

STANDING ORDERS FOR Administering Hepatitis B Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis B virus (HBV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against HBV infection according to the following criteria:

- Any person who wants to be protected from HBV infection
- Patient with diabetes mellitus (Note: for those age 60 years or older with diabetes mellitus, at the discretion of the treating clinician)
- Patient with end-stage renal disease, including patients receiving hemodialysis; HIV infection; or chronic liver disease
- Sexually active and not in a long-term, mutually monogamous relationship (e.g., more than 1 sex partner during the previous 6 months)
- Seeking evaluation or receiving treatment for a sexually transmitted infection (STI)
- A male who has sex with males
- A current or recent injection-drug user
- At occupational risk of infection through exposure to blood or blood-contaminated body fluids (e.g., healthcare worker, public safety worker, trainee in a health professional or allied health school)
- Residents or staff of an institution for persons with developmental disabilities
- Sex partner or household member of a person who is chronically infected with HBV (HBsAg-positive). (This includes an HBsAg-positive adopted child.)
- Planned travel to a country with high or intermediate prevalence of endemic HBV infection (for hepatitis B travel information from CDC, go to wwwnc.cdc.gov/travel/diseases/hepatitis-b)
- People living in correctional facilities
- All teenagers ages 18 and younger who are not fully vaccinated (see standing orders for children and teens at www.immunize.org/catg.d/p3076a.pdf)

2 Screen for Contraindications and Precautions

Contraindications

Do not give hepatitis B vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever

CDC recommends that until safety data are available for Heplisav-B, providers should vaccinate pregnant women needing HepB vaccination with a vaccine from a different manufacturer.

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3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled “Document Vaccination.”)

4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin.

5 Administer Hepatitis B Vaccine according to the criteria and guidance in the tables below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS
Heplisav-B (Dynavax)	18 yrs & older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle
Pediatric formulation of Engerix-B (GSK) or Recombivax HB (Merck)	19 yrs & younger	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adult formulation of Engerix-B (GSK) or Recombivax HB (Merck)	20 yrs & older	1.0 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.

Schedules for vaccination

HISTORY OF PREVIOUS VACCINATION	FOR PATIENTS WHOSE PREVIOUS BRAND OF VACCINE IS KNOWN, CONTINUE WITH THE SAME BRAND AS SHOWN BELOW. IF BRAND IS NOT KNOWN OR IS NOT AVAILABLE, CONTINUE WITH A 3-DOSE SCHEDULE AS INDICATED IN THE RIGHT-HAND COLUMN BELOW.	
	SCHEDULE FOR ADMINISTRATION OF HEPLISAV-B	SCHEDULE FOR ADMINISTRATION OF ENGERIX-B OR RECOMBIVAX HB
None or unknown	Give a 2-dose series at 0 and 1 month.	Give a 3-dose series at 0, 1, and 6 mos.
1 dose	Give dose #2 at least 4 wks after dose #1 to complete the series.	Give dose #2 at least 4 wks after #1; then, give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.
2 doses		Give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.

NOTE 1: For people receiving hemodialysis or with other immunocompromising conditions, give either 1 dose of 40 mcg/mL (Recombivax HB) at 0, 1, and 6 mos, OR 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously at 0, 1, 2, and 6 mos, OR 2 doses of 0.5 mL Heplisav-B at 0 and 1 mo.

NOTE 2: The hepatitis B vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

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Information on certain risk groups

- For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see *MMWR* 2005;54[RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, administer hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided; no further doses of hepatitis B vaccine are indicated.
- Certain people need testing for immunity (anti-HBs) 1–2 months following vaccination. Check ACIP recommendations for details (www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf).

6 Document Vaccination

Document each patient’s vaccine administration information and follow up in the following places:

Medical record: Document the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC’s “Medical Management of Vaccine Reactions in Adult Patients,” go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <http://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

<p>This policy and procedure shall remain in effect for all patients of the _____ <small style="margin-left: 400px;">NAME OF PRACTICE OR CLINIC</small></p> <p>until rescinded or until _____ . <small style="margin-left: 100px;">DATE</small></p> <p>Medical Director’s signature _____ Signature date _____ Effective date _____</p>
