

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE					COMMENTS AND CONTRAINDICATIONS																			
Hepatitis B Vaccine Recombinant Engerix-B® GlaxoSmithKline Pediatric Formulation 10 mcg/0.5 mL Adult Formulation 20 mcg/1.0 mL	Infants of HBsAg-Positive Mothers*	Other Infants, Children, & Adol. 0-19 yrs**	2-Dose Regimen For Adolescents 11-15 yrs	Adults** ≥20 yrs	Dialysis/Immuno-compromised Adults ≥20 yrs†	<p>Booster Doses are not recommended for persons with normal immune status, nor is routine serologic testing to assess immune status. For hemodialysis patients, assess the need for booster doses by annual antibody testing, and administer booster doses when antibody levels decline below 10 mIU/mL.</p> <p>Test infants born to HBsAg+ mothers for HBsAg and antibody to HBsAg 3-12 months after final HB vaccine dose. Test for antibody 1-2 months after final HB vaccine dose healthcare workers who have contact with patients or blood and are at risk for injuries with sharp instruments or needlesticks, other persons whose subsequent management depends on knowing their immune status, e.g., dialysis patients and staff, and persons for whom a sub-optimal antibody response may be anticipated. Give non-responders 1-3 more HB vaccine doses and then re-test.</p> <p>H B vaccination is recommended for all infants, children, and adolescents through age 18 years.</p> <p>Adults at increased risk of HBV infection and therefore vaccine candidates include: Men who have sex with other men, heterosexuals with multiple sex partners, persons diagnosed with a recently acquired sexually transmitted disease, and prostitutes; injection-drug users who share needles; inmates of long-term correctional facilities; persons undergoing hemodialysis; healthcare workers.</p> <p>Others who may be candidates for vaccination: International travelers to areas with high rates of HBV infection; recipients of clotting factor concentrates; clients and staff in institutions for the developmentally disabled; Alaska Natives, Pacific Islanders, and immigrants and refugees from HBV-endemic areas; screen adoptees/orphans from countries of high or intermediate HBV endemicity for HBsAg, and if positive, vaccinate household members; test household members and sex partners of persons with chronic HBV infection, and vaccinate if susceptible.</p> <p>Adverse Reactions: Injection site pain; mild systemic complaints, such as fatigue, headache, irritability, and fever.</p> <p>Contraindications: A severe allergic reaction to a vaccine component or following a prior dose; moderate or severe acute illness until improved.</p>																			
RECOMBIVAX HB® Merck Pediatric Formulation 5 mcg/0.5 mL Adult Formulation 10 mcg/1.0 mL Dialysis Formulation 40 mcg/1.0 mL	<table border="1"> <thead> <tr> <th colspan="5" data-bbox="447 300 1388 321">Recombivax HB</th> </tr> </thead> <tbody> <tr> <td data-bbox="447 321 642 394">5 mcg 0.5 mL IM (3 Doses)</td> <td data-bbox="646 321 842 394">5 mcg 0.5 mL IM (3 Doses)</td> <td data-bbox="846 321 1041 394">10 mcg[‡] 1.0 mL IM (2 doses)</td> <td data-bbox="1045 321 1184 394">10 mcg 1.0 mL IM (3 doses)</td> <td data-bbox="1188 321 1388 394">40 mcg 1.0 mL IM (3 doses)</td> </tr> <tr> <th colspan="5" data-bbox="447 394 1388 415">Engerix-B</th> </tr> <tr> <td data-bbox="447 415 642 500">10 mcg[§] 0.5 mL IM (3 doses)</td> <td data-bbox="646 415 842 500">10 mcg[§] 0.5 mL IM (3 doses)</td> <td data-bbox="846 415 1041 500">NA</td> <td data-bbox="1045 415 1184 500">20 mcg[§] 1.0 mL IM (3 doses)</td> <td data-bbox="1188 415 1388 500">40 mcg[¶] 2.0 mL IM (4 doses)</td> </tr> </tbody> </table>					Recombivax HB					5 mcg 0.5 mL IM (3 Doses)	5 mcg 0.5 mL IM (3 Doses)	10 mcg [‡] 1.0 mL IM (2 doses)	10 mcg 1.0 mL IM (3 doses)	40 mcg 1.0 mL IM (3 doses)	Engerix-B					10 mcg [§] 0.5 mL IM (3 doses)	10 mcg [§] 0.5 mL IM (3 doses)	NA	20 mcg [§] 1.0 mL IM (3 doses)	40 mcg [¶] 2.0 mL IM (4 doses)
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<p>* Infants of HBsAg-positive mother: 3 doses: First dose within 12 hours of birth along with HBIG, second dose 1-2 months of age, third dose 6 months of age.</p> <p>Preterm infants (< 2,000 grams at birth) born to HBsAg-positive mother: 4 doses: Give first dose within 12 hours of birth along with HBIG. Do not count the birth dose in the 3-dose schedule. Administer next dose in the series when the infant is chronologic age 1 month, the third dose 1-2 months after the second, and the fourth dose at 6 mos. of age.</p> <p>Infants whose mother's HBsAg status is unknown at birth: Same as for infant of HBsAg+ mother except do not give HBIG unless mother is confirmed to be HBsAg+. If mother is HBsAg+ administer HBIG as soon as possible to infant, but no later than 7 days after birth.</p> <p>Preterm infants (< 2,000 grams at birth) whose mother's HBsAg status is unknown: 4 doses: Administer hepatitis B vaccine within 12 hours of birth. If the maternal HBsAg status cannot be determined within 12 hours of birth administer HBIG. The birth vaccine dose is not counted as part of the series, and the infant should receive three additional doses beginning at age 1 month.</p> <p>** Routine Infant Immunization: 3 doses: For medically stable infants weighing ≥2000 grams at birth born to HBsAg-negative mothers, administer the first vaccine dose before hospital discharge. Administer second dose at age 1-2 months, and third dose at 6-18 months of age. Administer the second dose at least 4 weeks after the first dose and the third dose at least 4 months after the first dose and at least two months after second dose and no sooner than 24 weeks of age.</p> <p>Preterm infants (<2000 grams at birth) whose mothers are HBsAg-negative: 3 doses: give first dose of hepatitis B vaccine at chronologic age 1 month or at hospital discharge.</p> <p>Child, Adolescent, and Adult: 3 doses: Initial dose, followed by the second dose 4 weeks later, and the third dose 6 months after the initial dose. Administer the second dose at least 4 weeks after the first dose and the third dose at least 4 months after the first dose and 2 months after the second dose.</p> <p>§ Alternate Schedule for Engerix-B: 4 doses: 0 (initial), 1 month, 2 months, and 12 months after initial dose. Designed for certain populations, e.g., infants born to HBsAg+ mothers.</p> <p>‡ RECOMBIVAX HB for 11-15 year olds: 2 doses: 0 (initial) and 4-6 months later; must be completed before 16th birthday otherwise, complete a 3 dose schedule.</p> <p>† For Dialysis/Immunocompromised patients <20 years use standard vaccine dose and schedule given for infants, children, and adolescents. Higher doses might be more immunogenic, but no specific recommendations have been made.</p> <p>¶ RECOMBIVAX HB Dialysis Formulation: 3 doses: 0 (initial), 1 month and 6 months after initial dose.</p> <p>¶¶ Engerix-B Adult Formulation may be used for dialysis patients: 4 doses: Two 1.0 mL doses (20 mcg/dose) administered at one site on each visit at 0 (initial), 1 month, 2 months, and 6 months after initial dose.</p>																									