# *Haemophilus Influenza*, Type B (Hib) Routine and Catch-up Vaccine Protocol

vaccine protocol for persons 6 weeks and older

**Document reviewed and updated:** **June 6, 2023**

## Condition for protocol

To reduce incidence of morbidity and mortality of *Haemophilus Influenza*, type b (Hib) disease.

## Policy of protocol

The nurse will implement this protocol for *Haemophilus Influenza*, type b (Hib) vaccination.

## Condition-specific criteria and prescribed action

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently healthy infant between the age of 6 weeks and 15 months. | Proceed to vaccinate if meets remaining criteria. |
| Infant is less than age 6 weeks. | Do not give; reschedule vaccination when child meets age criteria. |
| Child is 15 months or older but less than 59 months. | Proceed to vaccinate, use catch-up schedule. |
| Child is more than 1 month behind routine schedule and less than 59 months. | Proceed to vaccinate, use catch-up schedule. |
| Child is older than 5 years.  | Do not vaccinate. |
| Child had a prior infection of Hib disease. | Not a contraindication; proceed to vaccinate. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Child had a severe allergic reaction (anaphylaxis) to a previous dose of Hib vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child has a severe allergy to a component of Hib vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| If child is currently on antibiotic therapy. | Proceed to vaccinate. |
| Child is latex sensitive (PedvaxHIB only).  | Use caution since the vial stopper contains dry natural latex rubber that may cause allergic reactions. [Refer child to their primary care provider for evaluation of risk and benefit of vaccination] |
| Child has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: [to be determined by medical prescriber] | Proceed to vaccinate. |
| Child has a moderate to severe illness defined as temperature of \_\_\_\_°F/°C or higher with symptoms such as: [to be determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |
| Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus toxoid-containing vaccine (for ActHIB and Hiberix). | [Refer to primary care provider for evaluation of risk and benefit of vaccination.] |

## Prescription

### Routine vaccination

* Give ActHIB 0.5 ml or Hiberix 0.5 mL, intramuscularly (IM), at age 2 months, 4 months, 6 months, and 12-15 months, or
* Give PedvaxHIB 0.5 mL, IM at age 2 months, 4 months, and 12-15 months.

### Catch-up schedule

* **Dose 1 at age 7–11 months**: Administer dose 2 at least 4 weeks after dose 1 and dose 3 (final dose) at age 12–15 months or 8 weeks after dose 2 (whichever is later).
* **Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
* **Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
* **2 doses of PedvaxHIB® before age 12 months:** Administer dose 3 (final dose) at age 12–59 months and at least 8 weeks after dose 2.
* **1 dose administered at age 15 months or older**: No further doses needed
* **Unvaccinated at age 15–59 months**: Administer 1 dose.
* **Previously unvaccinated children age 60 months or older who are not considered high risk**: Do not require catch-up vaccination

### Special situations

* Chemotherapy or radiation treatment: Age 12–59 months
	+ Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
	+ 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
	+ Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
* Hematopoietic stem cell transplant (HSCT):
	+ 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history
* Anatomic or functional asplenia (including sickle cell disease): Age 12–59 months
	+ Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
	+ 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
	+ Unvaccinated\* persons age 5 years or older: 1 dose
* Elective splenectomy:
	+ Unvaccinated\* persons age 15 months or older: 1 dose (preferably at least 14 days before procedure)
* HIV infection: Age 12–59 months
	+ Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
	+ 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
	+ Unvaccinated\* persons age 5–18 years: 1 dose
* Immunoglobulin deficiency, early component complement deficiency: Age 12–59 months
	+ Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
	+ 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

\*Unvaccinated = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: