

# Hepatitis A Immunization and Post-Exposure Prophylaxis in Adults

## Who should get vaccinated?

Risk factors for Hepatitis A Virus (HAV) infection:

- Occupational risk for infection
- Travel to countries with high or intermediate endemicity of infection
- High risk sexual behavior
- Illicit drug use in areas with recent HAV outbreaks
- Certain medical conditions such as chronic liver disease, particularly hepatitis C

## Who should get pre-vaccination serologic testing?

Factors to consider:

- The expected prevalence of immunity. For example, in individuals who were born or lived for a long time in places where HAV is endemic.
- The cost of vaccination compared with the cost of testing (including the cost of an additional visit). If the cost of screening is approximately one-third the cost of the vaccine series, pre-vaccination testing of any person older than 40 may be cost-effective.
- The likelihood that testing will not interfere with initiation of vaccination.

## Vaccination in Adults: Vaccines Available

- HAVRIX® - single dose of 1440 EL. U. in 1 mL followed by a booster dose (1440 EL. U. in 1 mL) anytime between 6 and 12 months later.
- VAQTA® - single 1.0 mL (50 U) dose followed by a booster dose of 1.0 mL (50 U) 6 to 18 months later.
- Twinrix® (combined hepatitis A and B vaccine) - primary vaccination consists of three doses, given on a 0-, 1-, and 6-month schedule, the same schedule as used for single antigen hepatitis B vaccine.

*Simultaneous administration with other vaccines:* Inactivated HAV vaccine can be given concurrently with the vaccines for diphtheria, tetanus, oral typhoid, cholera, Japanese encephalitis, rabies, or yellow fever without adversely affecting immunogenicity or safety. It is recommended that the injections be given at different sites.

**Post-Vaccination Serologic Testing:** NOT REQUIRED due to high rate of response to vaccine.

95-100% of adults developed protective levels of antibodies 1 month after the first dose and 100% developed protective levels of antibodies after the booster dose.

## Sources:

*Prevention of Hepatitis A through Active or Passive Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR October 01, 1999/48(RR12); 1-37.*

*Notice to readers: FDA Approval for a Combined Hepatitis A and B Vaccine. MMWR September 21, 2001/50(37); 806-7.*

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Cristine V. Amurao, MD, MPH  
Senior Medical Researcher  
Occupational Health Research

## Post-Exposure Prophylaxis (PEP)

- Dose: Single intramuscular dose of 0.02 mL/kg immune globulin (IG) as soon as possible; efficacy when administered more than 2 weeks after exposure has not been established.
- If the person exposed has previously received 1 dose of the hepatitis A vaccine at 1 month prior to exposure to HAV, then giving PEP is not necessary.

### Recommended:

- Confirmation of HAV infection in the index patient by IgM anti-HAV before post-exposure treatment of contacts.

### Not Recommended:

- Screening of all contacts before administering IG.
- Hepatitis A vaccine alone for PEP (although it can be given simultaneously with PEP).

*Note: Specific PEP recommendations for different settings and groups of individuals are in the ACIP article.*

