Standing Order for Administering Hepatitis A Vaccine (Pediatric)

Purpose: To reduce morbidity and mortality from hepatitis A virus infection by vaccinating all individuals 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 this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify persons 6 months – 17 years of age in need of vaccination against hepatitis A virus (HAV) based on the following criteria:
    - No documented receipt of a complete series of hepatitis A vaccine (HepA) at the appropriate ages and intervals.
    - Age 6 - 11 months traveling to countries with high or intermediate endemic HAV:
        - This is an off-label use covered under this standing order.
        - Doses given before 12 months of age do not count towards the routine HepA series.
    - Individuals at increased risk for HAV infection due to:
        - Chronic liver disease (e.g., hepatitis B and C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, ALT or AST level greater than twice the upper limit of normal)
        - Close, personal contact with international adoptee in the first 60 days after arrival from a country with high or intermediate endemic HAV
        - Current or recent use of street drugs (injection or noninjection)
        - HIV infection
        - Men who have sex with men
        - Occupational risk (e.g., laboratory or research staff routinely exposed to HAV)
        - Individuals experiencing homelessness
        - Individuals who are incarcerated
        - Pregnancy (if at risk for infection or severe outcome from infection during pregnancy)
        - Residents and staff of facilities for developmentally disabled persons, nonresidential day care, or providing services to injection or noninjection drug users
        - Travel to countries with high/intermediate endemic HAV (see CDC Traveler's Health/Yellow Book)
    - Any other individual who wants to be protected from HAV

2. Using DD Form 3110, screen all patients for contraindications and precautions to HepA:

    Contraindications:

    - History of a serious reaction (e.g., anaphylaxis) after a previous dose of HepA or to a vaccine component (including neomycin)
    - For information on vaccine components, refer to the package insert for Havrix, Vaqta, or The CDC Pink Book Appendix B.

Precautions:

- Moderate or severe acute illness with or without fever
- Certain HepA presentations contain latex, which may cause allergic reactions:
  - Havrix: tip caps of prefilled syringes contain natural rubber latex
  - Vaqta: vial stopper, syringe plunger stopper, and tip cap contain dry natural latex rubber
- Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g., 15-minute observation after administration) and to restore cerebral perfusion.
- For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 761-4245.

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.

4. Provide vaccine as follows:
   - Administer the appropriate HepA intramuscularly (IM) according to Tables 1 & 2.
   - Booster doses, challenge doses, and post-exposure prophylaxis (PEP) are not covered under this standing order: these patients must obtain a written order from a privileged provider.

TABLE 1. IM Needle Length and Injection Site Guide

Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age

Patient age	Needle Length	Injection Site
Infants, 1-12 months	1 inch (25 mm)	Anterolateral thigh
Toddlers, 1-2 years	1-1.25 inch (25-32 mm)	Anterolateral thigh*
	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm
Children, 3-10 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.25 inches (25-32 mm)	Anterolateral thigh
Children & Adolescents, 11-18 years	5/8†-1 inch (16-25 mm)	Deltoid muscle of arm*
	1-1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html

* Preferred site.

† If skin is stretched tightly and subcutaneous tissues are not bunched.

TABLE 2. Schedule for hepatitis A vaccine primary series by vaccine type, 12 months – 17 years		
	Havrix	**Vaqta**
Dose volume	0.5 mL	
Number of doses	2	
Recommended age	12 – 23 months	
Recommended intervals*	0, 6-12 months	0, 6-18 months
Minimum intervals	Dose 1 to dose 2: 6 months	

* Time in months from first dose.

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. 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) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

8. This standing order 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