Standing Orders for Administering Hepatitis B Vaccine (Adult)

Purpose: To reduce morbidity and mortality from hepatitis B virus infection by vaccinating all persons 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 health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons ≥18 years of age in need of vaccination against hepatitis B virus (HBV) based on the following criteria:
    - Have not received at least 3 doses of hepatitis B vaccine (HepB) at the appropriate ages/intervals
    - Anticipated travel to a country with intermediate or high endemicity for HBV: see CDC Traveler's Health site (Yellow Book) for updates
    - End stage renal disease, hemodialysis; HIV infection; or chronic liver disease, diabetes mellitus (Note: for those age 60 and over with diabetes, at the discretion of the provider)
    - Diagnosis of HIV infection
    - Current or recent use of injectable street drugs
    - Persons at risk for infection by sexual exposure, seeking evaluation or treatment for sexually transmitted infection, sexually active and not in a monogamous relationship, male who has sex with males, sex partner or household member of a person chronically infected with hepatitis B
    - Diagnosis of chronic liver disease, including hepatitis C
    - Persons with occupational risk (e.g., healthcare workers)
    - Residents and staff of facilities for developmentally disabled persons
    - Any other adult who wants to be protected from HBV

2. Screen all patients for contraindications and precautions to HepB: **Contraindications:**
    - A history of a serious reaction (e.g., anaphylaxis) after a previous dose of HepB or to a vaccine component (to include yeast)
    - For information on 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:
    - Pregnancy: Heplisav-B should not be given to pregnant patients (see below)
    - Moderate or severe acute illness with or without fever
    - The tip caps of the prefilled syringes of Engerix-B® and Recombivax HB®, and the vials of Recombivax HB®, contain natural latex rubber and may cause allergic reactions in latex sensitive individuals. The vials of Engerix-B® do not contain latex

- Syncope (fainting) can occur in association with administration of injectable vaccines. Procedures should be in place to avoid a falling injury (e.g. 15 minute observation after administration) and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Division at (877) 438-8222, Option 1 or DSN 761-4245

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. Provide vaccine as follows:
   Follow dosing schedules in tables below. Administer the appropriate product-specific dose intramuscularly in the deltoid muscle for adults.

Needle Length and Injection Site of IM Injections for Adults		
Use a 22 – 25 gauge needle. Choose needle gauge and length appropriate to administration route and the patient's age and body mass.		
Age Group	**Needle Length**	**Injection Site**
Men and Women (<130 lbs)	1 inch†	Deltoid Muscle of Arm
Men and Women (130-152 lbs)	1 inch	
Men (152-260 lbs)	1-1.5 inches	
Women (152-200 lbs)		
Men (> 260 lbs)	1.5 inches	
Women (>200 lbs)		

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration
https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
† Some experts recommend a 5/8 inch needle for men and women who weigh <130 lbs, skin must be stretched tightly (do not bunch subcutaneous tissue)

Type of Vaccine	**Age Group**	**Dose**
Heplisav-B®	18 yrs & older	0.5 mL
Pediatric formulation of Engerix-B® or Recombivax HB®	19 yrs & younger	0.5 mL
Adult formulation of Engerix-B® or Recombivax HB®	20 yrs & older	1.0 mL

History of Previous Vaccination	For patients whose previous brand of vaccine is known, continue with the same brand. If brand is unknown or not available, continue with a 3-dose schedule as indicated in the right-hand column	
	Heplisav-B	**Engerix-B or Recombivax HB**
None or unknown	2-dose series at 0 and 1 month	3-dose series at 0, 1, and 6 mo
1 dose	Dose #2 at least 4 wks after dose #1	Dose #2 ≥4 wks after #1; dose #3 ≥8 wks after dose #2 AND ≥16 wks after dose #1
2 doses		Dose #3 ≥8 wks after dose #2 **AND** ≥16 wks after dose #1

Note: safety data on administration during pregnancy are not available for Heplisav-B. Providers should vaccinate pregnant persons with a HepB vaccine from a different manufacturer

Note: revaccination may be recommended for certain populations, including:

- ***Hemodialysis patients***
- ***Other immunocompromised persons***
  Patients must obtain a written order from a privileged provider for these situations

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. 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.

6. 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.

7. 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 (800-822-7967) or online at https://vaers.hhs.gov.

8. 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