

# STANDING ORDERS FOR Administering Hepatitis A Vaccine to Children and Teens

## Purpose

To reduce morbidity and mortality from hepatitis A virus (HAV) by vaccinating all children and teens 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 children and teens who meet any of the criteria below.

## Procedure

**1 Assess Children and Teens in Need of Vaccination** against HAV infection based on the following criteria:

- age 12–23 months and lacking documentation of at least 1 dose of hepatitis A vaccine (HepA)
- age 2–18 years and living in a community, region, or state where routine vaccination is recommended (contact your health department for recommendations)
- age 12 months and older with 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)
- 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
- 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
- employment in a research laboratory requiring work with HAV or primates
- an unvaccinated child or teen with recent possible exposure to HAV (e.g., within previous two weeks).  
(*Note: Children younger than age 12 months should be given immune globulin [IG] instead of vaccine.*)
- any other child or teen who wants to be protected from hepatitis A

**2 Screen for contraindications and precautions**

### **Contraindications**

- Do not give HepA to a child or teen 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](http://www.immunize.org/packageinserts)) or go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://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 (or, in the case of minors, their parent, or legal representative) 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](http://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

AGE OF INFANT/CHILD/TEEN	NEEDLE LENGTH	INJECTION SITE
Toddlers (2 years)	1–1¼"	Anterolateral thigh muscle**
	5/8*–1"	Deltoid muscle of arm
Children (3–10 years)	5/8*–1"	Deltoid muscle of arm**
	1–1¼"	Anterolateral thigh muscle
Adolescents and Teens (11–18 years)	5/8*–1"	Deltoid muscle of arm**
	1–1½"	Anterolateral thigh muscle

\* 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.

\*\* Preferred site.

#### 5 Administer HepA vaccine, 0.5 mL for patients age 1–18 years and 1.0 mL for patients age 19 years and older, via the intramuscular (IM) route, according to the following tables:

##### Schedule for routine vaccination

VACCINE AND DOSE NUMBER	RECOMMENDED AGE FOR THIS DOSE	MINIMUM AGE FOR THIS DOSE	RECOMMENDED INTERVAL TO NEXT DOSE	MINIMUM INTERVAL TO NEXT DOSE
HepA #1	12–23 months	12 months	6– 18 months	6 months
HepA #2	≥18 months	18 months		

Note: For children younger than age 12 months with anticipated travel to a country with intermediate or high endemicity for hepatitis A (see section 1), immune globulin (IG) should be administered at a dose of 0.1 mL/kg for travel of up to 1 month’s time. For travel of 2 months or longer, administer IG 0.2 mL/kg and repeat dose of 0.2 mL/kg every 2 months if travel continues.

##### Schedule for catch-up vaccination

NUMBER OF PRIOR DOCUMENTED DOSES	MINIMUM AGE FOR DOSE 1	MINIMUM INTERVAL BETWEEN DOSES OF HEP A STARTING FROM THE MOST RECENT DOSE GIVEN
		DOSE 1 TO DOSE 2
None or unknown <sup>1</sup>	12 months	6 months
1		6 months

#### 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 contraindication, 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.

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

<p>This policy and procedure shall remain in effect for all patients of the _____  <small style="margin-left: 300px;">NAME OF PRACTICE OR CLINIC</small></p> <p>effective _____ until rescinded or until _____.  <small style="margin-left: 50px;">DATE</small> <small style="margin-left: 200px;">DATE</small></p> <p>Medical Director _____ / _____  <small style="margin-left: 100px;">PRINT NAME</small> <small style="margin-left: 250px;">SIGNATURE</small> <small style="margin-left: 100px;">DATE</small></p>
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