OREGON HEALTH AUTHORITY

IMMUNIZATION PROTOCOL FOR PHARMACISTS

TYPHOID Vi POLYSACCHARIDE INACTIVATED VACCINE

I. Order:

1. Check the ALERT Immunization Information System to determine whether the patient needs this vaccine and any other vaccines.
2. Screen clients ≥11 years for contraindications.
3. Provide an Adolescent Well Visit Flyer to those 11—18 years of age.
4. Provide a current Vaccine Information Sheet (VIS) answering any questions.
5. Obtain a signed Vaccination Administration Record (VAR)
6. Give a single 0.5mL dose of Typhoid vaccine intramuscularly (IM)
7. There are no known interactions of Typhim Vi® vaccine with drugs or foods. No studies have been conducted in the US to evaluate interactions or immunological interference between the concurrent use of Typhim Vi® and drugs (including antibiotics and antimalarial drugs), immune globulins or other vaccines (including common travelers’ vaccines).

Pharmacist signature __________________________ Date __________

Multiple signatures see: http://1.usa.gov/PharmacyImmunizationProtocols

Revised: 09-2010
Reviewed: 12-2013
Original: 07-2008
I. LICENSED TYPHOID Vi POLYSACCHARIDE VACCINE

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>VACCINE COMPONENTS</th>
<th>ACCEPTABLE AGE RANGE</th>
<th>Preservatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typhim Vi®</td>
<td>25µg of purified Vi Polysaccharide</td>
<td>≥2 years</td>
<td>No Thimerosal</td>
</tr>
</tbody>
</table>

II. RECOMMENDATIONS FOR USE

1. Typhim Vi® vaccine is indicated for active immunization against typhoid fever for persons two years of age or older.
2. Immunization with Typhim Vi® vaccine should occur at least two weeks prior to expected exposure to *Salmonella Typhi*.
3. Typhim Vi® vaccine is not indicated for routine immunization of individuals in the United States. Immunization against typhoid fever is indicated for the following groups:
   a) Travelers to areas in which there is a recognized risk of exposure to *S. Typhi*, particularly those who will have prolonged exposure to potentially contaminated food and drink.
   b) Persons with intimate exposure (i.e., continued household contact) to a documented *S. Typhi* carrier, and
   c) Microbiology laboratorians who frequently work with *S. typhi*.
4. Current CDC advisories should be consulted with regard to areas with a risk of exposure to *S. Typhi*. Travelers should use caution in selecting food and water, even if vaccinated.
5. Re-immunization every two years under conditions of repeated or continued exposure to *Salmonella Typhi* is recommended.
6. The vaccine will not protect against serotypes of *Salmonella* other than *S. Typhi*.

Source: The Yellow Book, Chapter 2.
IV. VACCINE SCHEDULE

<table>
<thead>
<tr>
<th>Dose</th>
<th>Recommended Age</th>
<th>Dosage Schedule</th>
<th>Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>≥11 years of age</td>
<td>Single injection of 0.5mL IM</td>
<td>After 2 years¹</td>
</tr>
</tbody>
</table>

¹ Re-immunization of US travelers with a single 0.5 ml dose every two years under conditions of repeated or continued exposure to Salmonella Typhi is recommended.

V. CONTRAINDICATIONS

1. History or hypersensitivity to any component of this vaccine.

VI. PRECAUTIONS

a. Acute infection or febrile illness may be reason for delaying use of this vaccine.

b. No animal reproduction studies that have been conducted with this vaccine. It should be given to pregnant women only if clearly needed. When possible, delaying vaccine until the second or third trimester is a reasonable precaution.

c. It is not known if typhoid Vi polysaccharide is excreted in human milk. There are no data to warrant the use of this product in nursing mothers for passive antibody transfer to an infant.

d. Safety and effectiveness of this vaccine have been established in children ≥ 2 years of age. For children below the age of 2, safety and effectiveness have not been established.
VII. SIDE EFFECTS AND ADVERSE REACTIONS

Systemic events may include fever (100.4° F in 1% of vaccinees) and headache (1.5%–3% of vaccinees). Localized reactions include injection site pain, erythema, and induration; these usually resolve within 48 hours.

VIII. OTHER CONSIDERATIONS

1. This vaccine has not been evaluated for carcinogenic potential, mutagenic potential, or impairment of fertility.
2. If typhoid Vi polysaccharide vaccine is administered to immunosuppressed persons or persons receiving immunosuppressive therapy, the expected immune response may not be obtained.
3. Even in a susceptible individual with normal immune function, vaccination with this vaccine is not expected to protect 100% of susceptible persons. In all instances, travelers are advised to take personal precautions to minimize their exposure to contaminated food and drink.

IX. STORAGE AND HANDLING

Parenteral drug products should be inspected visually for either particulate matter or discoloration prior to administration. If either of these is seen, the vaccine should not be administered.
The vaccine is a clear, colorless solution.
Store at 2-8°C (36-46°F) Do not freeze.
Does not use after expiration date.
X. ADVERSE EVENTS REPORTING

Adverse events following immunization must be reported to the Vaccine Adverse Events Reporting System (VAERS) at 1-800-822-7967. Forms and procedures can be found at the VAERS website: www.vaers.hhs.gov. In addition, a copy of the reporting form should be reported to the patient’s primary provider, per Oregon Revised Statute (ORS) 855-019-0280(4).

REFERENCES


3. CDC. Typhoid vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 1994; 43 (No. RR-14); 1–7. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00035643.htm

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 or 711 for TTY. For other questions, consult with the vaccine recipient’s primary health care provider or a consulting physician.

Electronic copy of this protocol available at: http://1.usa.gov/PharmacyImmunizationProtocols