

STANDING ORDERS FOR Administering Hepatitis A Vaccine to Adults

Purpose

To reduce morbidity and mortality from hepatitis A virus (HAV) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for and vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults in Need of Vaccination against HAV infection based on the following criteria

- anticipated travel to a country with intermediate or high endemicity for hepatitis A (i.e., all except Canada, Japan, Australia, New Zealand, and Western Europe)
- a male who has sex with other males
- users of street drugs (injecting and non-injecting)
- diagnosis of chronic liver disease, including hepatitis B and C
- diagnosis of a clotting-factor disorder, such as hemophilia
- anticipated close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the arrival of the adoptee in the United States
- employment in a research laboratory requiring work with HAV or HAV-infected primates
- an adult age 40 years or younger with recent possible exposure to HAV (e.g., within previous two weeks)
(Note: For adults older than age 40 years with recent exposure to HAV, immune globulin [IG] is preferred [0.1 mL/kg]; vaccine can be used if IG cannot be obtained.)
- any other adult who wants to be protected from hepatitis A

2 Screen for contraindications and precautions

Contraindications

- Do not give HepA to an adult who has experienced a serious reaction (e.g., anaphylaxis) to a prior dose of the vaccine or to any of its components. For information on vaccine components, refer to the manufacturers' package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Precautions

- Moderate or severe acute illness with or without fever

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

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4 Prepare to Administer Vaccine

Choose the needle gauge, needle length, and injection site according to the following chart

GENDER AND WEIGHT OF PATIENTS	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE**
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 152–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used for children for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

** Alternatively, the anterolateral thigh also can be used.

5 Administer HepA vaccine, 0.5 mL for patients younger than age 19 years and 1.0 mL for patients age 19 years and older, via the intramuscular (IM) route, according to the following tables:

HISTORY OF PREVIOUS HEP A VACCINATION	DOSE AND SCHEDULE FOR ADMINISTRATION OF HEP A
0 documented doses, or none known	Give HepA as dose #1. Give dose 2 at least 6 months later.
1 previous dose of HepA	Give dose #2 of HepA at least 6 months after dose #1.

Note: For travelers needing preexposure protection against hepatitis A:

- If healthy and age 40 years or younger, 1 dose of HepA before departure will provide adequate protection.
- If age 41 years or older, immunocompromised, having chronic liver disease or other chronic medical condition, and departure is anticipated within the next 4 weeks, administer initial doses of both HepA and immune globulin (0.1 mL/kg) at separate anatomic sites.

6 Document Vaccination

Document each patient’s vaccine administration information and follow-up in the following places:

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contra-indication, patient refusal). Offer the vaccine to the patient at the next visit.

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/local IIS, if available.

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC’s “Medical Management of Vaccine Reactions in Adult Patients,” go to www.immunize.org/catg.d/p3082.pdf. For “Medical Management of Vaccine Reactions in Children and Teens,” go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

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8 Report Adverse Events to VAERS

Report all adverse events following the administration of Hepatitis A vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____			
<small>NAME OF PRACTICE OR CLINIC</small>			
effective _____	_____	until rescinded or until _____	_____
<small>DATE</small>		<small>DATE</small>	
Medical Director _____	/	_____	_____
<small>PRINT NAME</small>		<small>SIGNATURE</small>	<small>DATE</small>