Standing Order for Administering Hepatitis B Vaccine (Adult)

Purpose: To reduce morbidity and mortality from hepatitis B virus 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 adults ≥ 18 years of age in need of vaccination against hepatitis B virus (HBV) based on the following criteria:
    - No documented receipt of a complete hepatitis B vaccine (HepB) series at the appropriate ages and intervals
    - Individuals ≥ 60 years of age with risk factors for HBV infection:
        - At risk due to sexual exposure: sex partner of a person testing positive for HBV infection; sexually active and not in a monogamous relationship (e.g., more than 1 sex partner in the previous 6 months); seeking evaluation or treatment for a sexually transmitted infection; men who have sex with men
        - Current or recent use of injectable street drugs
        - Household contact of persons testing positive for HBV infection
        - Residents and staff of facilities for developmentally disabled persons
        - Occupational risk (e.g., healthcare and public safety personnel)
        - HCV infection, chronic liver disease, end-stage renal disease (pre-dialysis or maintenance dialysis), HIV infection, diabetes (at provider discretion)
        - International travel to countries with high or intermediate levels of endemic HBV infection (see CDC Traveler's Health/Yellow Book)
        - 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 neomycin and yeast)
    - For information on vaccine components, refer to the package insert for Engerix-B, Heplisav-B, Recombivax HB, Twinrix, and The CDC Pink Book Appendix B.

    Precautions:
    - Moderate or severe acute illness with or without fever
    - 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 312-761-4245.

3. Prior to vaccine administration, provide all patients (or their parent/legal representative) with a copy of the 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 HepB as follows:
   - ALERT: As of 15 Nov 2024, production and distribution of PreHevbrio is permanently ceased. All remaining vaccine has been recalled and further use of any remaining vaccine must cease immediately. Existing vials must be destroyed; contact closest MTF pharmacy for disposition and notification guidelines.
   - Prior to administration, consult the manufacturer's package insert for storage, handling, and preparation instructions.
   - Administer a single dose intramuscularly according to Tables 1 and 2.
   - A 2-dose HepB series is only valid when both doses are Heplisav-B. Series with a combination of 1 dose of Heplisav-B and HBV vaccine(s) from a different manufacturer should consist of 3 total vaccine doses given according to the 3-dose recommended or minimum intervals in Table 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 in pregnancy
     - Revaccination and booster doses (e.g., PEP, high-risk travel or occupations, 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
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 (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm
Men and women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (260 lbs)	1.5 inches (38 mm)	
Women (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-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, ≥ 18 years of age				
	Monovalent vaccine			Combination vaccine
	Engerix	Recombivax	Heplisav-B	Twinrix*
Dose volume: 18-19 years of age	0.5 mL	0.5 mL	0.5 mL	1 mL
Dose volume: ≥ 20 years of age	1 mL	1 mL		
Number of doses	3	3	2	3
Recommended intervals†	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)	2 mL at 0, 1, 2, 6 months (4 doses)	1 mL at 0, 1, 6 months (3 doses)	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 an 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 must be signed by a privileged physician with medical oversight over the clinic or activity administering immunizations. It is valid for one year from the date of signature and remains in effect for all patients of the _____ until rescinded, expired, or upon a change in the privileged physician, whichever is earlier.

_____ _____

Privileged Physician's Signature Date