

MODEL STANDING ORDERS

Hepatitis A Vaccine, Inactivated

These model standing orders are current as of January 2008. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Preexposure Prophylaxis: Hepatitis A vaccine is recommended for children, persons at increased risk for infections, and any person wishing to obtain immunity.

- All children 12 – 23 months of age.
- Persons at Increased Risk for HAV Infection:
 - Persons traveling to, or working in, countries that have high or intermediate endemicity (Asia [excluding Japan], Africa, Central and South America, the Caribbean, Greenland, and Eastern Europe).
 - Men who have sex with men
 - Users of injection and noninjection illegal drugs
 - Persons who have occupational risk for infection (work with HAV-infected primates or with HAV in a research laboratory setting)
 - Persons who have clotting factor disorders
 - Persons who have chronic liver disease
 - Persons in communities where HAV outbreaks occur

Postexposure Prophylaxis: Depending upon age and underlying medical conditions as outlined below, one dose of hepatitis A vaccine or immunoglobulin (IG) should be administered to persons who recently have been exposed to HAV and who previously have not received hepatitis A vaccine. See Model Standing Orders for Immunoglobulin if administering IG.

- **For healthy persons 12 months – 40 years of age:** single-antigen hepatitis A vaccine is preferred.
- **For adults > 40 years of age:** IG is preferred. Use vaccine if IG cannot be obtained.
- **For infants < 12 months of age; immunocompromised persons, persons with chronic liver disease; and person for whom vaccine is contraindicated:** IG should be used.

Clinician's Signature

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Date

ORDER:

1. Provide patient or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions. The most current version in English and other languages is available at www.immunize.org/vis.
2. Screen for contraindications according to Table 1.
3. Administer inactivated hepatitis A vaccine intramuscularly (IM), according to the formulation and recommended age-specific dose and schedule (Tables 2). Administer IM vaccines at a 90⁰ angle with 22-25-gauge needle. **Always check the package insert prior to administration of any vaccine.**

Needle Length and Injection Site for IM Injection

Age and Gender/Weight	Needle Length	Injection Site
Toddler 1- 10 yrs of age	1" – 1¼" 5/8" – 1"	Anterolateral thigh Deltoid
Child/Adolescent 3 – 18 years of age	5/8" – 1" 1" – 1¼"	Deltoid Anterolateral thigh
Adults Aged > 19 years		
Male and female < 60 kg (130 lbs)	1"	Deltoid
Female 60 – 90 kg (130 – 200)	1" – 1½"	Deltoid
Male 60 – 118 kg (130 – 260 lbs)	1" – 1½"	Deltoid
Female > 90 kg (200 lbs)	1½"	Deltoid
Male > 118 kg (260 lbs)	1½"	Deltoid

4. Administer hepatitis A vaccine simultaneously with all other vaccines indicated and with IG according to the recommended schedule and the patient's current vaccine status.
5. If possible, observe patient for an allergic reaction for 15 - 20 minutes after administering vaccine.
6. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or <http://www.vaers.hhs.gov/>.
8. See the MIP document *General Protocols for Standing Orders* for further recommendations and requirements regarding vaccine administration, documentation and consent.

 Clinician's Signature

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Table 1. Contraindications and Precautions to Hepatitis A Vaccine

Valid Contraindications to Hepatitis A Vaccine	Invalid Contraindications (Hepatitis A vaccine should be administered)
Anaphylactic reaction to a previous dose of hepatitis A vaccine; alum; 2-phenoxyethanol (HAVRIX [®] only); neomycin (HAVRIX [®] only); latex ¹ ; or to any other component of the vaccine (see package insert for specific components) ²	Mild illness with or without low-grade fever
	Non-anaphylactic allergy to a vaccine component
	Current antimicrobial therapy
Precautions to Hepatitis A Vaccine: <ul style="list-style-type: none"> An acute infection or febrile illness may be a reason for delaying vaccination except when withholding the vaccine entails greater risk. Pregnancy³ 	Local reaction to a previous dose of hepatitis A vaccine
	Immunosuppression
	Personal or family history of non-specific allergies
	Anticoagulation or bleeding disorder ⁴

¹HAVRIX[®] in vials is latex-free; HAVRIX[®] in pre-filled syringes and all formulations of VAQTA[®] contain latex.

