

**IMMUNOBIOLOGICS**

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Hepatitis A Vaccine, inactivated (HAV)</p> <p><b>HAVRIX®</b> GlaxoSmithKline</p> <p>Pediatric Formulation (720 EL.U. per 0.5 mL)</p> <p>Adult Formulation (1440 EL.U. per 1.0 mL)</p> <p><b>VAQTA®</b> Merck</p> <p>Pediatric Formulation (25 U per 0.5 mL)</p> <p>Adult Formulation (50 U per 1.0 mL)</p>	<p><b>Children 1 through 18 years of age:</b></p> <p>HAVRIX (720 ELU)</p> <p>First: 0.5 mL IM Second: 0.5 mL IM 6-12 months later</p> <p>VAQTA (25 U)</p> <p>First: 0.5 mL IM Second: 0.5 mL IM 6-18 months later</p> <p><b>Persons age 19 years and older:</b></p> <p>HAVRIX (1440 ELU) or VAQTA (50 U)</p> <p>First: 1.0 mL IM Second: 1.0 mL IM 6-12 months later</p>	<p>Not established</p>	<p>Limited data indicate that vaccines from different manufacturers are interchangeable. Completion of the series with the same product is preferable. However, if the originally used product is not available or not known, vaccination with either product is acceptable.</p> <p><b>Post-exposure prophylaxis:</b> Hepatitis A vaccine is preferred for post-exposure prophylaxis over immune globulin (IG) for healthy persons aged 12 months through 40 years of age. For persons who receive vaccine, the second dose should be administered according to the licensed schedule to complete the series. IG should be used in persons younger than 12 months of age, person over the age of 40 years, immunocompromised persons, persons who have been diagnosed with chronic liver disease and persons for whom vaccine is contraindicated. Persons administered IG for whom hepatitis A vaccine is also recommended should receive a dose of vaccine simultaneously with IG. The efficacy of IG or vaccine when administered &gt;2 weeks after exposure to hepatitis A virus has not been established.</p> <p><b>Indications:</b> All children should receive hepatitis A vaccine at 12-23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at subsequent visits. In California, Hepatitis A vaccination of all children 2-18 years is recommended.</p> <p>Hepatitis A vaccine is recommended for persons 1 year of age and older who are traveling to or working in countries where they would have a high or intermediate risk of hepatitis A virus infection. These areas include all areas of the world except Canada, Western Europe and Scandinavia, Japan, New Zealand, and Australia. Vaccinated persons can be assumed to be protected by 4 weeks after receiving the first dose, although the second dose 6 to 12 months later is necessary for long-term protection.</p> <p>Other groups which should be offered vaccine include <b>men who have sex with other men, persons who use illegal drugs, persons who have clotting factor disorders, and persons with occupational risk of infection.</b> Persons with occupational risk include only those who work with hepatitis A-infected primates or with hepatitis A virus in a laboratory setting. No other groups have been shown to be at increased risk of hepatitis A infection due to occupational exposure. Persons with chronic liver disease <b>should be vaccinated.</b> Susceptible persons who either are awaiting or have received liver transplants should be vaccinated.</p> <p><b>Adverse Reactions:</b> Injection site pain, erythema, or swelling is reported by 20% to 50% of recipients. These symptoms are generally mild and self-limited. Mild systemic complaints (e.g., malaise, fatigue, low-grade fever) are reported by fewer than 10% of recipients. No serious adverse reactions have been reported.</p> <p><b>Contraindications:</b> History of a severe allergic reaction to a vaccine component or following a prior dose of hepatitis A vaccine. Defer vaccination of persons with moderate or severe acute illnesses until the condition has improved. The safety of hepatitis A vaccination during pregnancy has not been determined; however, because it is an inactivated vaccine, the theoretical risk to the fetus is low.</p>