

INSTRUCTIONS-LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order to be used exclusively by your agency. A customized standing order is usually printed on your agency's letterhead and signed by your medical director with effective start and end dates.

### Post-Exposure Prophylaxis (PEP) for Hepatitis A Virus (HAV) Infection

**Standing Order:** All registered nurses and licensed practical nurses employed or contracted by [name of local health department] may administer post-exposure prophylaxis as outlined below to contacts of persons diagnosed with laboratory-confirmed hepatitis A infection.

**Assessment:**

**1. Subjective Findings:**

Suspected contact to laboratory-confirmed HAV case (HAV IgM + serology only, jaundice or elevated LFTs with clinically compatible acute illness onset) presenting to health department requesting evaluation for PEP

**2. Objective Findings: Provide PEP to the following contacts of persons diagnosed with laboratory-confirmed HAV infection:**

- Previously unvaccinated household contacts
- Previously unvaccinated sexual contacts
- Contacts who have shared injection drugs and drug paraphernalia
- Ongoing, close personal contacts
- Previously unvaccinated staff and attendees of regulated child care facilities if
  - one or more cases of HAV are recognized in children or employees
  - cases are recognized in two or more households of child care attendees
- In regulated child care facilities that do not provide care to children who wear diapers, PEP should only be administered to classroom contacts of an infected patient
- Co-workers of an infected food handler (if the co-workers are also food handlers)
- Patrons of an eating establishment if, during the time the affected food handler was likely to be infectious, the food handler
  - was involved in the preparation and handling of foods
  - had noticeable deficiencies in personal hygiene
  - had diarrhea
  - prepared beverages with or without ice
  - handled dishes after washing and sanitizing

**Plan of Care:**

**1. Implementation:**

- Administer 0.5 mL hepatitis A vaccine to healthy persons aged 12 months to 18 years of age
- Administer 1.0 mL hepatitis A vaccine to healthy persons aged 19 years or older
- Administer hepatitis A vaccine to healthy persons 12 months of age and older if IG is not available
- Administer Immune Globulin (IG), 0.10 mL/kg to
  1. Persons over 40 years of age
  2. Persons under 12 months of age
  3. Persons who are immunocompromised
  4. Persons who have been diagnosed with a chronic liver disease
  5. Persons for whom vaccine is contraindicated

**2. Nursing Action:**

- PEP should be administered within 2 weeks of the most recent exposure to a person with laboratory confirmed hepatitis A virus infection.
- Serologic testing of contacts is not recommended due to cost and potential for delay in administering PEP.
- Contact the epidemiologist on-call at the Communicable Disease Branch to confer and verify that the case is laboratory confirmed and to determine which contacts need PEP.
- Administer vaccine intramuscularly in the deltoid muscle using a 22-25 g, 1-1 ½ " needle
- Administer IG deep into large muscle mass. No more than 5 mL should be administered in one site in an adult or large child. Lesser amounts (maximum 3 mL in one site) should be given to small children and infants.
- Teach contacts about the importance of personal hygiene and proper handwashing.

- Document the vaccination per agency and state Immunization Branch policy. Use of state-supplied hepatitis A vaccine is documented in the N.C. Immunization Registry.
  - Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine.
- Note administration of PEP to identified contacts in the N.C. Electronic Disease Surveillance System (NC EDSS).

**3. Criteria for Notifying Physician:**

- Contact [name of local health department] medical director if there is any question about whether to carry out any treatment or other provision of this order.

**4. Follow-up Requirements:**

- Report any adverse reactions to hepatitis A vaccine to the federal Vaccine Adverse Event Reporting System (VAERS)

Approved by: \_\_\_\_\_ Date Signed \_\_\_\_\_  
 Local Health Department Medical Director

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Legal Authority: Nurse Practice Act, G.S. 90-171.20(7)(f)&(8)(c)

References:

APHA Control of Communicable Diseases Manual, 20th ed., pp 252 - 257.

Red Book, 2015 Report of the Committee on Infectious Diseases, 28th ed., pp.391-399.

NC Division of Public Health Communicable Disease Manual,  
<http://www.epi.state.nc.us/epi/gcdc/manual/toc.html>

“Updated Recommendations for the Prevention of Hepatitis A After Exposure, and Availability of State-Supplied Hepatitis A Vaccine for Post-Exposure Prophylaxis,” memorandum from the NC Immunization Branch, dated December 3, 2007.

[https://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAS/FractionatedPlasmaProducts/ucm574795.htm?source=govdelivery&utm\\_medium=email&utm\\_source=govdelivery](https://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAS/FractionatedPlasmaProducts/ucm574795.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery)