

Standing Orders for Administering Hepatitis B Vaccine to Children and Teens

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 (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for and vaccinate children and teens who meet any of the criteria below.

Procedure

1. **Assess children and teens in need of vaccination** against HBV infection based on the following criteria:
 - a. Lack of documentation of at least 3 doses of hepatitis B vaccine (HepB) with the third dose given at least 16 weeks after the first dose, at least 8 weeks after the second dose, and when no younger than age 24 weeks.
 - b. Patients 19 years of age and younger should receive the pediatric formulation, 0.5 ml IM x 3 (at 0, 1, and 6 months).
 - c. Patients 20 years of age and older should receive the adult formulation, 1.0 ml IM x 3 (at 0, 1, and 6 months).
 - d. Administer hepatitis B vaccine to children 12 months through 18 years of age to complete the series.
 - e. Administer hepatitis B vaccine to all adult patients 19 – 59 years of age to complete the series
2. **Screen for contraindications and precautions**

Contraindications

 - Do not give HepB to a child or teen who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf
 - Do not give any HepB to a child or teen who has experienced hypersensitivity to yeast.

Precautions

- Moderate or severe acute illness with or without fever

3. **Provide Vaccine Information Statements**

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). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis In addition provide Notice of Privacy if requested, Proof of

Vaccination receipt and ensure that all participants sign a consent to receive HepB vaccine before administration.

4. Prepare to administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart

| AGE OF INFANT/CHILD/TEEN | NEEDLE GAUGE | NEEDLE LENGTH | INJECTION SITE |
|---------------------------------|--------------|---------------|-----------------------------|
| Newborns (1st 28 days) | 22-25 | ½" | Anterolateral thigh muscle |
| Infants age 2 through 11 months | 22-25 | 1" | Anterolateral thigh muscle |
| Age 1 through 2 years | 22-25 | 1-1½" | Anterolateral thigh muscle* |
| | | ¾"-1" | Deltoid muscle of arm |
| Age 3 through 10 years | 22-25 | ¾"-1" | Deltoid muscle of arm* |
| | | 1-1½" | Anterolateral thigh muscle |
| Age 11 years and older | 22-25 | ¾"-1" | Deltoid muscle of arm* |
| | | 1-1½" | Anterolateral thigh muscle |

* Preferred site.

† A ½" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

5 Administer HepB vaccine, 0.5 mL, via the intramuscular (IM) route, according to the following tables:

Schedule for routine vaccination

| VACCINE AND DOSE NUMBER | RECOMMENDED AGE FOR THIS DOSE | MINIMUM AGE FOR THIS DOSE | RECOMMENDED INTERVAL TO NEXT DOSE | MINIMUM INTERVAL TO NEXT DOSE |
|-------------------------|-------------------------------|---------------------------|-----------------------------------|-------------------------------|
| HepB #1 | Birth | Birth | 4 weeks-4 months | 4 weeks |
| HepB #2 | 1-2 months | 4 weeks | 8 weeks-17 months | 8 weeks ¹ |
| HepB #3 | 6-18 months | 24 weeks | | |

Schedule for catch-up vaccination

| NUMBER OF PRIOR DOCUMENTED DOSES | MINIMUM AGE FOR DOSE 1 | MINIMUM INTERVAL BETWEEN DOSES OF HEPB STARTING FROM THE MOST RECENT DOSE GIVEN | |
|----------------------------------|------------------------|---|--|
| | | DOSE 1 TO DOSE 2 | DOSE 2 TO DOSE 3 |
| None or unknown [‡] | Birth | 4 weeks | 8 weeks and at least 16 weeks between Dose 1 and Dose 3 ¹ |
| 1 | | 4 weeks | 8 weeks and at least 16 weeks between Dose 1 and Dose 3 ¹ |
| 2 | | | 8 weeks and at least 16 weeks between Dose 1 and Dose 3 ¹ |

NOTES

- Dose 3 must not be given earlier than age 24 weeks.
- Children ages 11 through 15 years may be given an alternative 2-dose adult formulation using Recombivax HB. Dose 2 must be given 4-6 calendar months after dose 1.

‡ A ½" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

6. Document Vaccination

Document each patient's vaccine administration information and follow-up in the following places:

- Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also 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. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.

- Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.
- Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

7. Be Prepared to Manage Medical Emergencies

- Observe patient for a minimum of fifteen (15) minutes post receipt of Hepatitis B vaccine.
- If patient has a history of vasovagal or severe adverse reaction to anything else other than the components of Hepatitis B vaccine, okay to vaccinate, but extend observation.
- Be prepared to manage a medical emergency related to the administration of vaccine by following written Emergency Medical Management Policy P014.
- Report all adverse reactions to Affiliated Physicians HOTLINE @ 646.535.2318.
- Serious vaccine adverse reactions according to VIS will be reported to Vaccine Adverse Event Reporting System (VAERS) at <https://vaers.hhs.gov/reportevent.html> or call 1-800-822-7967.

Standing Orders Authorization

| | | |
|--|--------------------------------|----------------------------|
| This policy and procedure shall remain in effect for all patients of the _____ | | NAME OF PRACTICE OR CLINIC |
| effective _____ | until rescinded or until _____ | DATE |
| Medical Director _____ | _____ | SIGNATURE |
| _____ | _____ | DATE |

(Handwritten: AVRAM NEMETZ, M.D. / 1-3-2023)