

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, pharmacists, and other healthcare professionals 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 through 18 years who are unvaccinated or have not completed a HepA series
- age 6 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 parts of Western Europe) (Note: A dose given at age 6–11 months does not count toward the routine 2-dose series given after the first birthday.)

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/fda) 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 (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. (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

AGE OF INFANT/CHILD/TEEN	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Infants (6 through 11 months)	22–25	1"	Anterolateral thigh muscle
Toddlers (1 through 2 years)	22–25	1–1¼"	Anterolateral thigh muscle*
		⅝†–1"	Deltoid muscle of arm
Children (3 through 10 years)	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1¼"	Anterolateral thigh muscle
Adolescents and Teens (11 through 18 years)	22–25	⅝†–1"	Deltoid muscle of arm*
		1–1½"	Anterolateral thigh muscle

* Preferred site.

† A ⅝" 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.

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5 Administer HepA vaccine, 0.5 mL for patients age 6 months (6–11 months for international travel) through 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 DOSE 1	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			

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	12 months	6 months	
1		6 months	

Schedule for travelers to countries with intermediate or high endemicity for HAV

AGE OF TRAVELER	HEALTH STATUS	HEPATITIS A VACCINE	IMMUNE GLOBULIN
Younger than age 6 months	Healthy	No	0.1 or 0.2 mL/kg ¹
6 through 11 months	Healthy	1 dose ²	None
1 through 18 years	Healthy & not previously vaccinated	1 dose	None
All ages ≥12 months	Immunocompromised & not previously vaccinated	1 dose	0.1 or 0.2 mL/kg ¹

FOOTNOTES

- 1 Infants younger than age 6 months and older children for whom HepA vaccine is contraindicated should be given IG at a dose of 0.1 mL/kg for travel of up to 1 month's time. For travel of 2 months or longer, they should be given IG 0.2 mL/kg and repeat dose of 0.2 mL/kg for every 2 months that travel continues. Because IG might interfere with live virus vaccines, when MMR or varicella vaccine is indicated, give at least 2 weeks before giving IG or at least 6 months after giving IG.
- 2 A dose given at age 6–11 months does not count toward the routine 2-dose series given after the first birthday.

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); discuss the need for vaccination with the patient (or, in the case of a minor, their parent or legal representative) 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 Immunize.org’s “Medical Management of Vaccine Reactions in Children and Teens in a Community Setting,” go to www.immunize.org/catg.d/p3082a.pdf. For “Medical Management of Vaccine Reactions in Adult Patients in a Community Setting,” go to 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 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		<u>Hart Medical Consulting</u> <small>NAME OF PRACTICE OR CLINIC</small>	
effective	<u>01/01/2023</u> <small>DATE</small>	until rescinded or until	<u>12/31/2026</u> <small>DATE</small>
Medical Director	<u>BYRON A. PALCHUK</u> <small>PRINT NAME</small>	<u>[Signature]</u> <small>SIGNATURE</small>	<u>15 Aug 2023</u> <small>DATE</small>

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, pharmacists, and other healthcare professionals 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 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/fda), 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

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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.")

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 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 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.

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 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); 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.

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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 Hart Medical Consulting
NAME OF PRACTICE OR CLINIC

effective 01/01/2023 until rescinded or until 12/31/2026
DATE DATE

Medical Director BOYCE A PRACTICE [Signature] 15 Aug 2023
PRINT NAME SIGNATURE DATE

