.
 - vii. At occupational risk of infection through exposure to blood or blood-contaminated body fluids, including, but not limited to the following: healthcare worker, public safety worker or trainee in a health professional or allied health school.
 - viii. Client or staff of an institution for persons with developmental disabilities.
 - ix. Sex partner or household member of a person who is chronically infected with HBV (including an HBsAg-positive adopted child).
 - x. Planned travel to a country with high or intermediate prevalence of chronic HBV infection (a list of countries is available at: www.cdc.gov/travel/diseases.htm).
 - xi. Housed in or seen for care in a setting in which a high proportion of people have risk factors for HBV infection (e.g., STI treatment settings, correctional facilities, institutions for developmentally disabled people).
 - xii. Any person who wants to be protected from HBV infection and lacks a specific risk factor.
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
 - a. **Contraindications:** (do not give vaccine, refer to primary care provider): History of a serious reaction (e.g., anaphylaxis) after a previous dose of HepB vaccine or to a HepB vaccine component. For a list of vaccine components, go to:
[Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include a **moderate or severe acute illness with or without fever.**
3. Determine eligibility for vaccination through public health office: *REFER TO ADMINISTRATIVE CRITERIA (page 43)*. If ineligible, refer for vaccination to another resource.
4. 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. 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.

5. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
6. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Single-Antigen Vaccines:
 - i. ENGERIX-B
 1. Adults 19 years of age and older: A series of 3 doses given on a 0-, 1-, 6- month schedule.
 2. Adults on hemodialysis: A series of 4 doses (2.0 mL each) given as a 2-mL dose (or as 2 one ml doses) at 0-, 1-, 2-, 6-month schedule.
 - ii. HepB-CpG (HepB-CpG)
 1. Adults 19 years of age and older: A series of 2 doses (0.5mL each) given on a 0- and 4-week schedule.
 - a. Special populations: As of May 2018, no clinical studies are available on HepB-CpG in pregnant women. Until safety data are available for HepB-CpG, providers should continue to vaccinate pregnant women needing HepB vaccination with a vaccine from a different manufacturer.
 - b. Series combining 1 dose of HepB-CpG and a vaccine from a different manufacturer: 3-dose schedule with minimum intervals of 4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3, and 16 weeks between dose 1 and 3. Doses administered at less than the minimum interval should be repeated. However, a series containing 2 doses of HepB-CpG administered at least 4 weeks apart is valid, even if the patient received a single earlier dose from another manufacturer.
 - iii. RECOMBIVAX HB
 1. Adults 19 years of age and older: A series of 3 doses (1.0 mL each) given on a 0-, 1-, and 6-month schedule.
 2. not available through DOH
 - iv. RECOMBIVAX HB Dialysis Formulation: Adults on pre-dialysis or dialysis: A series of 3 doses (1.0 mL each) given on a 0-, 1-, and 6-month schedule.
 - b. Combination Vaccine: TWINRIX is administered by intramuscular injection. **Follow procedure and assess for contraindications or precautions to Hepatitis A vaccine.**
 2. Standard Dosing: A series of 3 doses (1 mL each) given on a 0-, 1-, and 6-month schedule.
 3. Accelerated Dosing: A series of 4 doses (1 mL each) given on days 0, 7, and 21 to 30 followed by a booster dose at month 12.
 - a. This schedule should be used for someone who might be traveling or another potential exposure (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5640a5.htm>)
 - c. Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated.
 - i. The second dose should be administered 1 month after the first dose;
 - ii. The third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose).
 - iii. If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.

Hepatitis B Recommended Doses for 19 years and older												
Age or Condition	Engerix-B			Recombivax			Heplisav B			Twinrix		
	Doses	mL	Interval	Doses	mL	Interval	Doses	mL	Interval	Doses	mL	Interval
19 years	3	0.5	0, 1m, 6m	3	0.5	0, 1m, 6m	2	0.5	0, 1m	3	1.0	0, 1m, 6m
20+ years	3	1.0	0, 1m, 6m	3	1.0	0, 1m, 6m	2	0.5	0, 1m	3	1.0	0, 1m, 6m
Hemodialysis patients and other immunocompromised persons												
19 years	4	0.5	0, 1m, 6m	3	1.0	0, 1m, 6m						
20+ years	4	1.0	0, 1m, 2m, 6m	3	1.0	0, 1m, 6m						
Accelerated Dosing (Twinrix Only)										4	1.0	0, 7d, 21d, 30d, & booster at 12m

7. Storage and Handling: See Appendix A, Vaccine Management.
8. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
9. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
10. Report all adverse reactions to HBV 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from measles, mumps, and rubella by vaccinating all adults who meet the criteria established by the CDC's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible registered nurses, where allowed by state law, may vaccinate individuals who meet the criteria below and as funding allows.

Procedure and Standing Order for Nurses:

Note: Adults born before 1957 are generally considered immune to measles and mumps.

All adults born in 1957 or later should have documentation of **one or more** doses of MMR vaccine unless they have a medical contraindication to the vaccine or laboratory evidence of immunity to each of the three diseases.

- Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

1. Identify adults in need of initial vaccination against measles, mumps, or rubella who:
 - a. Were born in 1957 or later with no history of receipt of live measles-, mumps-, and/or rubella-containing vaccine given at age 12 months or older or other acceptable evidence of immunity (e.g., laboratory evidence);
 - b. Are women of any age planning to become pregnant, greater than 30 days after vaccination and who do not have evidence of immunity.
 - c. Are healthcare workers born before 1957 without evidence of immunity.
2. Identify adults in need of additional doses of MMR vaccine who:
 - a. Were born in 1957 or later and are either planning to travel internationally or are a student in a postsecondary educational institution (college, university, technical, or vocational school), or are household contacts of immunocompromised persons.
 - b. Are healthcare workers born before 1957 at potential risk of infection from a current outbreak.
 - c. **Additional Doses in a Mumps Outbreak Response:**
 - i. Adults who previously received at least 2 doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak
 1. Administer 1 dose of MMR
3. **Screen all patients for contraindications and precautions to measles, mumps, and rubella (MMR) vaccine:**
 - a. **Contraindications: (Do not give vaccine, refer to primary care provider)**
 - i. History of a serious reaction (e.g., anaphylaxis) after a previous dose of MMR vaccine or to an MMR vaccine component. For information on vaccine components, refer to the manufacturer's package insert ([www.immunize.org/ package-inserts](http://www.immunize.org/package-inserts)) or go to:
[Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - ii. Pregnant now or may become pregnant within 1 month (**see 9, below**).
 - iii. Known severe immunodeficiency, hematologic and solid tumors; congenital immunodeficiency; receiving long-term immunosuppressive therapy, severely immunocompromised from HIV infection, including CD4+ T-lymphocyte count of less than 200 cells per μ L.
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. A moderate or severe acute illness with or without fever.

- ii. Recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product).
 - iii. History of thrombocytopenia or thrombocytopenic purpura.
 - iv. Moderate or severe acute illness with or without fever.
4. **Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).**
5. 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. 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.
6. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
7. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
- a. Administer 0.5 ml MMR vaccine subcutaneously immediately after reconstitution according to the injection guide in Appendix F.
 - b. MMR may be administered simultaneously with other vaccines, including other live vaccines, using a separate syringe at a different anatomical site.
 - c. When administered non-simultaneously with a live-attenuated vaccine (e.g., varicella), the two vaccines must be separated by one (1) month.
 - d. A single dose of MMR is recommended for protection against rubella.
 - e. A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
 - i. Are students in postsecondary educational institutions;
 - ii. Work in a health care facility;
 - iii. **Are close personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella;**
 - iv. Have HIV infection;
 - v. received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967 should be revaccinated with 2 doses of MMR vaccine; or
 - vi. Plan to travel internationally.
 - f. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a health care facility) should be considered for revaccination with 2 doses of MMR vaccine.
 - g. For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.
 - h. Unvaccinated healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella.
8. Storage and Handling: See Appendix A, Vaccine Management.
- 9. Special Documentation for MMR:**
- MMR vaccine should not be given during pregnancy. When MMR vaccine is given to women 19 years of age or older in Public Health settings, the following information must be documented and used to determine that the likelihood of pregnancy is very low:

- a. Menstrual history, AND
 - b. Sexual history, AND
 - c. Reliable form of contraception is being used consistently/correctly.
10. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
- a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - i. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - ii. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
11. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
12. Report all adverse reactions to MMR 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.

