

# **Hepatitis A Vaccination Programs for Rural Health Clinics (RHCs)**

## **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).

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.

### **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.

### **What is the status of private vaccine availability?**

RHCs 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 RHCs 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 RHCs 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 RHCs 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.