

Standing Orders for Administering Hepatitis B (ENGERIX-B®) Vaccine to Adults

Purpose: To reduce morbidity and mortality from hepatitis B disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling and the Department of Defense (DoD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate adults who meet the criteria below.

Procedure:

1. Identify adults 18 years of age and older who have not begun or have not completed a hepatitis B vaccination series.
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:

Contraindications:

- a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component to include yeast. For a list of vaccine components, refer to the [manufacturer's package insert](#) or go to <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf>.

Precautions:

- moderate or severe acute illness with or without fever
 - the tip caps of the prefilled syringes may contain natural rubber latex which may cause allergic reactions in latex-sensitive individuals
 - syncope (fainting) can occur in association with administration of injectable vaccines, including ENGERIX-B; procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope.
 - For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1
3. Provide all patients (or their parent/legal representative) with a copy of the most current federal [Vaccine Information Statement \(VIS\)](#). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
 4. Administer hepatitis B (ENGERIX-B) vaccine intramuscularly in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate. Use a 22–25 gauge needle. Choose needle length appropriate to the patient's age and body mass.
 5. Follow the dosing guidance and schedule below:
 - for patients 18-19 years old, administer 0.5mL (10mcg) hepatitis B vaccine, pediatric formulation

- for patients 20 years and older, administer 1.0 mL (20 mcg) hepatitis B vaccine, adult formulation

History of Previous Vaccination	Schedule for the Administration of Hepatitis B Vaccine
None or Unknown	Give a 3-dose series at 0,1,and 6 months
1 dose	Give dose #2 at least 4 weeks after #1; then, give dose #3 at least 8 weeks after dose #2 and at least 16 weeks after dose #1.
2 doses	Give dose # 3 at least 8 weeks after #2; and at least 16 weeks after dose # 1

Note: The hepatitis B Vaccine series does not need to be restarted, regardless of the time that has elapsed between doses

6. Documentation

- Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

8. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at <https://vaers.hhs.gov>.

9. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

Medical Director's Signature

Date