# Hepatitis B (Hep B) Adult Vaccine Protocol

VACCINE PROTOCOL FOR PERSONS AGE 20 AND OLDER

**Document reviewed and updated:** **December 17, 2024**

## Condition for protocol

To reduce incidence of morbidity and mortality of hepatitis B virus disease.

## Policy of protocol

The nurse will implement this protocol for hepatitis B vaccination.

## Condition-specific criteria and prescribed action

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person age 20 years or older. | Proceed to vaccinate if meets remaining criteria. |
| Person is younger than age 20 years. | Follow Hepatitis B (Hep B) Vaccine Protocol for Catch-Up Vaccination of Children through Age 19 Years. |
| Person is more than 1 month behind routine schedule. | Follow the prescribed minimum intervals. |
| Person is pregnant. | Proceed to vaccinate with Engerix-B, Heplisav-B, or Recombivax HB if meets remaining criteria. |
| Person started the hepatitis B schedule with the adjuvanted hepatitis B product (i.e., Heplisav-B). | Proceed to vaccinate with available product if meets remaining criteria using the schedule found in the Table 1. Interval scenarios with interchanged adult Hepatitis B vaccines. |
| Person started the hepatitis B schedule with PreHevbrio, recombinant vaccine. | Proceed to vaccinate with Engerix-B, Heplisav-B or Recombivax HB if meets remaining criteria using the schedule found in the Table 1. Interval scenarios with interchanged adult Hepatitis B vaccines. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction  (e.g., anaphylaxis) to a previous dose of hepatitis B vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person had a severe allergic reaction  (e.g., anaphylaxis) to a component of hepatitis B vaccine, including yeast. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is currently on antibiotic therapy. | Proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: [to be determined by medical prescriber] | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature of \_\_\_\_°F/°C or higher with symptoms such as: [to be determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |

## Prescription

Give any of the following products according to the recommended intervals, depending upon which is available and meets age indication.

Give three doses at 0-, 1-, and 6-month intervals.

|  |  |  |  |
| --- | --- | --- | --- |
| Product\* | Dose | Route | Age Indications |
| Engerix-B, recombinant | 1.0 mL | IM | 20 years and older |
| Recombivax HB, recombinant | 1.0 mL | IM | 20 years and older |

\*In order to assist in delineating specific product indications, product names are used but are not a product endorsement.

### Follow these minimum intervals for hepatitis B vaccination catch-up for adolescents and adults:

* Give second dose at least four weeks after dose one.
* Give third dose 8 weeks (two months) after second dose BUT no sooner than 16 weeks (four months) after first dose.

Give two doses at least 4 weeks (1 month) apart.

|  |  |  |  |
| --- | --- | --- | --- |
| Product\* | Dose | Route | Age Indications |
| Heplisav-B, adjuvanted | 0.5 mL | IM | 18 years and older |

\*In order to assist in delineating specific product indications, product names are used, but are not a product endorsement.

### Use the Table 1 schedule when interchanging hepatitis B vaccine products.

Table 1. Interval scenarios with interchanged adolescent and adult Hepatitis B vaccines

|  |  |  |  |
| --- | --- | --- | --- |
| Intervals | Dose 1 | Dose 2 | Dose 3 |
| 0, 1, 4-6 months | Heplisav-B | Engerix-B or PreHevbrio\* or Recombivax HB | Engerix-B or Recombivax HB |
| 0, 1, 4-6 months | Engerix-B or PreHevbrio\* or Recombivax HB | Engerix-B or PreHevbrio\* or Recombivax HB | Heplisav-B |
| 0, 1, 4-6 months | Engerix-B or PreHevbrio\* or Recombivax HB | Heplisav-B | Engerix-B or PreHevbrio or Recombivax HB |
| 0, 1, 1 months\*\* | Heplisav-B | Engerix-B or PreHevbrio\* or Recombivax HB | Heplisav-B |
| 0, 1, 2 months\*\* | Engerix-B or PreHevbrio\* or Recombivax HB | Heplisav-B | Heplisav-B |

\*PreHevbrio was discontinued in November 2024 and should no longer be used for subsequent doses of the Hepatitis B series. Doses of PreHevbrio given do not need to be repeated.

\*\*A series containing two doses of HepB-CpG (Heplisav-B) administered at least 4 weeks apart is valid, even if the patient received a single earlier dose from another manufacturer.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: