



Bulletin No. 32

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## Universal Hepatitis A Immunization Program

**BACKGROUND:** Since the 1970s the Indian Health Service, Regional Health Corporations, and the Alaska Department of Health and Social Services have worked to reduce the burden of hepatitis A in Alaska. In spite of all efforts, periodic outbreaks of hepatitis A have continued, resulting in thousands of cases of hepatitis A and at least eight deaths over the past 20 years.

In 1993, after four deaths, the State and IHS began a special hepatitis A control program using hepatitis A vaccine to control outbreaks in villages where both Native and non-Native children lived. This hepatitis A vaccine (*Havrix*) is now commercially available. The Advisory Committee on Immunization Practices (ACIP) of the U.S Public Health Service has approved use of hepatitis A vaccine for children in communities with high rates of hepatitis A infection and periodic hepatitis A outbreaks. **Based upon these recommendations, a statewide program to vaccinate all children in Alaska against hepatitis A is being initiated to eradicate this disease.**

**WHEN:** The Hepatitis A Immunization Program will be implemented on January 1, 1996. During December, 1995, vaccine orders will be taken, and hepatitis A vaccine will be supplied to medical providers enrolled in the State's existing universal vaccine distribution program.

**ELIGIBILITY:** All Alaska children 2 through 14 years of age (up to the 15th birthday) will be eligible for state-supplied vaccine. The state-supplied vaccine is ONLY for pediatric/adolescent use; no adult vaccine is available.

**HOW:** Children should begin vaccination during regularly scheduled medical visits. Currently, no special outreach program is planned.

**VACCINE:** *Havrix* is a killed virus vaccine developed and manufactured by the SmithKline Beecham Co. The vaccine is a human diploid cell product; no bloodproducts are used in its manufacture. It is licensed for use in persons 2 years of age and older. *Havrix* will not prevent hepatitis caused by other agents such as hepatitis B, C, or E virus, or other pathogens known to infect the liver. The vaccine must be stored between 2°-8° C (36°-47°F) and must not be frozen. It remains potent for at least 2 years if properly refrigerated.

Safety data obtained from a field efficacy trial in which over 19,000 children received the pediatric dose of *Havrix* found the most commonly reported adverse events following vaccine administration were injection-site pain (9.5%) and tenderness (8.2%). Other adverse events were infrequent; no serious events due to the vaccine were reported.

**DOSAGE/SCHEDULE:** The pediatric formulation of the vaccine consists of a 0.5 mL dose administered as an intramuscular injection. The recommended vaccine schedule consists of three doses -- two primary doses administered 1 month apart, followed by a booster 6-12 months later. As with all vaccines, a longer than recommended interval between doses is acceptable; however, the minimum spacing between doses must be maintained.

The vaccine may be given in conjunction with any other vaccine of IG (when indicated), though different syringes and injection sites should be utilized.

**CONTRAINDICATIONS:** *Havrix* is contraindicated in persons with known hypersensitivity to any component of the vaccine. There have been rare reports of anaphylaxis/anaphylactoid reactions following commercial use of the vaccine in other countries. Patients experiencing hypersensitivity reactions after a *Havrix* injection should not receive further *Havrix* injections.

**EFFECTIVENESS:** *Havrix* has been proven effective, with a calculated efficacy rate of 94%.

### Hepatitis A Fast Facts

- Universal Hepatitis A Immunization Program begins **January 1, 1996**
- State-supplied **pediatric** vaccine for use in children **2-14 years of age** during regularly scheduled medical visits
- **Dosage / Administration - 0.5 ml,**  
via **intramuscular** injection
- **Schedule**  
- 2 primary doses and a booster, begun at age 2; interval of 1 month between doses 1 and 2/ interval of 6-12 months between doses 2 and 3