
Standing Orders for Administering Hepatitis B Vaccine to Adults

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.

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 with no or unknown history of prior receipt of a complete series of hepatitis B vaccine who are in need of hepatitis B vaccination based on the following criteria (for hepatitis B vaccination of people younger than age 19 years, see www.immunize.org/catg.d/p3076a.pdf):*
 - a. Age 19 years or older meeting any of the following criteria:
 - Patient with end-stage renal disease, including patients receiving hemodialysis; HIV infection; or chronic liver disease
 - Sexually active and not in a long-term, mutually monogamous relationship (i.e., more than 1 sex partner during the previous 6 months)
 - Under evaluation or treatment for a sexually transmitted infection (STI)
 - A male who has sex with males
 - A current or recent injection-drug user
 - At occupational risk of infection through exposure to blood or blood-contaminated body fluids
 - Sex partner or household member of a person who is chronically infected with HBV (including an HBsAg-positive adopted child)
 - Planned travel to a country with high or intermediate prevalence of chronic HBV infection
 - b. Age 19 through 59 years with diabetes mellitus
 - c. Age 60 years or older with diabetes mellitus, at the discretion of the treating clinician
 - d. Any person who wants to be protected from HBV infection and lacks a specific risk factor
2. Screen all patients for contraindications and precautions to hepatitis B vaccine:
 - a. **Contraindication:** 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 information on vaccine components, refer to the manufacturer’s package insert (www.immunize.org/packageinserts) or 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 and preferred; these can be found at www.immunize.org/vis.
4. Administer hepatitis B vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle; the anterolateral thigh muscle may be used if deltoid is inadequate. (Note: a 5/8" needle may be used for adults weighing 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.) For people age 20 years or older, administer 1.0 mL dose; for people age 19 years or younger, administer 0.5 mL dose.
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. For healthcare personnel who are non-responders, see “Hepatitis B and Healthcare Personnel” at www.immunize.org/catg.d/p2109.pdf.
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 they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
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.

*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.