Standing Orders Signatures (see last page of this document).

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

Standing Orders for Administering Tetanus, Diphtheria and Acellular Pertussis (Td or Tdap) Vaccine to Adults (19 Years Through 64 Years of Age)

08/01/2022

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all adults who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible registered nurses, where allowed by state law, may vaccinate individuals who meet the criteria below, and as funding allows.

Procedure and Standing Order for Nurses:

1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
 - a. Lack of documentation of receiving a dose of pertussis-containing vaccine (i.e., Tdap) as an adolescent or adult. (Tdap)
 - b. Currently pregnant and no documentation of Tdap given during current pregnancy, preferably part of gestational weeks 27 to 36. (Tdap)
 - c. Lack of documentation of receiving at least 3 doses of tetanus- and diphtheria-containing toxoids. (Tdap/Td)
 - d. Completion of a 3-dose primary series of tetanus and diphtheria.
 - e. Containing toxoids with no documentation of receiving a booster dose within the previous 10 years.
 - f. Recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years.
 - g. Currently or planning to be a close contact of an infant or child (Tdap is recommended, if not previously vaccinated).
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap):
 - a. **Contraindications** (do not give vaccine, refer to primary care provider):
 - i. History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - ii. For Tdap only, a history of encephalopathy within 7 days following DTP/DTaP/Tdap not attributable to another identifiable cause.
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. History of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine.
 - ii. History of an arthus-type hypersensitivity reaction after a previous dose of tetanus or diphtheria toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine.
 - iii. Moderate or severe acute illness with or without fever.
 - iv. For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized.
 - c. Tdap for adults 65 years and older: Providers should not miss an opportunity to vaccinate persons aged 65 years and older with Tdap. Therefore, providers may administer the Tdap vaccine they have available. When feasible, Boostrix should be used for adults aged 65 years and older; however, ACIP concluded that either vaccine administered to a person 65

years or older is immunogenic and would provide protection. A dose of either vaccine may be considered valid. ([Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2019 | MMWR \(cdc.gov\)](#))

3. Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).
4. 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. 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.
5. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
6. Dose/Route/Schedule: See Appendices E&F. Always verify dosing through the manufacturer's insert of the vaccine you are using.
7. Routine Administration:
 - a. Administer 0.5 mL Td or Tdap vaccine intramuscularly, using the injection guide in Appendix F.
 - b. The routine schedule for Tdap/Td vaccination is to administer a 3-dose series at 0, 1, and 6–12 month intervals, including one dose of Tdap, preferably as the first dose, followed by a Td booster every 10 years. If Td is indicated but not available, Tdap may be substituted.
 - c. Tdap is recommended only for a single dose across all age groups.
 - d. Tetanus prophylaxis in wound management for adults: A tetanus toxoid–containing vaccine might be recommended for wound management in adults aged 19 years and older if 5 years or more have elapsed since last receiving Td.
 - i. If a tetanus booster is indicated, Tdap is preferred over Td for wound management in adults aged 19 years and older who have not received Tdap previously.
 - ii. Refer client to a licensed healthcare provider for wound evaluation and care and document referral in medical record.
8. Tdap vaccination for other adults and pregnant women:
 - a. Pregnant women should receive Tdap during **each** pregnancy, **preferably between 27 and 36 weeks' gestation**, regardless of number of years since prior Td or Tdap vaccination. **Although the period of 27-36 weeks' gestation is preferred, Tdap can be given at any time during pregnancy.**
 - b. Administer 1 dose of Tdap vaccine to adults whose Tdap history is negative or unknown and follow up with tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
 - c. For incompletely vaccinated (i.e., less than 3 doses) adults, administer remaining doses. See chart below for guidance:

HISTORY OF PREVIOUS Td/Tdap VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF Tdap AND Td
0 documented doses, or none known	Give 0.5 mL Tdap as dose #1. Give dose #2 (Td) at least 4 weeks later, and dose #3 (Td) 6–12 months after dose #2.
1 previous dose, Td	Give 0.5 mL Tdap as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) 6–12 months after dose #2.
1 previous dose, Tdap	Give 0.5 mL Td, as dose #2 at least 4 weeks after dose #1. Give dose #3 (Td) 6–12 months after dose #2.
2 previous doses, both Td	Give 0.5 mL Tdap as dose #3 at least 6 months after dose #2.
2 previous doses, 1 Td and 1 Tdap	Give 0.5 mL Td at least 6 months after dose #2.
3 or more previous doses, Td only	Give 0.5 mL Tdap as soon as possible. (You do not need to wait 10 years from previous dose.)
3 or more previous doses, including 1 dose of Tdap	Give 0.5 mL Td booster every 10 years unless patient needs prophylaxis for wound management sooner.

Charts are from: <http://www.immunize.org/catg.d/p3078.pdf>.

9. Storage and Handling: See Appendix A, Vaccine Management.

10. Document each patient’s vaccine administration information in the client’s electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - i. Follow PHD procedures for documenting clinician verbal or telephone orders, as needed.
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

11. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

12. Report all adverse reactions to Td or Tdap vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

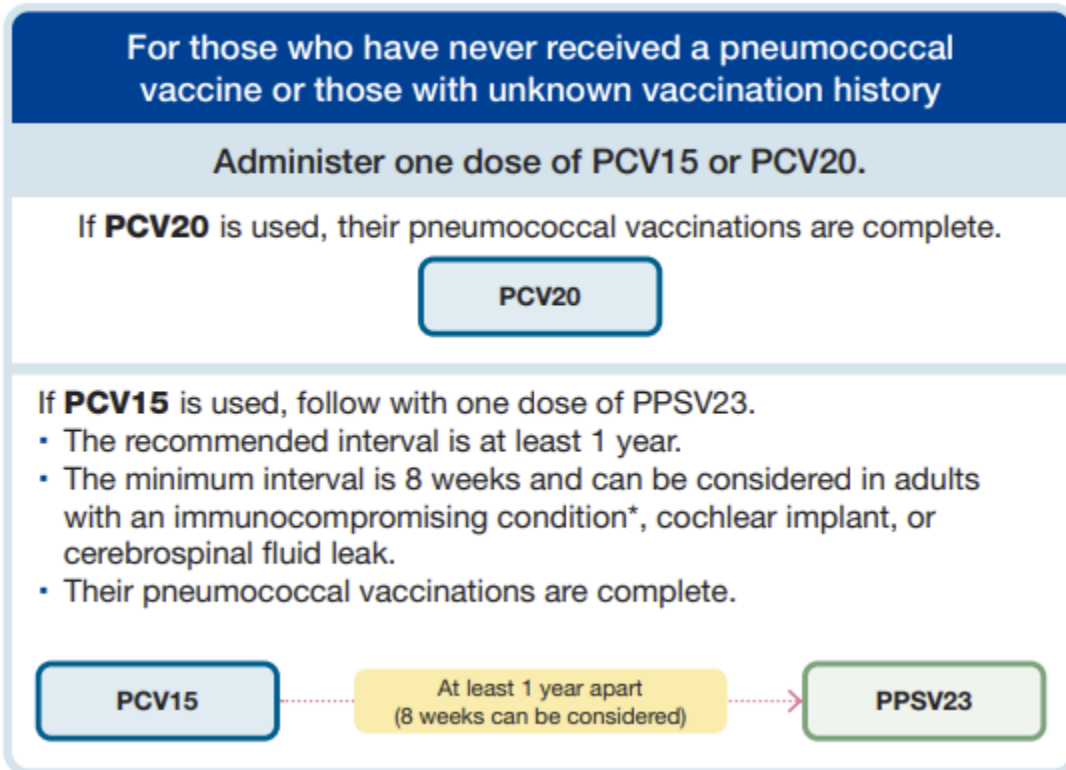
This standing order shall remain in effect for all patients of the New Mexico Department of Health until rescinded.

