

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:

- 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

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. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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	5/8"	Anterolateral thigh muscle
Infants age 2 through 11 months	22-25	1"	Anterolateral thigh muscle
Age 1 through 2 years	22-25	1-1 1/4"	Anterolateral thigh muscle*
		5/8"†-1"	Deltoid muscle of arm
Age 3 through 10 years	22-25	5/8"†-1"	Deltoid muscle of arm*
		1-1 1/4"	Anterolateral thigh muscle
Age 11 years and older	22-25	5/8"†-1"	Deltoid muscle of arm*
		1-1 1/2"	Anterolateral thigh muscle

* Preferred site.

† A 5/8" 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.

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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 ²	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

- 1 Dose 3 must not be given earlier than age 24 weeks.
- 2 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.

6 Document Vaccination

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

Medical record: Document 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. 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 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

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. For Immunize.org’s “Medical Management of Vaccine Reactions in Children and Teens in a Community Setting,” go to www.immunize.org/catg.d/p3082a.pdf. For “Medical Management of Vaccine Reactions in Adult Patients in a Community Setting,” go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report Adverse Events to VAERS

Report all adverse events following the administration of Hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (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 DATE

Medical Director _____ / _____
PRINT NAME SIGNATURE DATE