

Hepatitis A Vaccination Programs for Federally Qualified Health Centers (FQHCs)

Frequently Asked Questions (FAQs)

How should patients be screened for hepatitis A risk factors?

MDHHS recommends universal screening of patients to identify and vaccinate high-risk patients during their visit. If the patient's history includes any of the following risk factors, then vaccination should be provided (i.e. do not refer patients elsewhere for vaccination):

- Persons who use injection and non-injection illicit drugs*
- Men who have sex with men (MSM)*
- Persons who are homeless*
- Persons who were recently incarcerated*
- Persons with acute or chronic liver disease, including those with hepatitis B virus (HBV) and/or hepatitis C virus (HCV)*
- Persons traveling to or working in countries where HAV is endemic**
- Persons who receive clotting factor concentrates**
- Unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from an endemic country**

*Outbreak risk groups that are at the highest priority level for vaccination.

**Per recommendations of the Advisory Committee on Immunization Practices (ACIP).

To qualify for the MI Adult Vaccine Program (MI-AVP), the patient does not need to disclose which specific risk factor applies to them. However, the patient should acknowledge that they fall into at least one of the above risk factors.

Patients who have been exposed to hepatitis A (i.e., by household, sexual, or otherwise close contact with a person infected with hepatitis A or by an infected food handler) should be referred urgently to the local health department (LHD) to determine if it is still within 14 days of exposure so post-exposure prophylaxis (PEP) can be given. If it is beyond 14 days, the LHD should provide counseling to the patient about symptoms of hepatitis A and how it spreads; the need to monitor for symptoms during the 50-day incubation period; and the need to return to a healthcare provider for evaluation and testing if the patient develops symptoms of hepatitis A.

Who is eligible to receive public vaccine during the hepatitis A outbreak?

Use of public vaccine is reserved for eligible patients – those who are aged 19 years and older, are uninsured or underinsured and meet one of the risk factors listed under the question above, “How should patients be screened for hepatitis A risk factors?” Patients with Medicaid or private health insurance that covers vaccination are not eligible for public vaccine; they should be vaccinated with private vaccine stock.

Please note, if the insurance status of a high-risk patient is undetermined, MDHHS recommends using public vaccine to ensure that high-risk patients are vaccinated.

What is the status of public vaccine availability?

Currently, there are national vaccine supply constraints and MDHHS is working with CDC to prioritize high-risk individuals for vaccination. Sites are encouraged to order a quantity of public vaccine through the Michigan Care Improvement Registry (MCIR) based on an estimated number of eligible, high-risk patients seen. Although national vaccine supply constraints exist, health centers should continue to order as much of the vaccine as is necessary to cover their estimated eligible high-risk patients. MDHHS Vaccines for Children program staff are available to assist institutions with ordering.

Note that all MI-AVP programs are required to report all public vaccine doses in MCIR within 72 hours of vaccine administration.

What is the status of private vaccine availability?

FQHCs should have the capacity to order private hepatitis A vaccine directly from GlaxoSmithKline (GSK) and Merck. GSK may limit the quantity of supply ordered to 400 doses per order but will not limit the number of times orders are placed. In addition, Merck currently has ample supply of the vaccine but may not have the desired presentation available. MDHHS recommends FQHCs contact the manufacturer directly via website or calling to place orders.

- GSK
 - <https://gsksource.com/pharma/content/gsk/source/us/en/global/corporate/resources/vaccines.html>
 - 1-888-825-5249
- Merck
 - <https://www.merckvaccines.com/Products/Vaqta/Pages/home>
 - 1-800-672-6372

Vaccine allocations are being managed by the manufacturers, and distributors may not have an inventory.

Private vaccine stock should be used for patients with Medicaid or private/commercial health insurance that includes vaccination coverage.

For patients who are concerned about their risk of getting hepatitis A but have no known exposure or risk factors, discussion with a healthcare provider regarding prevention is appropriate. When vaccine supply improves, revised guidance will be provided regarding vaccination of low-risk patients. Education about risk factors is beneficial for low-risk patients.

Should the FQHCs be providing a second dose of hepatitis A vaccine in six months?

MDHHS is currently recommending administration of the first dose only to protect individuals against the Michigan outbreak. One dose of hepatitis A vaccine is 90-95 percent effective. MDHHS is currently deferring the second dose due to supply constraints.

Providers should reassure patients about the efficacy of one dose and provide patients with documentation of the date of their first dose. Patients may return to their primary care provider, local pharmacy, or local health department to complete the hepatitis A vaccine series once MDHHS issues a statement that supply is again adequate. There is no reduction in efficacy of the vaccine if the patient's second dose is delayed.

Who do FQHCs call if there are difficulties ordering or obtaining adequate vaccine doses?

If sites experience difficulty obtaining hepatitis A vaccine doses or receiving reimbursement from Medicaid or other insurances billed for vaccine administration, please notify the MDHHS Division of Immunization at 517-335-8159 to assist with troubleshooting.