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

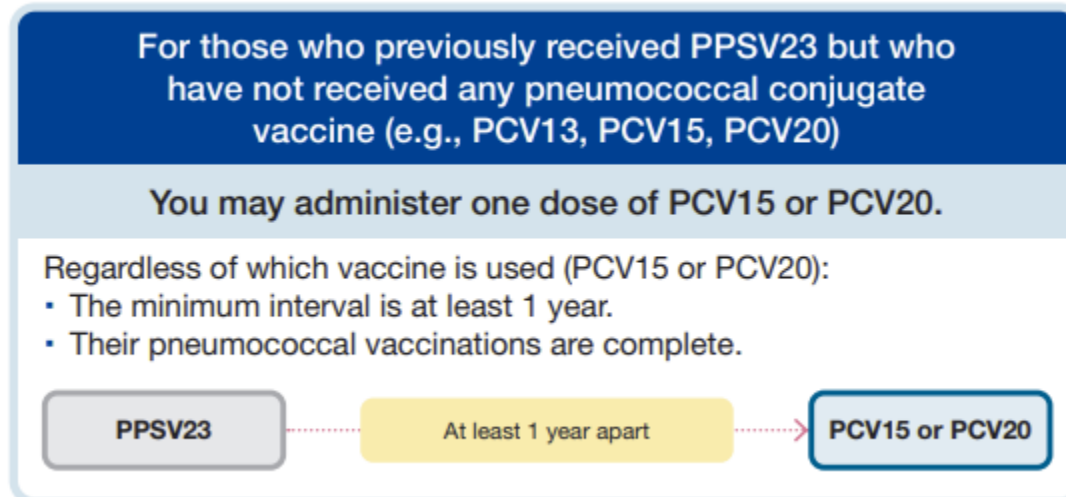
Policy: Under these standing orders, eligible nurses, where allowed by state law, may vaccinate adults who meet the criteria below, and as funding allows.

Procedure and Standing Order for Nurses:

1. Identify adults in need of vaccination with pneumococcal vaccination for both conjugate vaccine (PCV 15 and PCV 20) and pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
 - a. **Age 65 years or older with no immunocompromising condition:**
 - i. **Should receive a single dose of PCV 20 or a dose of PCV 15 followed by a dose of PPSV23**
2. Identify **adults** in need of an additional dose of PPSV23 if 5 or more years have elapsed since the previous dose of PPSV23 and the patient meets one of the following criteria:
 - a. Age 65 years or older and received prior PPSV vaccination before age 65 years
 - b. Age 19 through 64 years and at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels.
3. Screen all patients for contraindications and precautions to pneumococcal vaccine:
 - a. **Contraindication:** (do not give vaccine, refer to primary care provider)
A history of a serious reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine (PPSV, PCV13, PCV15, PCV20 or earlier pneumococcal conjugate vaccine known as PCV7) or to a vaccine component. For information on vaccine components, refer to the manufacturer’s package insert (www.immunize.org/packageinserts) or go to:
[Pinkbook: Pneumococcal Disease | CDC](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. moderate or severe acute illness with or without fever
4. **Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).**
5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). For both vaccines, 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. 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.and Vaccine Information Statement: Pneumococcal Conjugate Vaccine - What you need to know \(cdc.gov\)](http://www.immunize.org/vis.and Vaccine Information Statement: Pneumococcal Conjugate Vaccine - What you need to know (cdc.gov))
6. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client’s full name and birthdate (do not ask, for example, “Are you Suzie Smith?” Instead ask “What is your name?”). Do not vaccinate if identity cannot be confirmed.
7. Administer PCV15, PCV 20, or PPSV23 (all 0.5mL):
 - a. PCV15 and PCV 20 must be administered intramuscularly
 - b. PPSV23 may be administered either intramuscularly or subcutaneously.



c.



- 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically). Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
- For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
- Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate

medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

11. Report all adverse reactions to PPSV23 and PCV13 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.

Standing Orders Signatures (see last page of this document).

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

ANY VARICELLA-CONTAINING VACCINE(S) SHOULD **NOT** BE USED FOR ROUTINE OUTREACH.
Refer to Outreach Protocol for further instruction.

Purpose: To reduce morbidity and mortality from varicella (chickenpox) by vaccinating all adults 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, where allowed by state law, may vaccinate adults who meet the criteria below and as funding allows.

Procedure and Standing Order for Nurses:

1. Identify adults in need of varicella (chickenpox) vaccination who:

- a. Were born in the U.S. in 1980 or later; or
- b. Are a healthcare worker or non-U.S.-born person, and who also meet any of the following criteria:
 - i. Lack documentation of 2 doses of varicella vaccine.
 - ii. Lack a history of varicella or herpes zoster based on healthcare provider diagnosis or verification.
 - iii. Lack laboratory evidence of immunity or laboratory confirmation of disease
 - 1. (Note: Because HIV-infected adults are at increased risk of severe disease from varicella, vaccination may be considered (2 doses, given 3 months apart) for HIV-infected adults and adolescents with CD4+ T-lymphocytes count >200 cells/ μ L.)

2. Screen all patients for contraindications and precautions to varicella vaccine:

- a. **Contraindication:** (do not give vaccine, refer to primary care provider):
 - i. A history of a serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component. For information on vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to:
[Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - ii. Pregnant now or may become pregnant within 1 month (pregnant women should be vaccinated upon completion or termination of pregnancy).
 - iii. Having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems.
 - iv. Receiving high-dose systemic immunosuppressive therapy (e.g., two weeks or more of daily receipt of 20 mg or more [or 2 mg/kg body weight or more] of prednisone or equivalent).
 - v. An adult or adolescent with CD4+ T-lymphocytes count <200.
 - vi. Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.
- b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Recent (within the past 11 months) receipt of antibody-containing blood product (specific interval depends on product).

- ii. Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these anti-viral drugs for 14 days after vaccination.
 - iii. Moderate or severe acute illness with or without fever.
3. **Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).**
4. 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. 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.
5. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
6. Dose/Route/Schedule: Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Administer 0.5 mL varicella vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
 - b. If indicated, administer the second dose 4–8 weeks after the first dose.
 - c. Varicella vaccine must be stored frozen. Reconstitute and administer varicella vaccine immediately after removing it from the freezer.
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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically). Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
8. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
9. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
10. Report all adverse reactions to varicella 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.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from herpes zoster (shingles) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses may vaccinate adults who meet the criteria below and as funding allows.

