

## Standing Orders for Administering Hepatitis B Vaccine to Children & Teens (ESTABLISHED PATIENTS ONLY)

**Purpose:** To reduce morbidity and mortality from hepatitis B virus (HBV) by vaccinating all children and teens who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals (e.g., Pharmacists), where allowed by state law, may vaccinate children age 7 years and older who meet the criteria below and are **established HealthPoint patients**.

### Procedure

1. Identify infants, children, and teens who have not begun or have not completed a hepatitis B vaccination series.\*
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
  - a. Contraindications: a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
  - b. Precautions: moderate or severe acute illness with or without fever.
3. Provide all patients (or, in the case of minors, their parent or legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record or office log, 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](http://www.immunize.org/vis).
4. Administer 0.5 mL hepatitis B vaccine intramuscularly in the anterolateral thigh muscle for infants and toddlers (deltoid may be used for toddlers with adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older; the anterolateral thigh muscle may be used if deltoid is inadequate. Use a 22–25g needle. Choose needle length appropriate to the child's age and body mass: newborns (first 28 days of life) and premature infants: e"; infants younger than age 12 mos: 1"; toddlers age 1 through 2 yrs: 1–13" (anterolateral thigh) or 5/8–1" (deltoid muscle); children age 3 through 18 yrs: 5/8–1" (deltoid) or 1–13" (anterolateral thigh). (Note: A 5/8" needle may be used in children and teens who weigh less than 130 lbs [60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.) It is necessary to give 4 doses of HepB when Comvax or Pediarix vaccines are administered after the birth dose. For patients ages 11 through 15 years, an alternative 2-dose schedule using Recombivax-HB adult formulation vaccine may be used; administer 1.0 mL hepatitis B vaccine intramuscularly in the deltoid.
5. Provide subsequent doses of hepatitis B vaccine to complete each patient's 3-dose schedule by observing a minimum interval of 4 weeks between the first and second doses, 8 weeks between the second and third doses, and at least 16 weeks between the first and third doses. The last dose in the infant series should not be administered earlier than age 24 weeks. For patients ages 11–15

- years on the 2-dose adult formulation Recombivax-HB schedule, administer the second dose 4–6 calendar months following the first dose.
6. Document each patient’s vaccine administration information and follow up in the following places:
    - a. Medical chart: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
    - b. Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
  7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. To prevent syncope, vaccinate patients while seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
  8. Report all adverse reactions to hepatitis B vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

\*For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection (see MMWR 2005;54[No. RR-16]:25), ensure that they have also been tested for hepatitis B surface antigen (HBsAg) to find out if they are chronically infected. If test is performed on same visit, administer hepatitis B vaccine after the blood draw. Do not delay initiating hepatitis B vaccination while waiting for test results. If patient is found to be HBsAg-positive, appropriate medical follow-up should be provided; no further doses of hepatitis B vaccine are indicated.

This policy and procedure shall remain in effect for all patients of HealthPOiNT /BVCAA until rescinded or until December 31, 2016.

Medical Director’s signature: \_\_\_\_\_



Effective date: January 1, 2016

Reference: Immunization Action Coalition 04/13, (Technical content reviewed by the Centers for Disease Control and Prevention)