

## Immunizing Pharmacist Protocol

<b><i>Haemophilus influenzae</i> type b (Hib) Conjugate Vaccines and Combination Vaccines (ActHIB<sup>®1</sup>, PedvaxHIB<sup>®3</sup>, HIBERIX<sup>®2</sup>)</b>	
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### 1. What’s new

No changes.

## 2. Oregon immunization model standing order

- A. Check the ALERT Immunization Information System (IIS) to determine whether the patient needs this vaccine and any other vaccines.
- B. Screen clients for contraindications.
- C. Provide a current Vaccine Information Statement (VIS), answering any questions.
- D. Record all required data elements in the client's permanent health record.
- E. Verify needle length for IM injection.
- F. To avoid injury related to vaccine administration, make sure staff who administer vaccines recognize the anatomic landmarks for identifying the vastus lateralis or deltoid muscle and use proper IM administration technique.
- G. Administer a 0.5-mL dose, IM, of Hib-containing vaccine to patients  $\geq 7$  years of age according to high-risk indication.
- H. Hib-containing vaccines can be given with all other routinely recommended vaccines.
- I. Ask client to remain seated in the clinic for 15 minutes after vaccination to decrease the risk of injury should they faint.

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Immunizing pharmacist

Date

### 3. Vaccine schedule for *Haemophilus influenzae* type b vaccines

N/A

### 4. Licensed *Haemophilus influenzae* type b vaccines

Product Name	Vaccine Components	Presentation	Acceptable Age Range	Thimerosal
ActHIB <sup>®1</sup> (PRP-T)	Hib	0.5-mL single-dose vials	6 weeks – 5 years	None
HIBERIX <sup>®2</sup> (PRP-T)	Hib		6 weeks – 4 years	
PedvaxHIB <sup>®3</sup> (PRP-OMP)	Hib		6 weeks – 5 years	

### 5. Recommendations for use

#### Routinely Recommended Use

N/A

#### Catch-Up for Healthy Children

N/A

#### Catch-Up for Persons at High-Risk<sup>4</sup>

High-Risk Group	Vaccine Guidance
Patients aged ≥7 years undergoing elective splenectomy	If unimmunized, 1 dose prior to procedure.
Asplenic patients 7 years of age or older	If unimmunized, 1 dose.
HIV-infected children 7-18 years of age	If unimmunized, 1 dose.
HIV-infected persons ≥19 years of age	Hib immunization is not recommended.
Hematopoietic stem cell transplantation (HSCT)	3 doses beginning 6–12 months after HSCT regardless of prior Hib vaccine history

### 6. Contraindications<sup>5</sup>

- A. Severe allergic reaction to any component of the vaccine, including latex (ActHIB<sup>®1</sup>, PedvaxHIB<sup>®3</sup>).

Vaccine	Contains
Hib (ActHIB <sup>®1</sup> )	Sodium chloride, formaldehyde, sucrose

Hib (HIBERIX <sup>®2</sup> )	Formaldehyde, sodium chloride, lactose
Hib (PedvaxHIB <sup>®3</sup> )	Amorphous aluminum hydroxyphosphate sulfate, sodium chloride

## 7. Warnings and precautions

N/A

## 8. Other considerations

In immunosuppressed persons, including those receiving immunosuppressive therapy, the expected antibody responses may not be obtained.<sup>1-3</sup>

## 9. Side effects and adverse reactions

Hib, single-antigen (ActHib <sup>®</sup> , HIBERIX <sup>®</sup> , PedvaxHIB <sup>®</sup> ) <sup>1-3</sup>	
Any local reaction—pain, redness, induration or swelling at injection site	Very common, up to 49%
Severe pain, induration or swelling at injection site	Uncommon, up to 4%
Any systemic reaction—Irritability, drowsiness, loss of appetite, fever.	Very common, up to 70%
Severe (grade 3) systemic reactions—irritability, drowsiness	Uncommon, up to 6%

## 10. Storage and handling

All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 971-673-4VFC (4823).

Vaccine	Temp	Storage Issues	Notes
All <sup>1-3</sup>	2°–8°C	Protect from light. Do not freeze.	HIBERIX <sup>®2</sup> – discard if the diluent has been frozen.

## 11. Adverse events reporting

Report suspected adverse events to the Vaccine Adverse Events Reporting System (VAERS) online at <https://vaers.hhs.gov/reportevent.html>. VAERS Reporting Table: <https://vaers.hhs.gov/resources/infoproviders.html>.

Event and interval from vaccination
A. Shoulder Injury Related to Vaccine Administration (7 days)
B. Vasovagal syncope (7 days)
C. Any acute complication or sequelae (including death) of above events (interval - not

applicable)

D. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval – see package insert).

## 12. References

1. ActHIB<sup>®</sup> package insert. 17 May 2019. Available at [www.fda.gov/media/74395/download](http://www.fda.gov/media/74395/download). Accessed 30 July 2020.
2. HIBERIX<sup>®</sup> package insert. April 2018. Available at [www.fda.gov/media/77017/download](http://www.fda.gov/media/77017/download). Accessed 30 July 2020.
3. PedvaxHIB<sup>®</sup> package insert. No date. Available at [www.fda.gov/media/80438/download](http://www.fda.gov/media/80438/download). Accessed 30 July 2020.
4. Briere EC, Rubin L, Moro P, et al. Prevention and control of *Haemophilus influenzae* type b disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2014; 63(RR-1). Available at: [www.cdc.gov/mmwr/PDF/rr/rr6301.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr6301.pdf). Accessed 30 July 2020.
5. CDC. Vaccine Excipient Table. February 2020. Available at: [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). Accessed 30 July 2020.
6. Ezeanolue E, Harriman K, Hunter P, Kroger A, Pellegrini C. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html). Accessed 30 July 2020.

To request this material in an alternative format (e.g., Braille) or to clarify any part of the above order, contact the Oregon Health Authority Immunization Program at 971.673.0300 and 711 for TTY. For other questions, consult with the vaccine recipient's primary health care provider or a consulting physician.

Electronic copy of this standing order is available at: [standing orders](#)

## 13. Appendix

Not applicable.