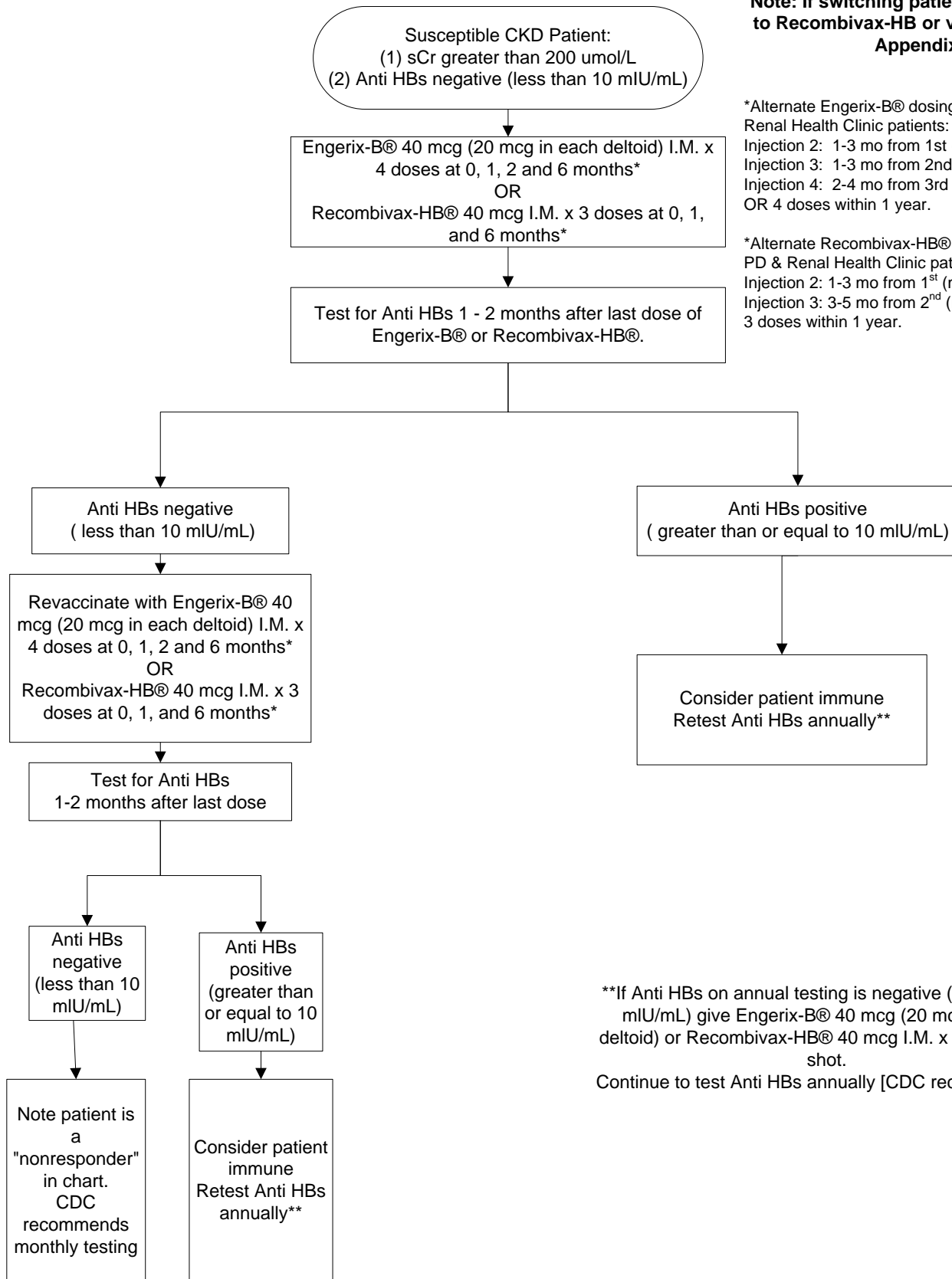


Note: If switching patient from Enderix B to Recombivax-HB or vice versa refer to Appendix C.



*Alternate Engerix-B® dosing schedule for PD & Renal Health Clinic patients:
Injection 2: 1-3 mo from 1st (month 0) injection
Injection 3: 1-3 mo from 2nd (month 1) injection
Injection 4: 2-4 mo from 3rd (month 2) injection
OR 4 doses within 1 year.

*Alternate Recombivax-HB® dosing schedule for PD & Renal Health Clinic patients:
Injection 2: 1-3 mo from 1st (month 0) injection
Injection 3: 3-5 mo from 2nd (month 1) injection OR 3 doses within 1 year.

**If Anti HBs on annual testing is negative (less than 10 mIU/mL) give Engerix-B® 40 mcg (20 mcg in each deltoid) or Recombivax-HB® 40 mcg I.M. x 1 as booster shot.
Continue to test Anti HBs annually [CDC recommendation]