

Standing Orders for Administering Combination Hepatitis A & Hepatitis B (TWINRIX®) Vaccine to Adults

Purpose: To reduce morbidity and mortality from hepatitis A and 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 all adults (18 years of age and older) in need of vaccination against both hepatitis A and hepatitis B based on the following criteria:
 - susceptible persons 18 years of age or older who are, or will be, at risk of exposure to both hepatitis A and hepatitis B viruses including but not limited to international travelers and patients with chronic liver disease
 - persons at risk through their work (healthcare workers, daycare workers, etc.) or schooling
 - patient has previously received an incomplete series of both hepatitis A (only 1 dose) or hepatitis B (only 1 or 2 doses)
 - persons at increased risk of disease due to their sexual practices (men who have sex with men), or users of injectable illicit drugs
 - do not give TWINRIX if the patient has previously completed either the hepatitis A vaccination series or the hepatitis B vaccination series (follow the appropriate protocols for the monovalent vaccine needed).
 - see monovalent hepatitis A or hepatitis B standing orders for additional details
2. Screen all patients for contraindications and precautions to TWINRIX vaccine.

Contraindication:

- a history of a serious reaction (e.g., anaphylaxis) after a previous dose of any hepatitis A- containing or hepatitis B-containing vaccine or to any component of the vaccine (including yeast and neomycin). For information on vaccine components, refer to the [manufacturer's package insert](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf) 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
- 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 should provide both the hepatitis A and hepatitis B VISs (as there is no TWINRIX VIS). You must document,

in the patient's medical record, the publication date of the VISs and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VISs in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Administer TWINRIX vaccine intramuscularly as follows: 1 mL for patients age 18 years and older. Use a 22-25 gauge, 1- to 1.5-inch needle. Choose needle length appropriate to the patient's age and body mass.
5. Provide subsequent doses of the TWINRIX vaccine to complete each patient's 3-dose series by observing a minimum interval of 1 month between the first and second doses and 5 months between the second and third dose. Shorter intervals or alternative schedules are not included under this standing order.
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