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# Standing Orders for Administering Meningococcal Vaccine to Children & Teens

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

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate children and teens who meet any of the criteria below.

## Procedure

1. Identify children and teens in need of vaccination against meningococcal disease based on any of the following criteria:
  - a. age 11 through 18 years and previously unvaccinated
  - b. anticipated college enrollment, particularly anticipated residence in an on-campus dormitory
  - c. age 2 years or older meeting any of the following criteria:
    - anticipated travel to a country in the “meningitis belt” of sub-Saharan Africa or other location of epidemic meningococcal disease, particularly if contact with the local population will be prolonged
    - anticipated travel to Mecca, Saudi Arabia, for the annual Hajj
    - diagnosis of a damaged spleen; splenectomy
    - diagnosis of persistent complement component deficiency (an immune system disorder)
  - d. military recruits
  - e. history of receiving either meningococcal conjugate vaccine (MCV4) or meningococcal polysaccharide vaccine (MPSV4) 3–5 years earlier and having continued risk for infection (e.g., living in or recurrent travel to epidemic disease areas). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose if the previous dose was MCV4.
  - f. any other child or teen ages 2 years or older wishing to decrease their risk for meningococcal disease
2. Screen all patients for contraindications and precautions to meningococcal vaccine:
  - a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of meningococcal vaccine or to a meningococcal vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome (if not at extremely high risk of meningococcal disease)
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](http://www.immunize.org/vis).
4. Administer 0.5 mL MCV4 via the intramuscular route (22–25g, 1–1½" needle) in the deltoid muscle. (Note: a 1" needle may be used for patients weighing less than 130 lbs [<60kg] for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.) If the person has a permanent contraindication or precaution to MCV4 or if MCV4 is unavailable and immediate protection is needed, MPSV4 is an acceptable alternative; administer 0.5 mL MPSV4 via the subcutaneous route (23–25g, 1" needle) in the posterolateral fat of the upper arm. Give additional vaccine to children and teens who remain at high risk after 3 years if first dose given at age 2 through 6 years or give additional dose after 5 years if first dose given at age 7 years or older.
5. Document each patient’s vaccine administration information and follow up in the following places:
  - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to meningococcal vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by calling (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded or until \_\_\_\_\_ (date).  
(name of practice or clinic)

Medical Director’s signature: \_\_\_\_\_ Effective date: \_\_\_\_\_