# Hepatitis B (Hep B) Catch-up Vaccine Protocol

VACCINE PROTOCOL FOR CHILDREN THROUGH AGE 19 YEARS

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

## Condition for protocol

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

## Policy of protocol

The nurse will implement this protocol for hepatitis B catch-up vaccination.

## Condition-specific criteria and prescribed actions

**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 |
| Currently healthy child aged 19 years or younger. | Proceed to vaccinate if meets remaining criteria. |
| Person is 20 years or older. | Follow Hepatitis B Adult Vaccine Protocol. |
| Person is more than 1 month behind routine schedule. | Follow the minimum intervals described in the prescription. |
| Person is currently age 11- 15 years. | Proceed to vaccinate, may follow the Two-dose Adolescent Vaccination schedule. |
| Person started the two-dose adolescent schedule (i.e., received first dose) but is now older than age 15 years. | Do not use the Two-dose Adolescent schedule, follow age-appropriate hepatitis B catch-up vaccination protocol using 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 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 has a mild illness defined astemperature less than \_\_\_\_\_\_ °F/°C withsymptoms such as: \_\_\_\_\_ [to bedetermined by medical prescriber] | Proceed to vaccinate. |
| Person has a moderate to severe illnessdefined as temperature less than \_\_\_\_\_°F/°C with symptoms such as: \_\_\_\_ [to bedetermined 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.

Note: Do not give if using Pediarix or Vaxelis which contain hepatitis B.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Product\* | Dose | Route | Age Indications |
| Engerix-B, recombinant | 0.5 mL | IM | Birth through 19 years |
| Recombivax HB, recombinant | 0.5 mL | IM | Birth through 19 years |

### Follow these minimum intervals for hepatitis B vaccination:

* 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.
* Do not give the final dose before age 24 weeks.

Two-dose Adolescent Vaccination schedule: give two doses 4-6 months apart.

|  |  |  |  |
| --- | --- | --- | --- |
| Product\* | Dose  | Route | Age Indications |
| Recombivax HB, recombinant, adult | 1.0 mL | IM | 11-15 years old only |

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 for adults 18 years and older.

Table 1. Interval scenarios with interchanged 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 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: