

## Standing Orders for Administering Hepatitis B Vaccine (Pediatric)

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

### Procedure:

1. Identify persons birth - 17 years of age in need of vaccination against HBV based on the [following criteria](#):
  - All individuals without documented receipt of  $\geq 3$  doses of hepatitis B vaccine (HepB) at the appropriate ages and intervals
2. Using [DD Form 3110](#), screen all patients for contraindications and precautions to HepB:

### Contraindications:

- History of a serious reaction (e.g., anaphylaxis) after a previous dose of HepB or to a vaccine component (including yeast)
- For information on vaccine components, refer to the [manufacturer's package insert](#) or [The CDC Pink Book Appendix B](#)

### Precautions:

- Moderate or severe acute illness with or without fever
  - Certain HepB products contain latex, which may cause allergic reactions:
    - Engerix-B, Pediarix: tip caps of prefilled syringes contain natural rubber latex
    - Recombivax HB: vial stopper, syringe plunger stopper, and tip cap contain dry natural latex rubber
  - Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g., 15-minute observation after administration) and to restore cerebral perfusion.
  - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center 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.
  4. Provide vaccine as follows:
    - Administer the appropriate HepB intramuscularly (IM) according to Tables 1 & 2.
    - Administration of 4 doses of hepatitis B-containing vaccine is permitted when combination vaccines are given after the monovalent HepB birth dose.
    - Although individuals aged 18-19 years receive the smaller ("pediatric") dose of certain HepB

products, they are not covered here: please reference the DHA-IHD adult HepB standing order for information.

- Certain situations are not covered under this standing order: these patients must obtain a written order from a privileged provider. This includes:
  - Use of Heplisav-B and PreHevbrio in pregnancy
  - Primary series administration to pediatric hemodialysis patients
  - Revaccination and booster doses for:
    - Infants born to HBsAg-positive or HBsAg-unknown women
    - Post-exposure prophylaxis
    - Travelers to high-risk areas
    - Healthcare and public safety workers
    - Hemodialysis and other immunocompromised patients

TABLE 1. IM Needle Length and Injection Site Guide		
Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient’s age		
Patient age	Needle Length	Injection Site
Neonates (0 – 28 days)	5/8 inch (16 mm)*	Anterolateral thigh
Infants, 1-12 months	1 inch (25 mm)	Anterolateral thigh
Toddlers, 1-2 years	1-1.25 inch (25-32 mm)	Anterolateral thigh†
	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm
Children, 3-10 years	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm†
	1-1.25 inches (25-32 mm)	Anterolateral thigh
Children & Adolescents, 11-18 years	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm†
	1-1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html>

If skin is stretched tightly and subcutaneous tissues are not bunched.

† Preferred site.

**TABLE 2. Schedule for hepatitis B vaccine primary series by vaccine type, 0-17 years of age**

	Monovalent vaccine*		Combination vaccine	
	Engerix	Recombivax	Pediarix†	Vaxelis‡
<b>Dose volume</b>	0.5 mL	0.5 mL	0.5 mL	0.5 mL
<b>Number of doses</b>	3	3	3	3
<b>Recommended intervals§</b>	0, 1, 6 months	0, 1, 6 months	0, 2, 4 months	0, 2, 4 months
<b>Minimum intervals</b>	Dose 1 to dose 2: 4 weeks Dose 2 to dose 3: 8 weeks Dose 1 to dose 3: 16 weeks AND at ≥ 24 weeks of age		See current ACIP guidelines	

Use monovalent vaccine for doses administered before age 6 weeks.

† Pediarix is approved for use in persons aged 6 weeks through 6 years (prior to the 7th birthday).

‡ Vaxelis is approved for use in persons aged 6 weeks through 4 years (prior to the 5th birthday).

§ Time in months from first dose.

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) online at <https://vaers.hhs.gov>. Additional information about VAERS is also available by telephone (800-822-7967).
8. This standing order 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