****This vaccine is REFRIGERATED and should be stored between 36° and 46°F.****

Procedure and Standing Order for Nurses:

1. Identify adults who are age 50 or older who are:
 - a. Immunocompetent adults
 - b. Immunocompetent adult who were previously vaccinated with Zostavax.
 - c. ACIP prefers the use of Shingrix over Zostavax ([Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged ≥19 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022 | MMWR \(cdc.gov\)](#)) Uninsured or with insurance that does not cover vaccinations, such as a grandfathered health plan. A high co-pay does not qualify for 317.
 - i. If they do not have Medicare Part D, then they are under-insured. If you have questions, please contact the Adult Immunization Program.
2. Screen all patients for contraindications and precautions to zoster vaccine:
 - a. **Contraindication:** (do not give vaccine, refer to primary care provider):
 - i. A history of a severe allergic reaction (e.g., anaphylaxis) to a vaccine component. For information on vaccine components, refer to the [manufacturer's package insert \(www.immunize.org/pack-age-inserts\)](#) or go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Moderate or severe acute illness with or without fever
 - ii. Current herpes zoster infection – this vaccine is not a treatment for herpes zoster or postherpetic neuralgia and should not be administered during an acute episode of herpes zoster.
 - iii. Pregnancy or breastfeeding: There are no available data to establish whether Shingrix is safe in pregnant or lactating women and there is currently no ACIP recommendation for RZV (recombinant zoster vaccine) use in this population. Consider delaying vaccination with RZV in such circumstances.
 - c. **Special Populations** include:
 - i. Persons with history of herpes zoster: Adults with a history of herpes zoster should receive RZV. If a patient is experiencing an episode of herpes zoster, vaccination should be delayed until the acute stage of the illness is over and symptoms decline.
 - ii. Person with chronic medical conditions: Adults with chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, and chronic pulmonary disease) should receive RZV.
 - iii. Immunocompromised persons: ACIP recommends the use of RZV in persons taking low-dose immunosuppressive therapy (e.g., <20 mg/day of prednisone or equivalent or using inhaled or topical steroids) and persons anticipating immunosuppression or who have recovered from an immunocompromising illness (6).

1. RZV is licensed for all persons aged ≥ 50 years, immunocompromised persons and those on moderate to high doses of immunosuppressive therapy were excluded from the efficacy studies (ZOE-50 and ZOE-70), and thus, ACIP has not made recommendations regarding the use of RZV in these patients.
- iv. Persons known to be VZV negative: Screening for a history of varicella (either verbally or via laboratory serology) before vaccination for herpes zoster is not recommended.
 1. In persons known to be VZV negative via serologic testing, ACIP guidelines for varicella vaccination should be followed. RZV has not been evaluated in persons who are VZV seronegative, and the vaccine is not indicated for the prevention of chickenpox (varicella).
 - 2.
3. Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).
4. 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. 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.
5. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
6. Dose/Route/Schedule: Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Unvaccinated adults 50 years and older, regardless of prior varicella vaccine or Zostavax receipt:
 - i. 2 dose series of 0.5mL with a first dose at month 0 followed by a second dose administered anytime between 2 and 6 months later.
 - i. The vaccine series does NOT need to be restarted if more than 6 months have elapsed since the first dose; individuals might remain at risk for herpes zoster during a longer than recommended interval between doses 1 and 2.
 - ii. If the second dose of RZV is given less than 4 weeks after the first, the second dose should be repeated.
 - ii. Administer 0.5 mL of reconstituted zoster vaccine intramuscular in the deltoid region of the upper arm and co-administered with other vaccine at different anatomic sites
 - b. Adults 60 years and older that were previously vaccinated with Zostavax should be revaccinated:
 - i. **Two doses of the vaccine are necessary regardless of prior history of herpes zoster or prior receipt of ZVL.**
 - ii. Shingrix can be administered at least 8 weeks before revaccination, with a recommended time frame of 5 years between Zostavax.

Age of Initiation	Number of doses	Vaccine Series	Minimal Interval
Age 50+ or older	2 doses	0, 2 – 6 months	- 4 weeks between 1st and 2nd dose; - At least 8 weeks after Zostavax

7. Storage and Handling: See Appendix A, Vaccine Management.
 - a. **This vaccine is REFRIGERATED and should be stored between 36° and 46°F.**
8. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.

- a. 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).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. Immunizations entered into the Public Health Division's electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically). For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (Part B) serves as the medical record. All forms must be stored and maintained as a medical record. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
9. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
 10. Report all adverse reactions to zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from poliomyelitis by vaccinating adults who meet the criteria established by the Centers for Disease Control and the Advisory Committee on Immunization Practices.

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

Procedure and Standing Order for Nurses:

1. Identify individuals 19 years of age and over who have not completed a poliomyelitis vaccination series and at least one of the following:
 - a. Students enrolled in an educational facility where vaccination is required.
 - b. Travelers to areas or countries where polio is epidemic or endemic.
 - c. Members of communities or specific population groups with disease caused by wild polioviruses.
 - d. Laboratory workers who handle specimens that might contain polioviruses.
 - e. Healthcare workers who have close contact with patients who might be excreting wild polioviruses.
 - f. Unvaccinated adults whose children will be receiving oral poliovirus vaccine.

****This vaccine is not available through the 317 Adult Immunization Program. Vaccinating a person over 18 years of age is an off-label use and requires approval from the Regional Health Officer****

2. Screen all patients for contraindications and precautions to inactivated poliovirus vaccine (IPV):
 - a. **Contraindications** (do not give vaccine, refer to primary care provider):
 - i. History of a serious reaction (e.g., anaphylaxis) after a previous dose of IPV or to an IPV vaccine component. For a list of vaccine components, go to: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Moderate or severe acute illness with or without fever.
 - ii. 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. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
5. Dose/Route/Schedule: Always verify dosing through the manufacturer's insert of the vaccine you are using.
 - a. Unvaccinated adults who are at increased risk should receive a primary vaccination series with IPV. Adults without documentation of vaccination status should be considered unvaccinated.
 - b. Two doses of IPV should be administered at intervals of 4–8 weeks; a third dose should be administered 6–12 months after the second.

- c. If three doses of IPV cannot be administered within the recommended intervals before protection is needed, the following alternatives are recommended:
 - i. If more than 8 weeks are available before protection is needed, three doses of IPV should be administered at least 4 weeks apart.
 - ii. If fewer than 8 weeks but more than 4 weeks are available before protection is needed, two doses of IPV should be administered at least 4 weeks apart.
 - iii. If fewer than 4 weeks are available before protection is needed, a single dose of IPV is recommended. The remaining doses of vaccine should be administered later, at the recommended intervals, if the person remains at increased risk for exposure to poliovirus. Adults who have had a primary series of OPV or IPV and who are at increased risk can receive another dose of IPV. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.
 - iv. For purposes of school enrollment, attendance can begin after the first injection, and the remainder of the series can be completed according to routine (i) above.
 - d. Administer 0.5 mL IPV intramuscularly, using the injection guide in Appendix F.
6. Storage and Handling: See Appendix A, Vaccine Management.
 7. Document each patient's vaccine administration information in the client's electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - e. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - b. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (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. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - c. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
 8. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
 9. Report all adverse reactions to IPV vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at: www.vaers.hhs.gov.

Standing Orders Signatures (see last page of this document).

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

Purpose: To reduce morbidity and mortality from *Haemophilus influenzae* type b disease by vaccinating all adults 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, where allowed by state law, may vaccinate adults who meet the criteria below.

Procedure and Standing Order for Nurses:

1. This vaccine is not available through the 317 Adult Immunization Program.
2. Any adult presenting to the PHOs for a Hib vaccine should be re-directed to their provider to seek the vaccine elsewhere, such as at a retail pharmacy.

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.

