

# 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.

## Policy

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

## Procedure

### 1 Assess Adults for 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 parts of Western Europe)
- a male who has sex with other males
- users of street drugs (injecting and non-injecting)
- experiencing homelessness or living in temporary housing (such as a shelter)
- diagnosis of chronic liver disease (including hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT], or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
- diagnosis of HIV infection
- 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
- 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; 0.1 mL/kg] may also be administered depending on the provider's risk assessment [see <https://stacks.cdc.gov/view/cdc/59777>]).
- any other adult who wants to be protected from hepatitis A

**Note:** In settings where a high proportion of people have risk factors for hepatitis A infection, assume that unvaccinated adults age 19 years and older are at risk without individual risk-factor screening. Such settings include a) healthcare settings targeting services to injection or non-injection drug users and b) group homes or nonresidential daycare facilities for developmentally-disabled persons.

### 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/official-guidance/fda/pkg-inserts/](http://www.immunize.org/official-guidance/fda/pkg-inserts/)), or go to [www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states](http://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

#### Precautions (required evaluation before vaccination)

- Moderate or severe acute illness with or without fever

CONTINUED ON THE NEXT PAGE ►



### 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. The HepA VIS and its translations can be found at [www.immunize.org/vaccines/vis/hepa](http://www.immunize.org/vaccines/vis/hepa). For information about how to document that the VIS was given, see section 6 titled "Document Vaccination."

### 4 Prepare to Administer Vaccine

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

GENDER AND WEIGHT OF PATIENT	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 153-200 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
Female or male, any weight	22-25	1"-1½"	Anterolateral thigh muscle

\* Alternative needle lengths may be used for intramuscular (IM) injections if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90° angle to the skin as follows: a) a 5/8" needle for patients weighing less than 130 lbs (<60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.

### 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 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.

**Notes:**

- For HIV-infected people, HepA vaccination may be less protective. CDC recommends HIV-positive people receive immune globulin (0.1 mL/kg) within 2 weeks of a high risk exposure to hepatitis A virus (e.g., household contact or sexual partner), regardless of vaccination status.
- For travelers needing pre-exposure 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 2 weeks, administer the initial dose of HepA vaccine. Immune globulin (0.1 mL/kg for travel up to 1 month; 0.2 mL/kg for travel up to 2 months; 0.2 mL/kg every 2 months for travel of >2 months duration) may also be administered simultaneously at a separate anatomic site.

### 6 Document Vaccination

Document each patient’s vaccine administration information and update the following:

- 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 contraindication, patient refusal); discuss the need for vaccine with 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.

CONTINUED ON THE NEXT PAGE ►

**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 Immunize.org’s “Medical Management of Vaccine Reactions in Adult Patients in a Community Setting,” go to [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.pdf). For “Medical Management of Vaccine Reactions in Children and Teens in a Community Setting,” go to [www.immunize.org/catg.d/p3082a.pdf](http://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.

**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 \_\_\_\_\_  
NAME OF PRACTICE OR CLINIC

effective \_\_\_\_\_ until rescinded or until \_\_\_\_\_ .  
DATE DATE

Medical Director \_\_\_\_\_ / \_\_\_\_\_  
PRINT NAME SIGNATURE DATE