

Strategies to Incorporate the CDC's Catch-up Vaccination Recommendations for Hepatitis A

Know the current hepatitis A recommendations.¹



Routinely recommended:

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



Catch-up vaccination:

Unvaccinated patients 12 months through 18 years should complete the 2-dose series.

Current recommendations can be found at
www.cdc.gov/vaccines,
www.aap.org/immunization

Opportunities exist to close US vaccination gaps²

Among adolescents aged 13-17 years²

National Immunization Survey–Teen, 2020 (N=20,163)



Had not yet received 2 doses

Among children born during 2017-2018³

National Immunization Survey–Child, 2018-2020
(N=29,114)



Had not yet received 2 doses
by 35 months old

Review hepatitis A vaccination status at every visit.⁴

Recommend routine vaccination at well and
vaccine visits in line with vaccination schedule.^{1,5}



Well visits⁵

Including back-to-school
and sports-physical visits



Vaccine visits⁵

As appropriate

For unvaccinated patients, **recommend
catch-up vaccination** at any appropriate visit.⁴



Chronic care visits⁴

Including weight check



Sick visits⁶

Including injuries
or mild illness.*

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

Additional opportunities **for catch-up vaccination**

***Most vaccines can be administered in cases of mild illness, after screening for contraindications
and weighing the risks and benefits.⁶**

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.

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.
- *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.*

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 next page.

Set reminders.^{7,8}

Use preinstalled/customizable electronic prompts in the electronic health records (EHR) to notify providers and staff of patients who are due or overdue for vaccines.⁷

Another tool, Clinical Decision Support for Immunizations (CDSi) from the CDC, provides clarity of vaccine decision guidelines, while automating vaccine evaluation and forecasting.⁸

Clearly state your strong recommendation.^{7,9}

Parents' most trusted source of information about their child's health care is from their health care provider. **Your vaccine recommendation is critical.**^{7,9}

When recommending a vaccine, presume parents will vaccinate. **State which vaccine the child needs to receive based on the recommended schedule.⁹**

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."

Resources on vaccine conversations are available from 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 ($\geq 15\%$) 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](#). The [Patient Information](#) also is available.

References: 1. Advisory Committee on Immunization Practices (ACIP). Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2022. Accessed June 15, 2022. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf> 2. Pingali C, Yankey D, Elam-Evans LD, et al. National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2020. *MMWR Morb Mortal Wkly Rep.* 2021;70:1183–1190. 3. Hill HA, Yankey D, Elam-Evans LD, et al. Vaccination Coverage by Age 24 Months Among Children Born in 2017 and 2018 — National Immunization Survey-Child, United States, 2018–2020. *MMWR Morb Mortal Wkly Rep.* 2021;70:1435–1440. 4. Kroger A, Bahta L, Hunter P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). Updated March 15, 2022. Accessed March 21, 2022. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html> 5. Centers for Disease Control and Prevention (CDC). Catch Up on Well-Child Visits and Recommended Vaccinations. Last Reviewed: March 15, 2022. Accessed May 13, 2022. <https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html> 6. Centers for Disease Control and Prevention (CDC). Vaccines When Your Child Is Sick. Updated: September 7, 2021. Accessed June 28, 2022. <https://www.cdc.gov/vaccines/parents/visit/sick-child.html> 7. American Academy of Pediatrics (AAP). AAP health initiatives. Immunizations. Office Strategies for Improving Immunization Rates. Updated August 11, 2021. Accessed June 15, 2022. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/office-strategies.aspx> 8. Centers for Disease Control and Prevention (CDC). Clinical Decision Support for Immunization (CDSi). Updated February 18, 2022. Accessed June 17, 2022. <https://www.cdc.gov/vaccines/programs/iis/cdsi.html> 9. Centers for Disease Control and Prevention (CDC). Talking with Parents about Vaccines for Infants. Updated April, 2018. Accessed June 10, 2022. cdc.gov/vaccines/hcp/conversations/downloads/talk-infants-508.pdf