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

Procedure and Standing Order for Nurses:

1. Identify individuals eligible to receive the HPV vaccine
 - a. All adults age 19 – 26 who have not completed the HPV vaccination series.
 - b. Other individuals ages 27 through 45 years who have not completed the HPV vaccination series may be vaccinated based on shared clinical decision-making: **please consult with clinician**. *Note HPV vaccines are not licensed for use in adults older than age 45 years.*
2. Screen all patients for contraindications and precautions to HPV vaccine:
 - a. **Contraindication:** (do not give vaccine, refer to primary care provider):
 - i. 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: [Appendix B for the Pink Book-Vaccine Excipient Summary \(cdc.gov\)](#)
 - b. **Precautions:** If any precautions are present, do not vaccinate - consult with the Regional Health Officer. Precautions include:
 - i. Moderate or severe acute illness with or without fever.
 - ii. Pregnancy; delay vaccination until after completion of the pregnancy.
3. **Determine eligibility for 317 or state vaccine based on administrative criteria (page 45).**
4. 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.
5. Prior to administration, ensure that a consent has been signed and the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" Instead ask "What is your name?"). Do not vaccinate if identity cannot be confirmed.
6. Dose/Route/Schedule: Always verify dosing through the manufacturer's insert of the vaccine you are using. Administer HPV9 to men or women.
 - 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 Appendix 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.

Age of Initiation	Number of doses	Vaccine Series	Minimal Interval
Age 19+ or older	3 doses	0, 1 – 2 months, 6 months	<ul style="list-style-type: none"> - 4 weeks between 1st and 2nd dose; - 12 weeks between 2nd and 3rd dose; - 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).

- 7. Storage and Handling: See Appendix A, Vaccine Management.
- 8. Document each patient’s vaccine administration information in the client’s electronic health record OR in TransactRx.
 - a. 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 electronic medical record will be electronically transmitted to NMSIIS (all patient names and dates of birth must match identically).
 - b. For NMSIIS entry (direct or data exchange): If the patient declines participation in the registry for a certain vaccine(s), the opt-out process must be completed for each individual vaccine the patient is opting out of participation.
 - c. For immunizations administered in outreach settings, the Immunization Program Documentation and Consent Form (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. Outreach immunizations must be entered into TransactRx within 30 days of the date of service. If unable to enter an immunization into the EHR or TransactRx within this 30-day window, contact your Director of Nursing Services.
 - d. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
- 9. Be prepared for management of a medical emergency related to the administration of vaccine by having an emergency medical protocol available as well as the emergency kit with appropriate medication and equipment. To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.
- 10. 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.

Standing Orders Signatures (see last page of this document).

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

APPENDICES

Appendix A: Vaccine Management

1. Worksheet for Vaccine Management Information to Keep Near Vaccine Storage Unit(s):
<https://www.nmhealth.org/publication/view/form/511/>
2. Vaccine Storage and Handling Toolkit:
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
3. Vaccine Shipment and Order Delivery Protocol: [Vaccine Shipment and Order Form](#)
4. VFC General Information for Providers: [Vaccines for Children \(nmhealth.org\)](#)
5. Data Logger Instructions: [VFC Provider Portal \(nmhealth.org\)](#)
6. NM VFC Provider Supply List Order Form (Immunization Passports):
[Immunization Passport Order Form](#)
7. Vaccine returns: All expired vaccines must be returned within **6 months of their expiration date** per CDC requirements. If you have questions on how to process a return, please contact the NMSIIS help desk.

Appendix B: VFC Provider Responsibilities

1. Log vaccine storage unit min/max temperatures using a digital data logger once at the beginning of the clinic day.
2. REGIONAL TEMPERATURE LOG forms: Control + Click on the links below or go to the following website: [VFC Provider Portal \(nmhealth.org\)](https://www.nmhealth.org)
 - [VFC Metro Region Temperature Log Form](#)
County: Bernalillo
 - [VFC Northwest Region Temperature Log Form](#) Counties: Cibola, McKinley, San Juan, Sandoval, Torrance, and Valencia
 - [VFC Northeast Region Temperature Log Form](#) Counties: Colfax, Guadalupe, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, and Union
 - [VFC Southeast \(A\) Region Temperature Log Form](#)
Counties: Chaves, Curry, DeBaca, Lincoln, and Quay
 - [VFC Southeast \(B\) Region Temperature Log Form](#)
Counties: Eddy, Lea, Lincoln, and Roosevelt
 - [VFC Southwest Region Temperature Log Form](#)
Counties: Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro
- Send the completed temperature log to your VFC representative (**ON** the 1st of every month). The VFC Program will not fill vaccine orders unless the temperature charts are received and approved by the regional representative.
- Vaccine Manufacturers listed on Troubleshooting Record – See Appendix C – are also shown below for reference.

Vaccine Manufacturers	
GlaxoSmithKline	1-866-475-8222
Merck & Co.	1-800-672-6372
Pfizer/Wyeth	1-800-358-7443
Sanofi Pasteur	1-800-822-2463
Seqirus	1-855-358-8966
Dynavax (Hepilisav B)	1-844-375-4728

- Additional CDC reference for manufacturer contact numbers can be found here: <https://www.cdc.gov/vaccines/hcp/admin/storage/downloads/manufact-dist-contact.pdf>

Appendix C: Temperature Log Example



Min/Max Temperature Log for Refrigerator and Freezer (F°)

DAYS 1-15 NORTHWEST REGION

Month/Year _____ VFC PIN# _____ Phone _____
 Site Name _____ Refrigerator _____ Freezer _____ Unit _____ of _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record the room temperature.
3. Record the min/max temps once **at the start of the workday**.
4. Put "X"es in the rows that corresponds to the temperatures.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, **save each month's log for 3 years**.

Take action if temperatures are out of range!

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Call: Gina Tafoya, Immunization Coordinator, 505-285-4601
3. Call the vaccine manufacturers noted on the [NM VFC Troubleshooting Record](#) to determine whether the vaccines are still viable.
4. Document the advice given, date and time, and case number on the Troubleshooting Record.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15			
Room Temp																																
Staff Initials																																
Exact Time																																
Min/Max Temp (from prior day)	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Danger! Refrigerator temperatures above 46°F are too warm! Record any out-of-range temps and room temps and call your Immunization Coordinator immediately!																																
46 °																																
45 °																																
44 °																																
43 °																																
42 °	Refrigerator: Aim for 40°F																															
41 °																																
40 °																																
39 °																																
38 °																																
37 °																																
36 °																																
Danger! Refrigerator temperatures below 36°F are too cold! Record any out-of-range temps and room temps and call your Immunization Coordinator immediately!																																
Min/Max Temp (since previous reading)	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Danger! Freezer temperatures above 6°F are too warm! Record any out-of-range temps and room temps and call your Immunization Coordinator immediately!																																
5 °																																
4 °																																
≤ 3 °	Freezer: Aim for 0°F																															



Min/Max Temperature Log for Refrigerator and Freezer (F°)

DAYS 16 -31 NORTHWEST REGION

Month/Year _____ VFC PIN# _____ Phone _____

Site Name _____ Refrigerator ___ Freezer ___ Unit ___ of ___

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record the room temperature.
3. Record the min/max temps once at the start of the workday.
4. Put "X"es in the rows that corresponds to the temperatures.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 3 years.

Take action if temperatures are out of range!

