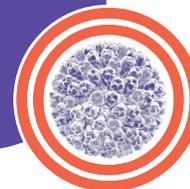


# Strategies to Incorporate Updated Recommendations for Hepatitis A Catch-Up Vaccination



**VAQTA**  
(HEPATITIS A VACCINE,  
INACTIVATED)

## 1 Know the changes to the hepatitis A vaccination recommendations.<sup>1</sup>

**Routine vaccination:**



**2-dose series beginning at age 12 months** (6 months minimum interval)

**Updated catch-up vaccination:**



**Unvaccinated persons through 18 years should complete a 2-dose series.**



**Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.**



Current recommendations can be found at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines), [www.aap.org/immunization](http://www.aap.org/immunization)

### Opportunities exist to close US vaccination gaps<sup>2,3</sup>

**Among adolescents aged 13–17 years<sup>2</sup>**

National Immunization Survey–Teen, 2016 (N=20,475)



**UNPROTECTED**  
(have not yet received **1 dose**)



**INCOMPLETE**  
(have not yet received **≥2 doses**)

**Among children born in 2015–2016<sup>3</sup>**

National Immunization Survey–Child, 2018 (N=25,059)



Have not yet received **≥1 dose** by 24 months



Have not yet received **≥2 doses** by 35 months

## 2 Review hepatitis A vaccination status at every visit.<sup>1,4–7</sup>



**Recommend routine vaccination at well visits** in line with vaccination schedule.<sup>1,4</sup>



For unvaccinated patients, **recommend catch-up vaccination** at any appropriate visit.<sup>1,4–7</sup>



### Well visits<sup>1,4</sup>

Including back-to-school and sports-physical visits<sup>8</sup>

Best opportunity **for routine and catch-up vaccination**



### Sick visits

Injuries or mild illness<sup>6,7,9,a</sup>



### Follow-up visits

Post surgery and post hospitalization<sup>9</sup>



### Chronic care visits

Weight check<sup>6,7</sup>



### Vaccine visits

Flu vaccine administration<sup>7</sup>

<sup>a</sup>Patients who are moderately or severely ill should wait to be vaccinated until after recovery.<sup>9</sup>

Best opportunities **for catch-up vaccination**



**According to the American Academy of Pediatrics, most vaccines can be administered in cases of mild illness, after screening for contraindications and weighing out the risks and benefits.<sup>5,6</sup>**

### INDICATION

VAQTA® (Hepatitis A Vaccine, Inactivated) is indicated for the prevention of disease caused by hepatitis A virus (HAV) in persons 12 months of age and older. The primary dose should be given at least 2 weeks prior to expected exposure to HAV.

*Booster Immunization Following Another Manufacturer's Hepatitis A Vaccine:* A booster dose of VAQTA may be given at 6 to 12 months following a primary dose of *Havrix*\*.

\**Havrix* is a registered trademark of GlaxoSmithKline.

### DOSAGE AND ADMINISTRATION

*Children/Adolescents (12 months through 18 years of age):* The vaccination schedule consists of a primary 0.5-mL dose administered intramuscularly and a 0.5-mL booster dose administered intramuscularly 6 to 18 months later.

### SELECT SAFETY INFORMATION

- Do not administer VAQTA to individuals with a history of immediate and/or severe allergic or hypersensitivity reactions (eg, anaphylaxis) after a previous dose of any hepatitis A vaccine, or to individuals who have had an anaphylactic reaction to any component of VAQTA, including neomycin.

*Select Safety Information continues on the next page.*

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### Set reminders.<sup>6,7</sup>

Use prompts to notify providers and staff of patients who are due or overdue for vaccines.<sup>6,7</sup>



Use preinstalled/customizable electronic prompts in electronic health record (EHR) system (eg, automatic pop-up alerts, “to-do” task)<sup>6,7</sup>



Manually add notes/flags in paper charts<sup>6</sup>

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### Clearly state your strong recommendation.<sup>6,7,10</sup>



Parents' most trusted source of information about their child's health care is from their health care provider. **Your vaccine recommendation is critical.**<sup>6,7,10</sup>

When recommending a vaccine, assume parents will vaccinate. **State which vaccine the child needs to receive based on the recommended schedule.**<sup>10</sup>

You might say:

“Your child needs the hepatitis A vaccine today.”

or

“Your child is due for the hepatitis A vaccine and we recommend giving it today.”

Add a brief supporting statement, sharing the importance of vaccines to help protect children from potentially life-threatening diseases.<sup>6,7,10</sup>

In a catch-up situation, you might say:

“

Joey is overdue for the hepatitis A vaccine that is given in 2 doses. Hepatitis A can cause serious liver disease. We recommend giving him the first dose of hepatitis A vaccine today.