²Refer persons with a history of anaphylaxis to a vaccine component, but who are at high risk for hepatitis A disease, to a health care provider for evaluation and possible administration of hepatitis A vaccine.

³The safety of hepatitis A vaccination during pregnancy has not been determined; however, because hepatitis A vaccine is produced from inactivated HAV, the theoretical risk to the developing fetus is expected to be low. Weigh the risk associated with vaccination against the risk for hepatitis A in pregnant women who might be at risk for exposure to HAV.

⁴Minimize the risk of bleeding after an IM injection in these patients by administering the vaccine immediately after the patient's receipt of replacement factor. Use a 23-gauge (or smaller) needle and immediately apply direct pressure to the vaccination site for ≥ 2 minutes.

TABLE 2. Licensed dosages of HAVRIX[®]*

Vaccine recipient's age	Dose (EL.U.)†	Vol. (mL)	No. of doses	Schedule (mos)§
12 mos–18 yrs	720	0.5	2	0, 6 - 12
≥ 19 yrs	1,440	1.0	2	0, 6 - 12

TABLE 3. Licensed dosages of VAQTA[®]*

Vaccine recipient's age	Dose (EL.U.)†	Vol. (mL)	No. of doses	Schedule (mos)§
12 mos–18 yrs	25	0.5	2	0, 6 - 18
≥ 19 yrs	50	1.0	2	0, 6 - 18

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Twinrix[®] (combined hepatitis A and hepatitis B vaccines) may be used to complete a series begun with single antigen hepatitis A vaccine and vice versa for persons ≥ 19 years of age.

- A person ≥ 19 years of age who receives 1 dose of Twinrix may complete the hepatitis A series with 2 doses of adult formulation hepatitis A vaccine separated by at least 5 months.
- A person who receives 2 doses of Twinrix may complete the hepatitis A series with 1 dose of adult formulation hepatitis A vaccine or Twinrix at least 5 months after the 2nd dose.
- A person who begins the hepatitis A series with single-antigen hepatitis A vaccine may complete the series with 2 doses of Twinrix, or 1 dose of adult formulation hepatitis A vaccine.

Travelers Who Are Departing in < 4 weeks to Countries with High or Intermediate HAV Endemicity

- The first dose of hepatitis A vaccine should be administered as soon as travel is considered, regardless of the scheduled date of departure. Completion of the vaccine series is necessary for long-term protection.
 - For most healthy travelers ≤ 40 years of age, one dose of hepatitis A vaccine administered any time before departure can provide adequate protection.
 - For optimal protections, consider IG, in addition to hepatitis A vaccine, for the following persons if they are traveling to an HAV-endemic area within 2 weeks:
 - Adults > 40 years of age
 - Immunocompromised persons
 - Persons with chronic liver disease or other chronic medical conditions
- Travelers who elect not to receive vaccine, who are < 12 months of age, or who are allergic to a component of the vaccine should receive a single dose of IG (0.02 mL/kg) for protection against HAV for up to 3 months.
 - If the travel period is expected to be > 2 months, administer IG at 0.06mL/kg. Repeat the dose if the travel period is > 5 months.

Pre- and Post-Vaccination Serologic Testing for Susceptibility

1. Persons for whom prevaccination serologic testing will likely be most cost-effective include:
 - Adults who were either born in or lived for extensive periods in geographic areas with high or intermediate endemicity of HAV infection;
 - Older adolescents and adults in certain population groups (i.e., Native Americans, Alaskan Natives, and Hispanics);
 - Adults in groups that have a high prevalence of infection (e.g., injection-drug users); and
 - Adults > 40 years of age.
2. Postvaccination testing is *not* indicated because of the high rate of vaccine response among adults and children.

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