

Interim Hepatitis A Postexposure Prophylaxis Guidance in Response to the Hepatitis A SE Michigan Outbreak

Guidance from Advisory Committee on Immunization Practice (ACIP) for Postexposure Prophylaxis (PEP):

Susceptible people exposed to Hepatitis A virus (HAV) who have previously not received Hepatitis A vaccine should receive a dose of single-antigen HAV vaccine **or** intramuscular (IM) immune globulin (IG) (0.1mL/kg). PEP should be given as soon as possible <2 weeks of last exposure. Single-antigen dose vaccines include HAVRIX and VAQTA, not Twinrix¹.

Vaccine administration

One dose of HAV vaccine provides protective levels of antibody to most people. A second dose of vaccine should be given at least 6 months after the first dose. It is most important to assure individuals have received their first dose of vaccine; the second dose can be postponed until there are adequate supplies of Hepatitis A vaccine, unless the individual is at increased risk of exposure due to travel or other high-risk condition. If the patient reports they have had a HAV vaccine previously, but have no documentation, the recommendation is to vaccinate them based only on documented doses. Clinical guidance should be obtained if patient's immune status is unclear.

Immune Globulin for PEP

HAV vaccine is preferred over IG for PEP in person 1 through 40 years of age by the ACIP. The effectiveness of vaccine for PEP has been studied only in this age group in the United States and data on vaccine efficacy at older ages are limited. However, research in other countries has found evidence that HAV vaccine is immunogenic in older people, leading to a recommendation for vaccine for PEP in people >40 years of age in these countries. Therefore, MDHHS suggests consideration of HAV vaccine for PEP in persons 41 through 74 years of age if IG is in short supply. When indicated for use, IG should be given within 2 weeks of exposure.

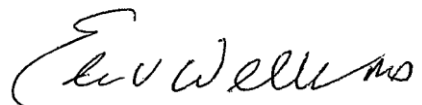
It is important to note that some people with high-risk conditions may receive hepatitis A vaccine as well as IG for PEP. The following recommendations on page 2 address these considerations for PEP.

For additional CDC information on HAV PEP, see:

<https://www.cdc.gov/hepatitis/hav/havfaq.htm>

www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>



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Box A: Identifying PEP for patient based on age (years) and health status

Age	<1	1-40	41-59*	60-74*	75+
Healthy	IG	Vaccine Preferred	IG; vaccine if IG is in short supply	IG; vaccine if IG is in short supply	IG
Other (Box B)	IG	IG	IG	IG	IG
Highest Risk (Box C)	Consider vaccine and IG for possible longer-term protection				

*When IG is unavailable or in short supply, single-antigen HAV vaccine may be used for PEP in healthy people 41-74 years of age. To read more about hepatitis A vaccine for PEP in this age group, please see: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4643264/>.

Box B: People who are preferred to receive IG for PEP

- Those less than 12 months of age
- Those aged 41 through 74 years (*Vaccine can be used if IG is not available)
- Those who are immunocompromised, including persons:
 - With HIV/AIDS
 - Undergoing hemodialysis
 - Who have received solid organ, bone marrow or stem cell transplants
 - Receiving high dose steroids (>2mg/kg/day)
 - Receiving chemotherapy, immunomodulators and/or biologic medications, (mercaptopurine, methotrexate, infliximab, adalimumab, etanercept, tacrolimus, mycophenolate, etc.)
 - Persons who are otherwise less capable of developing a normal response to immunization
- Those who have chronic liver disease or other chronic medical conditions
- Those whom vaccine is contraindicated

Box C: People with High Risk Indications who should be considered for receiving IG AND hepatitis A vaccine for PEP^{2,3}

- Pregnant women
- Persons with chronic liver disease
- Persons who are immunocompromised, including persons:
 - With HIV/AIDS
 - Undergoing hemodialysis
 - Who have received solid organ, bone marrow or stem cell transplants
 - Receiving high dose steroids (>2mg/kg/day)
 - Receiving chemotherapy, immunomodulators and/or biologic medications, (mercaptopurine, methotrexate, infliximab, adalimumab, etanercept, tacrolimus, mycophenolate, etc.)
 - Persons who are otherwise less capable of developing a normal response to immunization

NOTES:

¹The efficacy of combined HAV/HBV (Twinrix®) vaccine for post-exposure prophylaxis (PEP) has not been evaluated so it is not recommended for PEP.

²Guidance was provided by a CDC subject matter expert with the Division of Viral Hepatitis on situations when IG and hepatitis A vaccine should be administered at the same time.

³If hepatitis A vaccine and IG are both considered then they may be administered simultaneously but at separate anatomic injection site.