



North Carolina Department of Health and Human Services
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Michael F. Easley, Governor

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December 3, 2007

MEMORANDUM

TO: Local Health Departments

FROM: Beth Rowe-West, RN, BSN, Head
Immunization Branch

SUBJECT: Updated Recommendations for the Prevention of Hepatitis A After Exposure, and Availability of State-Supplied Hepatitis A Vaccine for Post-Exposure Prophylaxis

The purpose of this memo is to announce updated recommendations from the Centers for Disease Control and Prevention (CDC) on the prevention of hepatitis A, and the availability of hepatitis A vaccine, to local health departments for administration to those exposed to hepatitis A virus. The Immunization Branch will provide, in addition to immune globulin (IG), pediatric and adult formulations of hepatitis A vaccine to local health departments for post-exposure prophylaxis for contacts of persons diagnosed with laboratory-confirmed hepatitis A disease.

I. Recommendations for post-exposure prophylaxis with IG or hepatitis A vaccine

As recommended by the Advisory Committee on Immunization Practice (ACIP), persons who have recently been exposed to hepatitis A virus **and** who have not received hepatitis A vaccine in the past, should be administered a single dose of single-antigen vaccine or IG (0.02ml/kg) as soon as possible.

Single-antigen hepatitis A vaccine is preferred to IG for:

- Healthy persons 12 months--40 years of age
(Vaccine is preferred to Ig due to the advantages of vaccine that include long-term protection and ease of administration).

IG is preferred for the following groups:

- Persons over 40 years of age (IG is preferred because of the absence of information regarding vaccine performance and the more severe manifestations of hepatitis A in this age group; vaccine can be used if IG cannot be obtained.)
- Persons under 12 months of age
- Persons who are immune compromised
- Persons who have diagnosed chronic liver disease
- Persons for whom vaccine is contraindicated

IG and hepatitis A vaccine administered simultaneously are preferred for the following:

- Persons who have shared illicit drugs with a person diagnosed with laboratory-confirmed hepatitis A disease.

The magnitude of the risk for HAV transmission from the exposure should be considered in decisions to use IG or vaccine. For persons who receive vaccine, the second dose should be administered according to the licensed schedule to complete the series. The efficacy of IG or vaccine when administered greater than two weeks after exposure has not been established.

For the complete text of the recommendations, entitled *Update: Prevention of Hepatitis A After Exposure to Hepatitis A Virus and in International Travelers. Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, go to:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm?s_cid=mm5641a3_e

II. Procedures for use of state-supplied IG and hepatitis A vaccine for post-exposure prophylaxis

Local health departments must **first** contact the on-call person at the General Communicable Disease Control Branch (GCDC) when following up on reports of suspect cases of hepatitis A. GCDC staff will verify that the case is **laboratory-confirmed**, determine which contacts will require prophylaxis, and notify the Immunization Branch on-call nurse that IG and/or hepatitis A vaccine may be released for prophylaxis of contacts to the case, and specify the number of contacts involved. Standing orders for administration of these products to persons exposed to the hepatitis A virus are strongly recommended. These orders should follow the guidelines released by the ACIP.

Local health departments should **maintain a supply of state-supplied pediatric hepatitis A vaccine** as part of their UCVDV vaccine inventory. The pediatric formulation is for routine use as well as post-exposure prophylaxis as outlined above. The adult formulation available from the Immunization Branch is to be used for **post-exposure prophylaxis only** as outlined above, and will be shipped from the Immunization Branch whenever a determination for the need for adult hepatitis A formulation is established. As with all state-supplied vaccines, doses of state-supplied hepatitis A vaccine must be documented in the North Carolina Immunization Registry.

Questions should be addressed by contacting the Immunization Branch at 919-707-5550, or by contacting the regional nurse consultant serving your region.

Cc: CO SMT RICs RINs Joy Reed Jean-Marie Maillard
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