Standing Orders for Administering Hepatitis A Vaccine (HAVRIX®) to Children and Adolescents

Purpose: To reduce morbidity and mortality from hepatitis A virus (HAV) infection by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under these standing orders, eligible nurses and other healthcare professionals working within their scope of practice may vaccinate children and adolescent patients who meet the criteria below.

Procedure:

1. Identify all children and adolescents in need of vaccination against hepatitis A based on the following criteria:
   - age 12–23 months
   - age 2 years or older who live in communities, regions, or states where routine vaccination is recommended
   - 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
   - an unvaccinated child, adolescent or adult with recent possible exposure to HAV (e.g., within previous two weeks). *(Note: Children aged 6-11 months may receive hepatitis A vaccine for international travel according to current ACIP recommendations. However, this is an off-label use of the vaccine and is not covered under these standing orders. Obtain a written order from a privileged provider for this situation. Children younger than age 6 months should be given intramuscular IG instead of vaccine.)*
   - any other child, adolescent or adult who wants to be protected from hepatitis A
2. Screen all patients for contraindications and precautions to hepatitis A vaccine:

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 (to include neomycin).
- For information on vaccine components, refer to the manufacturer's package insert or go to http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

Precautions:

- moderate or severe acute illness with or without fever
- the tip caps of the prefilled syringes of HAVRIX may contain dry natural latex rubber that

may cause allergic reactions in latex-sensitive individuals

- syncope (fainting) can occur in association with administration of injectable vaccines, including HAVRIX
- procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope
- For questions or concerns, consider consulting the DHA Immunization Healthcare Branch at 877-438-8222, Option 1.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, 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 aged 1–18 years**. Use a 22–25 gauge needle. Choose needle length appropriate to the patient's age and body mass: toddlers 1–2 yrs: 1–1¼" (anterolateral thigh) or ⅝"–1" (deltoid muscle); patient's age 3 yrs and older: 1–1½". 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.

5. Documentation
    - Document all immunizations administered in the electronic health record. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse Events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1-800-822-7967) or online at https://vaers.hhs.gov.

8. This policy and procedure shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date

Reviewed by DHA-IHB, November 2018