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Call: Gina Tafoya, Immunization Coordinator, 505-285-4601
3. Call the vaccine manufacturers noted on the [NM VFC Troubleshooting Record](#) to determine whether the vaccines are still viable.
4. Document the advice given, date and time, and case number on the Troubleshooting Record.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Room Temp																
Staff Initials																
Exact Time																
Min/Max Temp (from prior day)	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Danger! Refrigerator temperatures above 46°F are too warm! Record any out-of-range temps and room temps and call your Immunization Coordinator immediately!																
46 °																
45 °																
44 °																
43 °																
42 °																
41 °																
40 °																
39 °																
38 °																
37 °																
36 °																
Danger! Refrigerator temperatures below 36°F are too cold! Record any out-of-range temps and room temps and call your Immunization Coordinator immediately!																
Min/Max Temp (since previous reading)	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
Danger! Freezer temperatures above 6°F are too warm! Record any out-of-range temps and room temps and call your Immunization Coordinator immediately!																
5 °																
4 °																
≤ 3 °																

Appendix D: Troubleshooting

Go here to access the Out-of-Range Temperature Incidents form:

<https://nmhealth.org/publication/view/form/523/>



Out-of-Range Temperature Incidents

Report ALL out-of-range temperature incidents



An out-of-range temperature incident, also called a temperature excursion is any temperature outside the recommended range for a vaccine. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine. Out-of-range temperatures can occur for many reasons: when a package is left unopened, when vaccine is unrefrigerated upon arrival, when a vial is left on the counter after a dose has been drawn, or when a power outage or other incident causes the refrigerator or freezer to fail.

OUT-OF-RANGE TEMPERATURE:

- When your digital data logger (DDL) alarms/ the display shows an "X" next to the temperature
- When the refrigerator thermometer indicates the temperature is **below 36° or above 46° Fahrenheit**;
- When the freezer temperature is **above 5° Fahrenheit**.

WHAT TO DO:

1. **Isolate** the vaccines and **DO NOT USE** until you receive guidance from the NM VFC Program.
2. **Label** the vaccines "DO NOT USE" until the issue is resolved.
3. **Contact** your VFC Regional Immunization Coordinator. If you cannot reach your Regional Immunization Coordinator (contact info. on Temp. Log), leave a message and then call the VFC Health Educator at 505-827-2415.
4. Begin **stabilizing temperatures** in the refrigerator or freezer by slightly turning the thermostat knob. Monitor for 30 minutes; check and record temperature every five minutes until stable. Aim for 40° F in the refrigerator and below 0° F in the freezer.
5. If unable to stabilize temperatures implement your **Emergency Vaccine Management Plan** and **move** the vaccines to a unit with in-range temperatures.
6. **Complete** the NM VFC Troubleshooting Record (TSR).
7. **Contact** the vaccine manufacturers. Every temperature excursion requires contacting the manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
 - a. The company may ask to speak to a healthcare professional (i.e., medical assistant, nurse, or pharmacist; not a receptionist, or bookkeeper)
 - b. What was the maximum (or minimum) out-of-range temperature?
 - c. What is the worst-case scenario length of time that temperatures were out of range?
 - d. What are the names of the vaccines made by this manufacturer that were affected?
 - e. Have these vaccines been exposed to prior excursions?
 - f. Are the products currently stored under recommended temperatures?
 - g. Have any doses of the affected vaccines been administered since the temperature excursion occurred?
8. **FAX** the completed TSR to your Regional Immunization Coordinator and to VFC/Santa Fe: 505-827-1064.
9. Wait for advice and further instructions from the NM VFC Program. Do not return or discard any vaccines unless you are instructed to do so by VFC. If necessary, you will complete a vaccine return in NMSIIS.

Vaccine Manufacturer's Quality Control Phone Numbers

Merck 800-672-6372
Gardasil9®
MMR-II®
PedvaxHIB®
ProQuad®
Recombivax®
RotaTeq®
Vaqa®
Varivax®

Sanofi Pasteur 800-822-2463
ActHIB®
Daptacel®
Fluzone®
IPOL®
Menactra®
Pentacel®
Tenivac®

Seqirus 855-358-8966
Flucelvax®

Pfizer 800-358-7443
Prevnar 13
Trumenba®

GlaxoSmithKline 866-475-8222
Bexsero®
Boostrix®
Engerix-B®
Flulaval®
Havrix®
Infanrix®
Kinrix®
Menveo®
Pediarix®
Rotarix®



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- **Best Practices Guidelines of the Advisory Committee on Immunization Practices:**
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>
- **CDC's Routine and Catch-Up Immunization Schedules 0 – 18 years of age:**
<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>
- **CDC's Adult Immunization Schedule:**
<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>
- **CDC's Healthcare Professionals Immunization Page:**
<http://www.cdc.gov/vaccines/schedules/hcp/index.html>
- **Binational Immunization Resource Tool for Children from Birth Through 18 Years (Mexico/US cross-reference):**
<https://www.multnomahesd.org/uploads/1/2/0/2/120251715/binational-schedule-pr.pdf>
- Pink Book (13th edition, April 2015) – Appendix B, Foreign Language Terms for Vaccines:
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- **OPV/IPV Guidance – MMWR Articles:**
https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w and
<https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm>
- **Shingrix MMWR Article:** <https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a5.htm>
- **Pneumococcal Vaccine Timing for Adults:**
<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>



Emergency Medical Protocol:

<http://intranet/PHD/documents/PHDEmergencyMedicalResponseProtocolJanuary2021.pdf>

Consent forms:

- VFC Documentation and Consent For Documentation and Consent Form (Part B)**

- English: link in NMSIIS
- Spanish: link in NMSIIS

- Adult Vaccine Consent Form

- English: link in NMSIIS
- Spanish: link in NMSIIS

New Mexico's Daycare and School Requirements Schedule:

[Immune Requirements for Schools \(nmhealth.org\)](http://nmhealth.org)

Off-site and Community Vaccination Outreach Protocol and Check Lists:

[Offsite Outreach Vaccination Outreach Protocol and Check Lists](#)

How to Administer Intramuscular Vaccines to Infants, Children and Adults – Updated 11/2021:

To enlarge image, double click on image below or visit link here: <http://www.immunize.org/catg.d/p2020.pdf>

How to Administer Intramuscular and Subcutaneous Vaccine Injections Administration by the Intramuscular (IM) Route

Administer these vaccines via IM route

- Diphtheria-tetanus-pertussis (DTaP, Tdap)
- Diphtheria-tetanus (DT, Td)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human papillomavirus (HPV)
- Inactivated influenza (IIV)
- Meningococcal serogroups A,C,W, Y (MenACWY)
- Meningococcal serogroup B (MenB)
- Pneumococcal conjugate (PCV13)
- Zoster, recombinant (RZV)

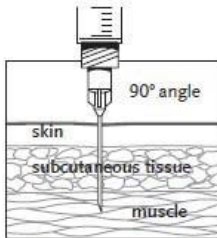
Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or subcutaneously (Subcut).

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Newborn (0–28 days)	Anterolateral thigh muscle	5/8" (22–25 gauge)
Infant (1–12 mos)	Anterolateral thigh muscle	1" (22–25 gauge)
Toddler (1–2 years)	Anterolateral thigh muscle	1–1¼" (22–25 gauge)
	Alternate site: Deltoid muscle of arm if muscle mass is adequate	5/8"–1" (22–25 gauge)
Children (3–10 years)	Deltoid muscle (upper arm)	5/8"–1" (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1¼" (22–25 gauge)
Children and adults (11 years and older)	Deltoid muscle (upper arm)	5/8"–1" (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1½" (22–25 gauge)

* A 5/8" needle usually is adequate for neonates (first 28 days of life), preterm infants, and children ages 1 through 18 years if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin.

† A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched flat between the

thumb and forefinger and the needle is inserted at a 90° angle to the skin; a 1" needle is sufficient in patients weighing 130–152 lbs (60–70 kg); a 1–1¼" needle is recommended in women weighing 153–200 lbs (70–90 kg) and men weighing 153–260 lbs (70–118 kg); a 1½" needle is recommended in women weighing more than 200 lbs (91 kg) or men weighing more than 260 lbs (118 kg).



Needle insertion

Use a needle long enough to reach deep into the muscle.

Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.†)

Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

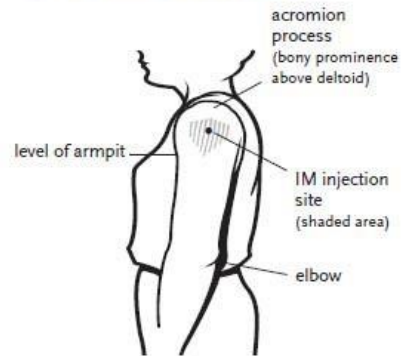
† CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>

Intramuscular (IM) injection site for infants and toddlers



Insert needle at a 90° angle into the anterolateral thigh muscle.

Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

CONTINUED ON THE NEXT PAGE ►



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Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p2020.pdf • Item #P2020 (1/18)

How to Administer Subcutaneous Vaccines to Infants, Children and Adults – Updated 11/2021:

To enlarge image, double click on image below or visit link here: <http://www.immunize.org/catg.d/p2020.pdf>

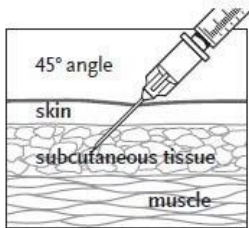
Administration by the Subcutaneous (Subcut) Route

Administer these vaccines via Subcut route

- Measles, mumps, and rubella (MMR)
- Varicella (VAR)
- Zoster, live (ZVL)

Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or Subcut.

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Birth to 12 months	Fatty tissue overlying the anterolateral thigh muscle	5/8" (23–25 gauge)
12 months and older	Fatty tissue overlying the anterolateral thigh muscle or fatty tissue over triceps	5/8" (23–25 gauge)



Needle insertion

Pinch up on subcutaneous tissue to prevent injection into muscle. Insert needle at 45° angle to the skin.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.)*

Multiple injections given in the same extremity should be separated by a minimum of 1".

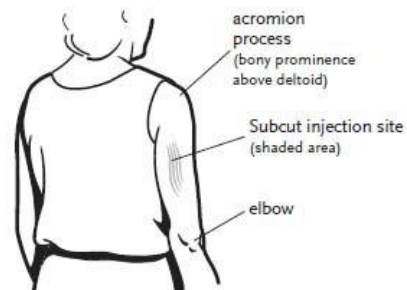
* CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/>

Subcutaneous (Subcut) injection site for infants



Insert needle at a 45° angle into fatty tissue of the anterolateral thigh. Make sure you pinch up on subcutaneous tissue to prevent injection into the muscle.

Subcutaneous (Subcut) injection site for children (after the 1st birthday) and adults



Insert needle at a 45° angle into the fatty tissue overlying the triceps muscle. Make sure you pinch up on the subcutaneous tissue to prevent injection into the muscle.

Vaccine Doses, Route, Site and Needle Size (Infants, Children and Adults) – Updated 11/2021:

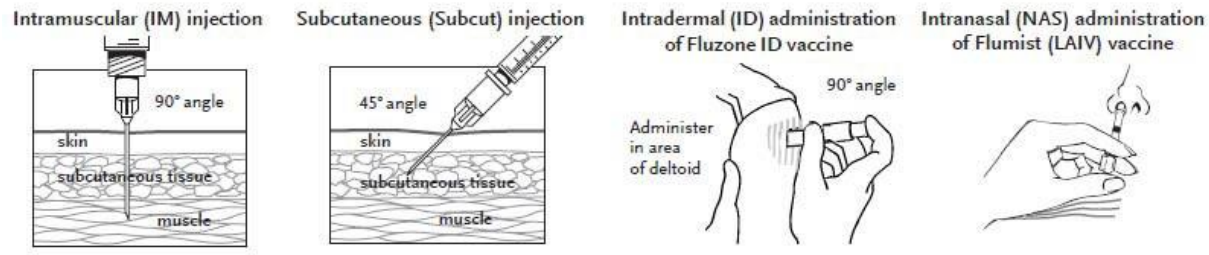
To enlarge image, double click on image below or visit link here <http://www.immunize.org/catg.d/p3085.pdf>

Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route	Injection Site and Needle Size																																							
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM	Subcutaneous (Subcut) injection Use a 23–25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.																																							
<i>Haemophilus influenzae</i> type b (Hib)	0.5 mL	IM																																								
Hepatitis A (HepA)	≤18 yrs: 0.5 mL ≥19 yrs: 1.0 mL	IM	<table border="1"> <thead> <tr> <th>AGE</th> <th>NEEDLE LENGTH</th> <th>INJECTION SITE</th> </tr> </thead> <tbody> <tr> <td>Infants (1–12 mos)</td> <td>5/8"</td> <td>Fatty tissue over anterolateral thigh muscle</td> </tr> <tr> <td>Children 12 mos or older, adolescents, and adults</td> <td>5/8"</td> <td>Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps</td> </tr> </tbody> </table>	AGE	NEEDLE LENGTH	INJECTION SITE	Infants (1–12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle	Children 12 mos or older, adolescents, and adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps																														
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Hepatitis B (HepB) <i>Persons 11–15 yrs may be given Recombivax HB (Merck) 1.0 mL adult formulation on a 2-dose schedule.</i>	≤19 yrs: 0.5 mL HepBios-B ≥18 yrs: 0.5 mL Recombivax HB: Engerix-B ≥20 yrs: 1.0 mL	IM																																								
Human papillomavirus (HPV)	0.5 mL	IM	Intramuscular (IM) injection Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.																																							
Influenza, live attenuated (LAIV)	0.2 mL (0.1 mL in each nostril)	Intranasal spray																																								
Influenza, inactivated (IIV); for ages 6–35 months	Fluzone: 0.25 mL FluLaval; Fluarix: 0.5 mL	IM	<table border="1"> <thead> <tr> <th>AGE</th> <th>NEEDLE LENGTH</th> <th>INJECTION SITE</th> </tr> </thead> <tbody> <tr> <td>Newborns (1st 28 days)</td> <td>5/8"</td> <td>Anterolateral thigh muscle</td> </tr> <tr> <td>Infants (1–12 mos)</td> <td>1"</td> <td>Anterolateral thigh muscle</td> </tr> <tr> <td rowspan="2">Toddlers (1–2 years)</td> <td>1–1¼"</td> <td>Anterolateral thigh muscle</td> </tr> <tr> <td>5/8–1"</td> <td>Deltoid muscle of arm</td> </tr> <tr> <td rowspan="2">Children (3–10 years)</td> <td>5/8–1**</td> <td>Deltoid muscle of arm</td> </tr> <tr> <td>1–1¼"</td> <td>Anterolateral thigh muscle</td> </tr> <tr> <td rowspan="2">Adolescents and teens (11–18 years)</td> <td>5/8–1**</td> <td>Deltoid muscle of arm</td> </tr> <tr> <td>1–1½"</td> <td>Anterolateral thigh muscle</td> </tr> <tr> <td>Adults 19 years or older</td> <td></td> <td></td> </tr> <tr> <td>Female or male <130 lbs</td> <td>5/8–1**</td> <td>Deltoid muscle of arm</td> </tr> <tr> <td>Female or male 130–152 lbs</td> <td>1"</td> <td>Deltoid muscle of arm</td> </tr> <tr> <td>Female 153–200 lbs Male 153–260 lbs</td> <td>1–1½"</td> <td>Deltoid muscle of arm</td> </tr> <tr> <td>Female 200+ lbs Male 260+ lbs</td> <td>1½"</td> <td>Deltoid muscle of arm</td> </tr> </tbody> </table>	AGE	NEEDLE LENGTH	INJECTION SITE	Newborns (1st 28 days)	5/8"	Anterolateral thigh muscle	Infants (1–12 mos)	1"	Anterolateral thigh muscle	Toddlers (1–2 years)	1–1¼"	Anterolateral thigh muscle	5/8–1"	Deltoid muscle of arm	Children (3–10 years)	5/8–1**	Deltoid muscle of arm	1–1¼"	Anterolateral thigh muscle	Adolescents and teens (11–18 years)	5/8–1**	Deltoid muscle of arm	1–1½"	Anterolateral thigh muscle	Adults 19 years or older			Female or male <130 lbs	5/8–1**	Deltoid muscle of arm	Female or male 130–152 lbs	1"	Deltoid muscle of arm	Female 153–200 lbs Male 153–260 lbs	1–1½"	Deltoid muscle of arm	Female 200+ lbs Male 260+ lbs	1½"	Deltoid muscle of arm
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Influenza, inactivated (IIV), for ages 3 years & older; recombinant (RIV), for ages 18 years and older	0.5 mL	IM																																								
Influenza (IIV) Fluzone Intradermal, for ages 18 through 64 years	0.1 mL	ID																																								
Measles, Mumps, Rubella (MMR)	0.5 mL	Subcut																																								
Meningococcal serogroups A, C, W, Y (MenACWY)	0.5 mL	IM																																								
Meningococcal serogroup B (MenB)	0.5 mL	IM																																								
Pneumococcal conjugate (PCV)	0.5 mL	IM																																								
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or Subcut																																								
Polio, inactivated (IPV)	0.5 mL	IM or Subcut																																								
Rotavirus (RV)	Rotarix: 1.0 mL Rotateq: 2.0 mL	Oral																																								
Varicella (Var)	0.5 mL	Subcut																																								
Zoster (Zos)	Shingrix: 0.5 mL Zostavax: 0.65 mL	IM Subcut																																								
Combination Vaccines																																										
DTaP-HepB-IPV (Pediarix) DTaP-IPV/Hib (Pentacel) DTaP-IPV (Kinrix; Quadracel)	0.5 mL	IM																																								
MMRV (ProQuad)	≤12 yrs: 0.5 mL	Subcut																																								
HepA-HepB (Twinrix)	≥18 yrs: 1.0 mL	IM																																								

