

Standing Orders for Administering Hepatitis A Vaccine to Children & Teens (ESTABLISHED PATIENTS ONLY)

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.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., Pharmacists), where allowed by state law, may vaccinate children age 7 years and older who meet the criteria below and are **established HealthPoint patients**.

Procedure

1. Identify all children and teens in need of vaccination against hepatitis A based on the following criteria:
 - a. age 12–23 months
 - b. age 2–18 years who live in communities, regions, or states where routine vaccination is recommended (contact your health department for recommendations)
 - c. 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)
 - d. 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
 - e. a male who has sex with other males
 - f. users of street drugs (injecting and non-injecting)
 - g. diagnosis of chronic liver disease, including hepatitis B and C
 - h. diagnosis of a clotting-factor disorder, such as hemophilia
 - i. 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 IG instead of vaccine.)
 - j. any other child or teen who wants to be protected from hepatitis A
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 (www.immunize.org/package-inserts) or to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. Precautions: moderate or severe acute illness with or without fever
3. Provide all patients (or, in the case of a minor, parent/legal representative) 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 (parent/legal representative). 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. Administer hepatitis A vaccine intramuscularly as follows: 0.5 mL for patients age 1–18 years and 1.0 mL for patients age 19 years and older. Use a 22–25g needle. Choose needle length

appropriate to the child's age and body mass: toddlers 1–2 yrs: 1–1.3" (anterolateral thigh) or 5/8"–1" (deltoid muscle); children age 3 yrs and older: 1–1½". (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 skin is stretched tight 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 places:
 - 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 administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. Personal immunization record card: 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 seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
8. Report all adverse reactions to hepatitis A vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (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 /BVCAA until rescinded or until December 31, 2016.

Medical Director's signature: _____



Effective date: January 1, 2016

Reference: Immunization Action Coalition, 04/13 (Technical content reviewed by the Centers for Disease Control and Prevention)