

Recommended Dosages of Hepatitis B Vaccine & Hepatitis B Immune Globulin (HBIG) Including Hepatitis B Combination Vaccines

Hepatitis B Vaccine Recipients		Single-Antigen Vaccines				Combination Vaccines		
		Engerix-B® (GSK)		Recombivax HB® (Merck)		Pediarix® (GSK)	Comvax® (Merck)	Twinrix® (GSK)
		Pediatric Formulation	Adult Formulation	Pediatric/Adolescent Formulation	Adult Formulation	DTaP-HepB-IPV (6 wks – 7 yrs)	Hib-HepB (6 wks – 59 mos)	HepA-HepB (18 yrs & older)
Infants born to hepatitis B surface antigen (HBsAg) positive mothers*		10mcg (0.5mL) ¹ & (0.5mL) ² HBIG within 12 hours of birth		5mcg (0.5mL) ¹ & (0.5mL) ² HBIG within 12 hours of birth				
Newborns born to HBsAg unknown mothers*		10mcg (0.5mL) ¹ within 12 hours of birth; (0.5mL) ² HBIG within 7 days if mom's status remains unknown or sooner if HBsAg-positive		5mcg (0.5mL) ¹ within 12 hours of birth; (0.5mL) ² HBIG within 7 days if mom's status remains unknown or sooner if HBsAg-positive				
Newborns born to HBsAg - negative mothers*		10mcg (0.5mL) ¹ within 12 hours of birth or prior to hospital discharge		5mcg (0.5mL) ¹ within 12 hours of birth or prior to hospital discharge				
Infants 6wks & older		10mcg (0.5mL)		5mcg(0.5mL)		10mcg (0.5mL) ^{1/3}	5mcg (.5mL) ^{1/4}	
Birth-19 years		10mcg (0.5mL)		5mcg(0.5mL)				
11-15 years⁵					10mcg (1mL) ⁵			
18 years & older								20mcg (1mL) ⁶
20 + years			20mcg (1mL)		10mcg (1mL)			20mcg (1mL) ⁶
Hemodialysis & other immuno-compromised persons	<20 yrs	10mcg (0.5mL)		5mcg (0.5mL)				
	≥ 20 yrs		40mcg (2mL) ⁷		40mcg (1mL) ⁸			

For specific prescribing information, precautions, contraindications, and specific dialysis formulations, refer to product inserts.

***Newborns weighing less than 2000 grams see [Hepatitis B Vaccine and Hepatitis B Immune Globulin Administration for Infants](#)**

¹**Hepatitis B vaccine** is strongly recommended at birth. This birth dose MUST be a single antigen vaccine. A 4-dose hepatitis B series is approved in conjunction with Pediarix® or Comvax®.

²**HBIG** (hepatitis B immune globulin) All infants born to HBsAg-positive women should receive (0.5mL) HBIG within 12 hours of birth. All susceptible contacts of an HBsAg-positive person, should receive a (0.06 mL/kg) dose of HBIG, within 7 days of a blood exposure, or within 14 days of a sexual exposure, along with the hepatitis B vaccine series.

³**Pediarix®** (DTaP, hepatitis B and IPV) - GlaxoSmithKline (GSK)'s combination vaccine used as an alternative to single antigens for administration at 2, 4 and 6 months of age. This combination vaccine is NOT to be given at birth. It may be given to any child between ages 6 weeks to 7 years of age for whom no antigen is contraindicated, and only as a primary series. (Primary series is considered first three doses of DTaP and IPV vaccines.) A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of hepatitis B vaccine.

⁴**Comvax®** (hepatitis B and Hib) - Merck's combination vaccine used as an alternative to single antigens for administration to any child 6 weeks to 59 months of age at 2, 4 and 12-15 months of age when neither antigen is contraindicated. This combination vaccine is NOT to be given at birth. A 4-dose hepatitis B series is approved with a single-antigen dose of hepatitis B vaccine at birth followed by 3 additional doses of hepatitis B vaccine.

⁵**Adolescent 2-dose series** - Merck's 2 dose adult Recombivax HB® (10mcg, 1 ml) used only for adolescents 11-15 years of age administered at 0 and 4-6 months apart. If this 2-dose regimen is used, documentation must indicate adolescent received 2 adult (10mcg, 1ml) doses of the Merck brand. If child starts hepatitis B series prior to age 11, between the ages of 11 and 15 with a hepatitis B vaccine other than adult formulation of Merck product, or completes series after age 15, a 3-dose series should be administered. *This specific use of vaccine is not included in VFC program.*

⁶**Twinrix®** (hepatitis A and hepatitis B) – GSK's combination vaccine used as an alternative to single antigens for persons 18 years of age and older at 0, 1 & 6 months when neither antigen is contraindicated.

⁷**Engerix-B® dialysis formulation** is approved for adult hemodialysis and immunocompromised persons 20 years and older by using 2 x 20mcg/1mL at one site in one or two injections at 0, 1, 2 and 6 months.

⁸**Recombivax HB® dialysis formulation** is approved for adult hemodialysis and immunocompromised persons 20 years and older in a three dose series of 40mcg/1mL at 0, 1, and 6 months.