

Standing Orders for Administering Hepatitis B Vaccine to Adults

Virginia Adult Hepatitis B Immunization Initiative

Purpose: To reduce morbidity and mortality from hepatitis B virus (HBV) infection by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and Virginia's Adult Hepatitis B Immunization Initiative (VAHBII), housed within the Virginia Department of Health's Immunization Division.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet any of the criteria below.

Procedure:

1. Identify adults in need of hepatitis B vaccination based on the following criteria: *
Age 19 years or older meeting any of the following criteria:
 - sexually active and not in a long-term, mutually monogamous relationship (i.e., more than 1 sex partner during the previous 6 months)
 - patient seeking evaluation or treatment for a sexually transmitted disease (STD)
 - a male who has sex with males (MSM)
 - current or recent injection-drug user (IDU)
 - sex partner or household member of a person who is chronically infected with HBV (including an HBsAg-positive adopted child)
 - patient with HIV infection
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
 - a. **Contraindication:** a history of a serious 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
 - b. **Precaution:** moderate or severe acute illness with or without fever.
3. Provide all patients 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. Provide non-English speakers with the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer hepatitis B vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For persons who qualify for the program (≥ 19 years), administer 1.0 mL dosage of the supplied adult- formulation HBV vaccine manufactured by GlaxoSmithKline (trade name Engerix B). (Note if the Merck product, Recombivax, is supplied, persons 19 years of age should receive 0.5 mL dosage and those ≥ 20 years should receive 1.0 mL.)
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 4 months (16 weeks) between the first and third doses.
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 given, 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.
8. Report all adverse reactions to hepatitis B vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

*Please note these criteria represent a subset of ACIP's hepatitis B vaccine recommendations and are specific to Virginia's Adult Hepatitis B Immunization Initiative. The eligibility criteria for VAHBII are limited due to grant restrictions. A complete description of those individuals for whom ACIP recommends hepatitis B vaccine can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm>.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or _____ (Name of practice or clinic)
_____ (Date). Medical Director's printed name: _____

Medical Director's signature: _____ Effective date: _____