# Hepatitis B (Hep B) Routine Infant Vaccine Protocol

VACCINE PROTOCOL FOR persons age birth through 18 months

**Document reviewed and updated:** **June 6, 2023**

## 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 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 infant age birth through 18 months. | Proceed to vaccinate if meets remaining criteria. |
| Child is age 19 months or older. | Follow Hepatitis B (Hep B) Catch-Up Vaccine Protocol for Children through Age 19 Years. |
| Child is more than 2 months behind routine schedule. | Follow Hepatitis B (Hep B) Catch-Up Vaccine Protocol for Children through Age 19 Years. |

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; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [For severe allergic reactions to yeast, do not vaccinate with Engerix-B or Recombivax HB. Proceed to vaccinate using PreHevbrio if meets remaining criteria.] |

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 less than \_\_\_\_\_  °F/°C with symptoms such as: \_\_\_\_ [to be  determined by medical prescriber] | Defer vaccination and [to be determined by medical prescriber] |
| Infant weighed less than 2000 gm at birth. | Proceed to vaccinate upon hospital discharge or at age 1 month and continue schedule according to age or following the Hepatitis B (Hep B) Vaccine Protocol for Catch-Up Vaccination of Children through Age 19 Years. |

## Prescription

Depending on product availability, give either Engerix-B 10 mcg (0.5 ml) or Recombivax HB 5 mcg (0.5 ml), IM.

Note: do not give if using Pediarix or Vaxelis which contain Hepatitis B

Give doses at: birth within 24 hours, age 1 - 2 months old, and at age 6 - 18 months old.

Do not give the final dose before age 24 weeks.

## 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: