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	⅝"	Anterolateral thigh muscle
Infants age 2 through 11 months	22–25	1"	Anterolateral thigh muscle
Age 1 through 2 years	22–25	1–1¼"	Anterolateral thigh muscle*
		⅝†–1"	Deltoid muscle of arm
Age 3 through 10 years	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
Age 11 years and older	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

* Preferred site.

† A ⅝" 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 Hart Medical Consulting (NAME OF PRACTICE OR CLINIC)
effective 01/01/2023 (DATE) until rescinded or until 12/31/2026 (DATE)
Medical Director BRYCE A. PALOUCK (PRINT NAME) / [signature] (SIGNATURE) 15Aug2023 (DATE)

STANDING ORDERS FOR
Administering Human Papillomavirus Vaccine to Adults

Purpose

To reduce morbidity and mortality from human papillomavirus (HPV) 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).

Policy

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

Procedure

1 Assess adults for need of vaccination against human papillomavirus infection based on the following criteria:

- Adults, age 26 years or younger
- Adults, age 27 through 45 years, based on shared clinical decision making. *(Note: Although many adults ages 27–45 years have prior exposures to 1 or more HPV types, most have not been exposed to all 9 HPV types that are contained in the vaccine. Also, at any age, having a new sex partner is a risk factor for being exposed to a new HPV infection.)*

2 Screen for contraindications and precautions

Contraindication

- Do not give HPV vaccine to an adult who has experienced a serious systemic or anaphylactic reaction to a prior dose of HPV vaccine or to any of its components (e.g., yeast). For list of 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.

Precaution

- Moderate or severe acute illness with or without fever

Pregnancy

- HPV vaccination is not recommended during pregnancy; delay vaccination until after pregnancy

3 Provide Vaccine Information Statements

Provide all patients 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:

BIOLOGICAL SEX AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	⅝"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for adults weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight

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

HISTORY OF PREVIOUS HPV VACCINATION[1]	SCHEDULE FOR ADMINISTRATION OF HPV VACCINE
0 documented doses, or none known	Give 3 doses at 0, 1–2, and 6 months.
1 previous dose given before 15th birthday	Give dose #2 at least 5 months after dose #1; no further doses are indicated.[2]
1 previous dose given at 15 years or older	Give the 2nd dose 1–2 months (minimum of 4 weeks) after dose #1, then give the 3rd dose 6 months after dose 1 (minimum of 12 weeks after dose #2 and at least 5 months after dose #1).
2 previous doses with dose #1 given before 15th birthday and dose #2 given at any age and at least 5 months after dose #1	No further doses are indicated.[2]
2 previous doses given at 15 years or older	Give the 3rd dose 6 months after dose #1 (minimum of 12 weeks after dose #2 and at least 5 months after dose #1).

[1] All previously administered doses of HPV vaccine (regardless of brand) count as valid doses if given at appropriate intervals.

[2] Immunocompromised persons, including those with HIV infection, should receive a 3-dose schedule at 0, 1–2, and 6 months regardless of age at vaccine initiation.

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 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. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal); plan to discuss the need for vaccine with the patient 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

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 Adult Patients in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. 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. 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 HPV 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 Hart Medical Consulting (NAME OF PRACTICE OR CLINIC)

effective 01/01/2023 (DATE) until rescinded or until 12/31/2026 (DATE)

Medical Director BRYCE A. PATCHICK (PRINT NAME) / [signature] (SIGNATURE) 15 AUG 2023 (DATE)

During the COVID-19 pandemic, additional infection control procedures should be followed. See www.immunize.org/catg.d/p2009.pdf.

STANDING ORDERS FOR
Administering Hepatitis B Vaccine to Adults

Purpose

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

Policy

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

Procedure

1 **Assess Adults for Need of Vaccination** against HBV infection[1,2,3] according to the following criteria:

- All adults age 19 through 59 years
- All adults age 60 or older with risk factors for HBV infection due to
  - ▸ Sexual exposure risk
    - sex partners of hepatitis B surface antigen [HBsAg]-positive people
    - sexually active people not in monogamous relationships
    - people seeking treatment for a sexually-transmitted infection
    - men who have sex with men
  - ▸ Percutaneous or mucosal exposure to blood
    - current or recent injection-drug use
    - household contacts of HBsAg-positive people
    - residents and staff of facilities for developmentally disabled people
    - healthcare and public safety workers with risk for exposure to blood or blood-contaminated body fluids
    - hemodialysis, peritoneal dialysis, home dialysis, and predialysis patients
    - patients with diabetes at the discretion of the treating clinician
  - ▸ Other factors
    - anticipated travel to countries with high or intermediate endemic hepatitis B
    - people with hepatitis C infection
    - chronic liver disease (including, but not limited to people with cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice upper limit of normal)
    - HIV infection
    - incarceration
- Any adult age 60 or older who does not meet the risk-based recommendations above may be vaccinated.

NOTES

1. In general, people who have documented completion of a HepB series at any point or who have a history of previous HBV infection should not receive additional HepB vaccine, although there is no evidence that additional vaccination is harmful.
2. Revaccination may be indicated for certain high-risk adults, including healthcare workers who are documented non-responders to an initial HepB series, and certain dialysis patients. For revaccination guidance, see the 2018 ACIP recommendations for the prevention of hepatitis B at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf (pages 23-24).
3. In settings where the patient population has a high rate of previous HBV infection, prevaccination testing, which may be performed at the same visit when the first dose of vaccine is administered, might reduce costs by avoiding complete vaccination of people who are already immune. However, prevaccination testing is not required and should not create a barrier to vaccination.

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2 Screen for Contraindications and Precautions

Contraindications

Do not give hepatitis B vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

Moderate or severe acute illness with or without fever

Pregnancy

Pregnancy testing is not needed before vaccination; however, data on Heplisav-B and PreHevbrio are currently insufficient to reach any conclusions concerning vaccine-associated risks in pregnancy. Thus, providers should vaccinate pregnant people needing HepB vaccination with Engerix-B, Recombivax HB, or Twinrix.

3 Provide Vaccine Information Statements

Provide all patients 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:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8"*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm
Female or male, any weight	22–25	1"*–1½"	Anterolateral thigh muscle

* Alternative needle lengths may be used for IM injections if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for patients weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

5 Administer Hepatitis B Vaccine according to the criteria and guidance in the tables below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE
Heplisav-B (Dynavax)	18 yrs & older	0.5 mL	Intramuscular (IM)
Pediatric formulation of Engerix-B (GSK) or Recombivax HB (Merck)	19 yrs & younger	0.5 mL	Intramuscular (IM)
Adult formulation of Engerix-B (GSK) or Recombivax HB (Merck)	20 yrs & older	1.0 mL	Intramuscular (IM)
PreHevbrio (VBI Vaccines)	18 yrs & older	1.0 mL	Intramuscular (IM)

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Schedules for vaccination

HISTORY OF PREVIOUS VACCINATION	For patients whose previous brand of vaccine is known, continue with the same brand as shown below. If brand is not known or is not available, continue with a 3-dose schedule as indicated in the right-hand column below.	
	Schedule for administration of Heplisav-B[1,2]	**Schedule for administration of Engerix-B, Recombivax HB, or PreHevbrio[1,2]**
None or unknown	Give a 2-dose series at 0 and 1 month.	Give a 3-dose series at 0, 1, and 6 mos.
1 dose	Give dose #2 at least 4 wks after dose #1 to complete the series.	Give dose #2 at least 4 wks after #1; then, give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.
2 doses		Give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.

NOTES

1. For patients receiving hemodialysis or with other immunocompromising conditions, use one of the following alternative dosing schedules: (a) Recombivax HB: series of 3 doses (1 mL each) of 40 mcg/mL at 0, 1, and 6 mos, OR (b) Engerix-B: series of 4 doses (2 mL each) as a single 2-mL dose or as two 1-mL doses on a 0-, 1-, 2-, 6-month schedule. The safety and effectiveness of Heplisav-B and PreHevbrio have not been established in adults on hemodialysis.
2. The hepatitis B vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Information on certain risk groups

- For persons born in Asia, the Pacific Islands, Africa, or other countries identified as having high rates of HBV infection, see www.cdc.gov/mmwr/PDF/rr/rr5416.pdf (page 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.
- Certain people need testing for immunity (anti-HBs) 1–2 months following vaccination. Check ACIP recommendations for details at www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf (page 25).

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 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

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 Adult Patients," 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.

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8 Report All 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 http://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 Hart Medical Consulting
NAME OF PRACTICE OR CLINIC

until rescinded or until 12/31/2026
DATE

Medical Director's signature [signature] Signature date 15 Aug 2023 Effective date _____