Standing Order for Administering Hepatitis B Vaccine (Adult)

Purpose: To reduce morbidity and mortality from hepatitis B virus infection 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 this standing order, eligible 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:
    - All individuals 18 – 59 years of age without documented receipt of a complete series of hepatitis B vaccine (HepB) at the appropriate ages and intervals.
    - Individuals ≥ 60 years of age with risk factors for HBV infection:
        - At risk for infection by sexual exposure, seeking evaluation or treatment for a sexually transmitted infection, sexually active and not in a monogamous relationship, men who have sex with men, sex partner of a person with chronic hepatitis B infection
        - Occupational risk (e.g., healthcare and public safety personnel)
        - Household contact of a person with chronic HBV infection
        - Current or recent use of injectable street drugs
        - Residents and staff of facilities for developmentally disabled persons
        - International travel to countries with high or intermediate levels of endemic HBV infection (see CDC Traveler's Health/Yellow Book)
        - Chronic liver disease (including hepatitis C), end-stage renal disease (predialysis or maintenance dialysis), HIV infection, diabetes (at provider discretion)
        - Persons who are incarcerated
        - Any other adult who wants to be protected from HBV

2. Using DD Form 3111, 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 and neomycin)
    - 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 presentations contain latex, which may cause allergic reactions:
        - Engerix-B, Twinrix: 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). 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.
    - 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
        - Revaccination and booster doses for:
            - 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, sex, and weight

Patient age	Needle Length	Injection Site
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
Adults (≥ 19 years)		
Men and women, <60 kg (130 lbs)	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm
Men and women, 60-70 kg (130-152 lbs)	1 inch (25 mm)	
Men, 70-118 kg (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women, 70-90 kg (152-200 lbs)		
Men, >118 kg (260 lbs)	1.5 inches (38 mm)	
Women, >90 kg (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.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, ≥ 18 years of age

	Monovalent vaccine				Combination vaccine
	Engerix	Recombivax	PreHevbrio	Heplisav-B	Twinrix*
Dose volume: 18-19 years of age	0.5 mL	0.5 mL	1 mL	0.5 mL	1 mL
Dose volume: ≥ 20 years of age	1 mL	1 mL			
Number of doses	3	3	3	2	3
Recommended intervals†	0, 1, 6 months	0, 1, 6 months	0, 1, 6 months	0, 1 months	0, 1, 6 months
Minimum intervals	Dose 1 to dose 2: 4 weeks Dose 2 to dose 3: 8 weeks Dose 1 to dose 3: 16 weeks			≥ 4 weeks	Dose 1 to dose 2: 4 weeks Dose 2 to dose 3: 5 months
Hemodialysis dosing (≥ 20 years of age)	4 doses (2 mL each) at 0, 1, 2, 6 months	3 doses (1 mL each) at 0, 1, 6 months (Dialysis formulation)	NA	NA	NA

* May be given on an accelerated 4-dose schedule (0, 7, 21-30 days, 12 months). The four-day grace period does not apply to the first three doses in the accelerated schedule.
† 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