

Hepatitis A Outreach Guidance for Local Health Departments (LHDs): Frequently Asked Questions (FAQs)

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How should clients be screened for hepatitis A risk factors?

MDHHS recommends universal screening of clients in outbreak settings to quickly vaccinate high-risk patients. High risk categories include the following:

- Persons who use injection and non-injection illicit drugs or who have within the past six months.
- Men who have sex with men.
- Persons who are currently or recently homeless or in transient living conditions.
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C.
- Persons who have been recently incarcerated (within six months).

When doing outreach in settings to individuals with high risk conditions, eligibility will be based on the type or location of the site. For instance, if the site is located at a Methadone clinic, you would say clients are SUD eligible.

Who is eligible to receive public vaccine during the Hepatitis A Outbreak?

Use of the public vaccine is reserved for eligible patients. Eligible patients are those 19 years and older and have undergone the typical vaccination screening form for precautions and contraindications. Additional screening could be based on LHD standing orders.

MDHHS is not requiring additional screening for insurance, Medicaid, or other coverage for payment for high risk outreach clinics in the field (not at LHD). Screening of this type is difficult to verify and cumbersome to manage. Screening for insurance is expected during routine immunization clinics held at local health departments.

What is the status of public vaccine availability to outreach sites?

Currently, there are national vaccine supply constraints and MDHHS is working with CDC to prioritize high-risk individuals for vaccination. There is not a limit to the amount that can be ordered and VFC program staff are available to assist LHDs with all aspects of placing an order.

Note that all MI-AVP programs including outreach sites are required to report all public vaccine doses in MCIR. All administered doses should be recorded as MI-AVP eligibility in MCIR.

Will the LHDs need to support vaccine storage and handling at outreach sites?

MDHHS is currently requiring proper storage and handling of all vaccines taken out of permanent vaccine storage. Guidance is listed in the VFC Resource Book for Providers for off - site use. Vaccines must be packed appropriately with conditioned water bottles and data-logger. Temperatures need to be maintained, checked and documented every hour.

What if a site not participating in MI-AVP who routinely serves high-risk factor populations would like to access public vaccine?

MDHHS is allowing the addition of nontraditional MI-AVP sites on a limited basis, specific to those who are serving a very high-risk population and can manage the vaccine storage and administration requirements. To enroll such a site, schedule a site visit to verify vaccine storage and handling are adequate and the refrigerator maintains appropriate temperatures. Refer the site to MDHHS MCIR Regional staff for enrollment and training on vaccine dose reporting. Sites are required to have MCIR inventory set up for public vaccine and to report all public doses administered to MCIR. Reporting is preferred through automatic EMR transfer, but can be completed using a paper form that is manually entered into MCIR. Once MI-AVP and MCIR enrollment are complete, both are activated by MDHHS and the site is permitted to order.