** A 3/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle **only** if the skin stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.



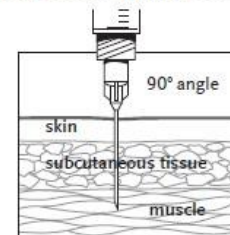
Vaccine Doses for Adults Only – Updated 11/2021:

To enlarge image, double click on image below or visit link here <http://www.immunize.org/catg.d/p3084.pdf>

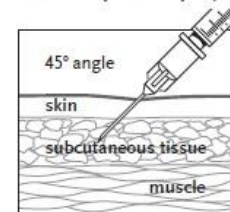
Administering Vaccines to Adults: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route
Hepatitis A (HepA)	≤18 yrs: 0.5 mL	IM
	≥19 yrs: 1.0 mL	
Hepatitis B (HepB)	≤19 yrs: 0.5 mL	IM
	<i>Engeri x-B; Recombivax HB</i> ≥20 yrs: 1.0 mL	
	<i>Hepelisav-B</i> ≥18 yrs: 0.5 mL	
HepA-HepB (Twinrix)	≥18 yrs: 1.0 mL	IM
Human papillomavirus (HPV)	0.5 mL	IM
Influenza, live attenuated (LAIV)	0.2 mL (0.1 mL in each nostril)	Intranasal spray
Influenza, inactivated (IIV) and recombinant (RIV)	0.5 mL	IM
Influenza (IIV) Fluzone Intradermal, for ages 18 through 64 years	0.1 mL	ID
Measles, Mumps, Rubella (MMR)	0.5 mL	Subcut
Meningococcal serogroups A, C, W, Y (MenACWY)	0.5 mL	IM
Meningococcal serogroup B (MenB)	0.5 mL	IM
Pneumococcal conjugate (PCV13)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or Subcut
Tetanus, Diphtheria (Td) with Pertussis (Tdap)	0.5 mL	IM
Varicella (VAR)	0.5 mL	Subcut
Zoster (Zos)	Shingrix: 0.5 mL	IM
	Zostavax: 0.65 mL	Subcut

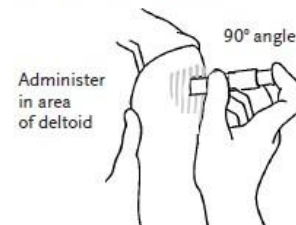
Intramuscular (IM) injection



Subcutaneous (SubCut) injection



Intradermal (ID) administration of Fluzone ID vaccine



Intranasal (NAS) administration of Flumist (LAIV) vaccine



NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

Injection Site and Needle Size

Subcutaneous (Subcut) injection – Use a 23–25 gauge, 5/8" needle. Inject in fatty tissue over triceps.

Intramuscular (IM) injection – Use a 22–25 gauge needle. Inject in deltoid muscle of arm. Choose the needle length as indicated below:

Gender/Weight	Needle Length	
Female or male less than 130 lbs	5/8"–1"	* A 5/8" needle may be used for patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.
Female or male 130–152 lbs	1"	
Female 153–200 lbs	1–1 1/2"	
Male 153–260 lbs		
Female 200+ lbs	1 1/2"	
Male 260+ lbs		



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www.immunize.org/catg.d/p3084.pdf • Item #P3084 (2/18)

Appendix G: Vaccine Inventory and Ordering

All public health offices should submit their monthly vaccine orders through NMSIIS for both VFC and 317 adult doses. For more information on this process, please review the NMSIIS training modules or refer to the Quick Reference Guides available in the NMSIIS Reports Module under “**New Mexico Forms and Documents.**”

Appendix H: Splenectomy

Children and Adults Splenectomy

Elective splenectomy, post-splenectomy or other asplenic conditions: if possible, complete the following series (or continue routine if they are ongoing, such as influenza and Tdap) prior to splenectomy.

- Hib vaccine: if not previously vaccinated with the vaccine
- Pneumococcal vaccines: (both types) if not previously vaccinated
- Meningococcal vaccines: if not previously vaccinated
- Influenza vaccine: (routine) each year
- Tdap vaccine: (routine) follow regular schedule
- Zoster vaccine: (routine) if not previously vaccinated
- HPV vaccine: (routine) series if a man up to age 21 or woman up to age 26
- MMR vaccine: (routine) if born in 1957 or after and have not gotten this vaccine or have immunity to these diseases
- Varicella vaccine: (routine) if have not gotten two doses of this vaccine or have immunity to this disease

Emergent Splenectomy: continue routine as above. Meningococcal, pneumococcal, and Hib should be started immediately if not completed prior to splenectomy.

**PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET**

PROGRAM/BUREAU: Immunization Program/ Infectious Disease Bureau

CLINICAL PROTOCOL/MANUAL TITLE: Immunization Protocol – 2022

Reviewed by: (Must have a signature from at least one clinical user of the Clinical Protocol.)

User Reviews:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Approved by:

Program Manager _____ Date _____

Bureau Chief _____ Date _____

Bureau Medical Director _____ Date _____

PHD Medical Director _____ Date _____

Regional Health Officer _____ Date _____

PHD Chief Nurse _____ Date _____

PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM: Immunization Program, Infectious Disease Bureau

CLINICAL PROTOCOL/MANUAL TITLE: Immunization Protocol – 2022

I have reviewed the document listed above and I approve it for practice in _____ Region.

Regional Director _____ Date _____

Regional Health Officer _____ Date _____

Regional Director of Nursing Service _____ Date _____

Regional Director of Nursing Service _____ Date _____

I have received, reviewed and will follow this Clinical Protocol and its Standing Orders:

Staff (Clinicians, PHNs, DPSs, etc.)

Table with 4 columns: Name, Date, Name, Date. Multiple rows for staff signatures.

Each clinician and PHN must review the document mentioned above and sign this sheet. (Use additional sheets as necessary.) The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.