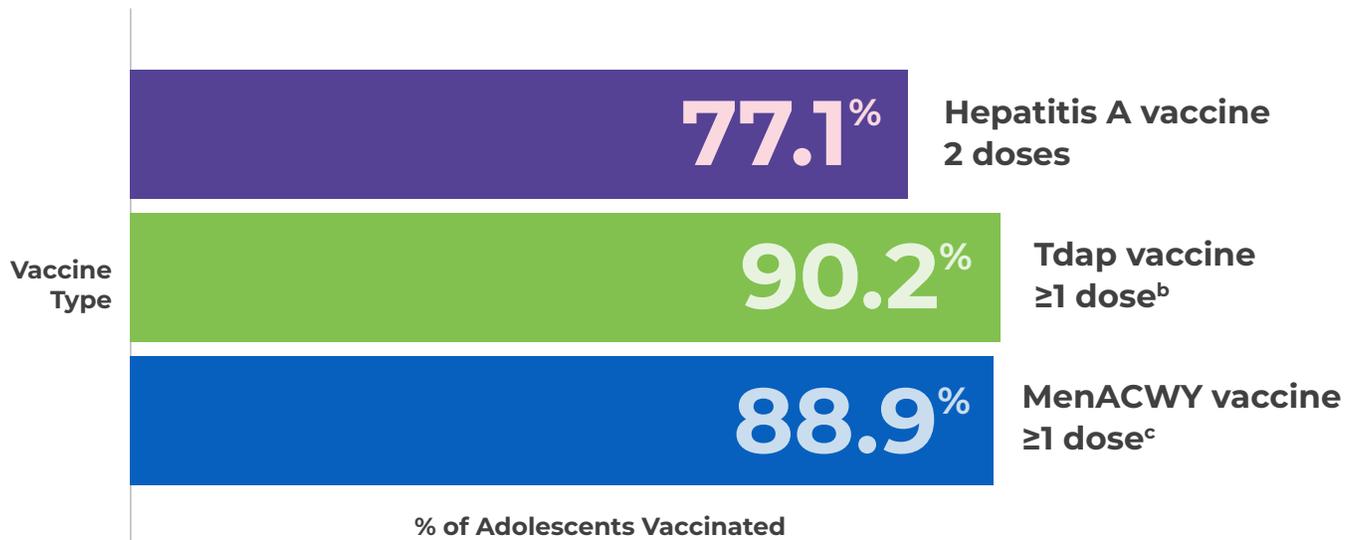


The Hepatitis A vaccination gap among United States adolescents still exists— You can help close the gap^{1,2}

VAQTA[®]
(HEPATITIS A VACCINE,
INACTIVATED)

2019 national vaccination rates of some common adolescent vaccines^a



CDC, Center for Disease Control and Prevention; MenACWY, quadrivalent meningococcal conjugate vaccine; Tdap, tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

^aNIS-Teen 2019, a cross-sectional national survey conducted by the CDC used random digit-dialed telephone interviews with parents/guardians to obtain demographic and vaccination information for their adolescents aged 13-17 years. Vaccination coverage was estimated for 18,788 adolescents born January 2001-February 2007 in the 50 states, the District of Columbia, selected local areas, and US territories.¹

^bIncludes percentages receiving Tdap vaccine at age ≥ 10 years.

^cAmong adolescents aged 17 years, coverage with ≥2 doses of MenACWY or meningococcal-unknown type vaccine was 54.4%. Does not include adolescents who received 1 dose of MenACWY vaccine at age ≥16 years.

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 below

Start helping to close the vaccination gap by encouraging hepatitis A catch-up vaccinations in your local health system^{1,2,4:}

VAQTA[®]
**(HEPATITIS A VACCINE,
INACTIVATED)**

- ✓ Use electronic health records (EHR) to identify appropriate vaccination candidates^{2,5}
- ✓ Run hepatitis A vaccination rates for those aged 15-18 in your community^{1,2,5}
- ✓ Flag appropriate visits for your patients within this age range (eg, back-to-school/pre-college, sports-physical, and milestone visits) to follow up on their vaccination status^{2,6}
- ✓ Connect with your administrators about working to reduce the vaccination gap in your community^{1,2}

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](#). The [Patient Information](#) also is available.

References: 1. 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. DOI: <http://dx.doi.org/10.15585/mmwr.mm7035a1> 2. Centers for Disease Control and Prevention. Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2021. Published February 11, 2021. Accessed July 19, 2021. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combinedschedule.pdf> 3. Nelson NP, Yankey D, Singleton JA, Elam-Evans L. Hepatitis A vaccination coverage among adolescents (13–17 years) in the United States, 2008–2016. *Vaccine*. 2018;36(12):1650–1659. doi:10.1016/j.vaccine.2018.01.090 4. Nelson NP, Weng MK, Hofmeister MG, et al. Prevention of hepatitis A virus infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(5):1–38. doi:10.15585/mmwr.mm6905a1 5. Kroger A, Bahta L, Hunter P. General best practice guidelines for Immunization. Best practices guidance of the Advisory Committee on Immunization Practices (ACIP). Centers for Disease Control and Prevention (CDC). Updated May 4, 2021. Accessed May 17, 2021. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf> 6. American Academy of Pediatrics. Back to school, back to the doctor. *Healthychildren.org*. Updated June 26, 2019. Accessed August 5, 2021. <https://www.healthychildren.org/English/agesstages/gradeschool/school/Pages/Back-to-School-Back-to-the-Doctor.aspx>