

**Mississippi Department of Human Services  
Division of Youth Services  
Medical Services**

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**HUMAN PAPILLOMAVIRUS (HPV) VACCINATION PROTOCOL**

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This protocol shall serve as a prescription guideline for the ordering of each Human Papillomavirus (HPV) vaccine and the administration by an MDYS nurse. All vaccines require a physician order on the Doctor's Order Form prior to administration.

Information, contraindications, precautions, and side effects are provided in the attached vaccine information statement from the Mississippi Department of Health. Follow the procedure within this protocol for reviewing the medical record for allergies, contraindications or precautions.

**If it is determined that the youth (up to 18 years old) is to receive this vaccine, the dosage shall be written as follows:**

Human Papillomavirus (HPV) Series (Single dose administration in the deltoid muscle)

Primary Course:	1 <sup>st</sup> dose 0.5 ml IM	Elected Time
	2 <sup>nd</sup> dose 0.5 ml IM	Give one (2) months thereafter
Booster:	3 <sup>rd</sup> dose 0.5 ml IM	Give six (6) months after Dose 1

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Physician Signature

Date

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Printed Name of Physician