”



Resources on vaccine conversations are available from [www.cdc.gov/vaccines/hcp/conversations](http://www.cdc.gov/vaccines/hcp/conversations)

## SELECT SAFETY INFORMATION (Continued)

- The vial stopper and the syringe plunger stopper and tip cap contain dry natural latex rubber that may cause allergic reactions in latex-sensitive individuals.
- The most common local adverse reactions and systemic adverse events (≥15%) reported in different clinical trials across different age groups when VAQTA was administered alone or concomitantly were:
  - Children 12 through 23 months of age: injection-site pain/tenderness (37.0%), injection-site erythema (21.2%), and fever (16.4% when administered alone, and 27.0% when administered concomitantly).
  - Children/Adolescents 2 through 18 years of age: injection-site pain (18.7%).
- Safety and effectiveness in infants below 12 months of age have not been established.
- Immunocompromised persons, including individuals receiving immunosuppressive therapy, may have a diminished immune response to VAQTA and may not be protected against HAV infection after vaccination.
- Hepatitis A virus has a relatively long incubation period (approximately 20 to 50 days). VAQTA may not prevent hepatitis A infection in individuals who have an unrecognized hepatitis A infection at the time of vaccination.
- In clinical trials in children, VAQTA was concomitantly administered with one or more of the following US-licensed vaccines: Measles, Mumps, and Rubella Virus Vaccine, Live; Varicella Vaccine, Live; Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adsorbed; Measles, Mumps, Rubella, and Varicella Vaccine, Live; Pneumococcal 7-valent Conjugate Vaccine; and Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate). Safety and immunogenicity were similar for concomitantly administered vaccines compared to separately administered vaccines.
- The total duration of the protective effect of VAQTA in healthy vaccinees is unknown at present.
- Vaccination with VAQTA may not result in a protective response in all susceptible vaccinees.

**Before administering VAQTA, please read the accompanying Prescribing Information.**



**References:** 1. Centers for Disease Control and Prevention (CDC). Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2020. [cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf](http://cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf). Accessed June 10, 2020. 2. Nelson NP, Yankey D, Singleton JA, et al. Hepatitis A vaccination coverage among adolescents (13–17 years) in the United States, 2008–2016. *Vaccine*. 2018;36(12):1650–1659. 3. Hill HA, Singleton JA, Yankey D, et al. Vaccination coverage by age 24 months among children born in 2015 and 2016 — National Immunization Survey-Child, United States, 2016–2018. *MMWR Morb Mortal Wkly Rep*. 2019;68(41):913–918. 4. American Academy of Pediatrics (AAP). Bright Futures/AAP Recommendations for preventive pediatric health care (periodicity schedule). March 2020. [aap.org/AAP/PDF/periodicity\\_schedule.pdf](http://aap.org/AAP/PDF/periodicity_schedule.pdf). Accessed June 10, 2020. 5. American Academy of Pediatrics (AAP). AAP immunization resources best practices. NVAC Standards 5 and 6. 2013. [aap.org/en-us/Documents/immunizations\\_nvac\\_standard\\_5and6.pdf](http://aap.org/en-us/Documents/immunizations_nvac_standard_5and6.pdf). Accessed June 10, 2020. 6. American Academy of Pediatrics (AAP). AAP health initiatives. Immunizations. Office strategies for improving immunization rates. [aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/office-strategies.aspx](http://aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/office-strategies.aspx). Accessed June 10, 2020. 7. Ventola CL. Immunization in the United States: recommendations, barriers, and measures to improve compliance. Part 1: Childhood vaccinations. *P & T*. 2016;41(7):426–436. 8. HealthyChildren.org. Back to school, back to the doctor. June 2019. [healthychildren.org/English/ages-stages/gradeschool/school/Pages/Back-to-School-Back-to-the-Doctor.aspx](http://healthychildren.org/English/ages-stages/gradeschool/school/Pages/Back-to-School-Back-to-the-Doctor.aspx). Accessed June 10, 2020. 9. Ezeanolue E, Harriman K, Hunter P, et al. General best practice guidelines for immunization. Best practices guidance of the Advisory Committee on Immunization Practices (ACIP). April 2017. [cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf](http://cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf). Accessed June 10, 2020. 10. Centers for Disease Control and Prevention (CDC). Talking with parents about vaccines for infants. April 2018. [cdc.gov/vaccines/hcp/conversations/downloads/talk-infants-508.pdf](http://cdc.gov/vaccines/hcp/conversations/downloads/talk-infants-508.pdf). Accessed June 10, 2020.