Standing Orders for Administering Hepatitis A Vaccine to Adults

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

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet the criteria below.

Procedure

1. Identify all adults in need of vaccination against hepatitis A based on the following criteria:
    a. any adult who wants to be protected from hepatitis A
    b. anticipated travel to a country with high or intermediate endemicity for hepatitis A (i.e., all except the United States, Canada, Japan, Australia, New Zealand, and Western Europe)
    c. a male who has sex with other males
    d. users of street drugs (injecting and non-injecting)
    e. diagnosis of chronic liver disease, including hepatitis B and C
    f. diagnosis of a clotting-factor disorder, such as hemophilia
    g. 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
    h. employment in a research laboratory requiring work with HAV or HAV-infected primates
    i. an unvaccinated adult age 40 years or younger with recent possible exposure to HAV (e.g., within previous two weeks).
    (Note: Adults older than age 40 years who have an indication for vaccination can and should receive both IG and vaccine.)
2. Screen all patients for contraindications and precautions to hepatitis A vaccine:
    a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis A vaccine or to a hepatitis A vaccine component. For information on vaccine components, refer to the manufacturer's package insert
    b. **Precautions:** a moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred. These can be found at www.immunize.org/vis.
4. For patients younger than age 19 years, administer 0.5 mL hepatitis A vaccine, and for patients age 19 years and older, administer 1.0 mL hepatitis A vaccine. Give vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or, alternatively, the anterolateral thigh also can be used. (Note: a 5/8" needle may be used for patients who weigh less than 130 lbs [60kg] for injection in the deltoid muscle, *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)

5. Provide a subsequent dose of hepatitis A vaccine to complete each patient's 2-dose schedule by observing a minimum interval of 6 months between the first and second doses.
6. Document each patient's vaccine administration information and follow up in the following place:
    a. **Medical chart:** 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
    b. **Personal immunization record card (if requested):** Record the date of vaccination and the name/location of the administering clinic.
7. 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. 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 all adverse reactions to hepatitis A vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of HealthPoint until rescinded or until December 31, 2016

Medical Director's signature:  Effective date: January 1, 2016

Reference: Immunization Action Coalition, 06/13 (Technical content reviewed by the Centers for Disease Control and Prevention)