IMMUNIZATION PROTOCOL FOR PHARMACISTS

HAEMOPHILUS INFLUENZAE B (Hib) CONJUGATE VACCINE

I. ORDER:

1. Screen for contraindications.
2. Provide the current vaccine information statement (VIS) to the client, answering any questions.
3. Obtain a signed Vaccine Administrative Record (VAR).
4. Give Hib conjugate vaccine (0.5 ml), **intramuscularly** (IM), to high-risk persons ≥ 18 years of age noted in section III.
5. May give Hib conjugate vaccine simultaneously with all routine adult immunizations.

_____ _____

Pharmacist Signature Date

Electronic copy of this protocol available at
http://www.oregon.gov/DHS/ph/imm/provider/pharmpro.shtml

To request material in an alternate format (e.g., Braille), call (971) 673-0300.

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II. LICENSED VACCINES

A. Licensed *Haemophilus influenzae* b (Hib) Conjugate Vaccines[1]

Product Name	Generic Abbreviation	Acceptable Age Range	Thimerosal
HibTiTER® (Lederle/Praxis)	HbOC	≥18 years of age	No
PedvaxHIB® (Merck)	PRP-OMP	≥18 years of age	No
ActHib® (Aventis Pasteur)	PRP-T	≥18 years of age	No

[1] The Hib vaccines are considered interchangeable. Any brand of licensed vaccine may be used for vaccination.

III. HIB VACCINE RECOMMENDATIONS AND SCHEDULE FOR ADULTS

1. In general, Hib vaccination of children older than 59 months of age is not recommended. However adults with the following conditions are at increased risk for invasive Hib disease and may be vaccinated:

   - **Functional or anatomic asplenia** (e.g., sickle cell disease, post splenectomy)
   - **Immunodeficiency** (in particular, persons with IgG2 subclass deficiency)
   - **Immunosuppression from cancer chemotherapy**
   - **HIV infection**

Previously unvaccinated persons ≥ 18 years of age with one of the above high-risk conditions should be given **one pediatric dose (0.5 ml) of any Hib conjugate vaccine.** Revaccination with Hib for the above high-risk conditions is not recommended.

IV. CONTRAINDICATIONS AND PRECAUTIONS

A. Anaphylactic reaction to the vaccine or any component of the vaccine.

B. Moderate or severe illness with or without fever: delay immunization until illness has resolved.

V. SIDE EFFECTS AND ADVERSE REACTIONS[1]

Event	Frequency/Duration
1. Pain, redness, swelling at injection site	5-30%. Usually resolves in 24 hours
2. Fever, irritability	Infrequent

VI. ADVERSE EVENT REPORTING

Adverse events following immunization must be reported to the Vaccine Adverse Events Reporting System (VAERS) by calling 1-800-822-7967 or completing and submitting a VAERS reporting form found at: www.vaers.org. In addition, a copy of the reporting form should be reported to the patient's primary provider, per ORS 855-041-0510.

Table 1. Events Reportable to VAERS

Vaccine	Illness, disability, injury or condition	Time period until first symptom
Vaccines containing Hib-antigen	1. Early onset Hib disease	7 days
	2. Any acute complication sequela (including death)	Any time

VII. REFERENCES

1. Haemoophilus influenzae type b. In: *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("Pink Book"). Atkinson W, Hamborsky J, Wolfe S, eds. 8th ed. Washington, DC: Public Health Foundation, January 2005: 109.
2. Vaccine package inserts.

For more information or to clarify any part of the above order, consult with the vaccine recipients' primary health-care provider, or contact Health Services, Immunization Program at (971) 673-0300.

Visit our website at
www.healthoregon.gov/imm