

Hepatitis B Vaccine

Vaccine Description	<ul style="list-style-type: none"> • Brands: Engerix-B® and Recombivax HB® • Subunit recombinant viral antigen • Contains yeast and aluminum hydroxide • Energix-B: the tip caps of the prefilled syringe contain natural rubber latex; refer to package insert for latex information • Recombivax HB: the vial stopper, tip cap, and the rubber plunger of the needleless prefilled syringes contain dry natural latex rubber; refer to package insert for latex information • HepB for peds use also available in combination vaccines. See the end of this section for a list of combination vaccines. 	
Route	• Route: IM (Precaution: hemophilia, thrombocytopenia, and anticoagulation therapy)	
Vaccine	Age	Dose
Engerix-B®	0-19 years	10 mcg (0.5 mL)
Recombivax HB®	0-19 years	5 mcg (0.5 mL)
	11-15 years	10 mcg (1 mL) - <i>This is a special dose for this age group and is given on a special schedule on back of card</i>
Indications	• Birth through 18 years of age	
Administration Schedule Recommended schedule for routine infant immunization is Dose #1: birth Dose #2: 1-2 months Dose #3: 6-18 months	Dose	Minimum Age
	#1	Birth (thimerosal-free)*
	#2	1 month (thimerosal-free)
	#3	6 months
*Thimerosal-free vaccine recommended for use in infants younger than 6 months old		

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(Continued)

Minimum Intervals DO NOT restart series, no matter how long since previous dose Doses administered sooner than minimum intervals may reduce efficacy	Dose	Minimum Intervals
	# 1-2	4 weeks
	# 2-3	At least 8 weeks IF it has been at least 16 weeks since dose #1 AND child is at least 6 months of age
Schedule for 11-15 year olds with Recombivax HB®	2 doses of 10 mcg (1 mL): 0 and 4-6 months	
Contraindications	<ul style="list-style-type: none"> • Severe allergic or hypersensitivity reaction (e.g., anaphylaxis) to previous dose • Any vaccine components of ENGERIX-B or Recombivax HB; to include yeast • Moderate or severe acute illness 	
Special Considerations	<ul style="list-style-type: none"> • Do not use Comvax® or Pediarix® in infants younger than 6 weeks of age • Brands interchangeable for 3-dose schedule 	

TABLE 3. Hepatitis B vaccine schedules for infants, by infant birthweight and maternal HBsAg status

Birthweight	Maternal HBsAg status	Single-antigen vaccine		Single-antigen + combination vaccine [†]		
		Dose	Age	Dose	Age	
≥2,000 g	Positive	1 HBIG [§]	Birth (≤12 hrs)	1 HBIG	Birth (≤12 hrs)	
		2	Birth (≤12 hrs)	2	Birth (≤12 hrs)	
		3	1-2 mos	3	2 mos	
	Unknown*	1	Birth (≤12 hrs)	1	Birth (≤12 hrs)	
		2	1-2 mos	2	2 mos	
		3	6 mos [¶]	3	4 mos	
		4	6 mos [¶]	4	6 mos [¶]	
	Negative	1	Birth (≤24 hrs)	1	Birth (≤24 hrs)	
		2	1-2 mos	2	2 mos	
		3	6-18 mos [¶]	3	4 mos	
	<2,000 g	Positive	1 HBIG	Birth (≤12 hrs)	1 HBIG	Birth (≤12 hrs)
			2	Birth (≤12 hrs)	2	Birth (≤12 hrs)
3			1 mos	3	2 mos	
4			2-3 mos	4	4 mos	
Unknown		1 HBIG	Birth (≤12 hrs)	1 HBIG	Birth (≤12 hrs)	
		2	Birth (≤12 hrs)	2	Birth (≤12 hrs)	
		3	1 mos	3	2 mos	
		4	2-3 mos	4	4 mos	
Negative		1	6 mos [¶]	3	6 mos [¶]	
		2	6 mos [¶]	4	6 mos [¶]	
		3	6 mos [¶]	4	6 mos [¶]	
		Negative	1	Hospital discharge or age 1 mo	1	Hospital discharge or age 1 mo
	2		2 mos	2	2 mos	
	3		6-18 mos [¶]	3	4 mos	
			4	6 mos [¶]		

Abbreviations: HBIG = hepatitis B immune globulin; HBsAg = hepatitis B surface antigen.

* Mothers should have blood drawn and tested for HBsAg as soon as possible after admission for delivery; if the mother is found to be HBsAg positive, the infant should receive HBIG as soon as possible but no later than age 7 days.

[†] Pediarix should not be administered before age 6 weeks.

[§] HBIG should be administered at a separate anatomical site from vaccine.

[¶] The final dose in the vaccine series should not be administered before age 24 weeks (164 days).

VIS: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html>

Standing orders: www.health.mil/standingorders

Additional education may be found at www.health.mil/hepB