



<http://www.cdhd.wa.gov>

July 2013

CHELAN-DOUGLAS PUBLIC HEALTH

Current Conditions of Interest

TO REPORT A NOTIFIABLE CONDITION:

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(509) 886-6499

"Always Working for a Safer and Healthier Community"

Hepatitis A Post Exposure Prophylaxis

What are the current CDC guidelines for postexposure protection against Hepatitis A?

Until recently, an injection of immune globulin (IG) was the only recommended way to protect people after they have been exposed to Hepatitis A virus. In June 2007, U.S. guidelines were revised to allow for Hepatitis A vaccine to be used after exposure to prevent infection in healthy persons aged 1–40 years.

Persons who have recently been exposed to HAV and who have not been vaccinated previously should be administered a single dose of single-antigen Hepatitis A vaccine or IG (0.02 mL/kg) as soon as possible, **within 2 weeks after exposure**. The guidelines vary by age and health status:

- For healthy persons aged 12 months–40 years, single-antigen Hepatitis A vaccine at the age-appropriate dose is preferred to IG because of the vaccine's advantages, including long-term protection and ease of administration, as well as the equivalent efficacy of vaccine to IG.
- For persons aged 40 years and older, IG is preferred because of the absence of information regarding vaccine performance in this age group and because of the more severe manifestations of Hepatitis A in older adults. The magnitude of the risk of HAV transmission from the exposure should be considered in decisions to use vaccine or IG in this age group.
- **Vaccine can be used if IG cannot be obtained.**
- IG should be used for children aged less than 12 months, immunocompromised persons, persons with chronic liver disease, and persons who are allergic to the vaccine or a vaccine component (see **Footnote**).

Footnote:

- CDC does not have official guidance to define all subgroups of persons recommended to receive IG.
- IG is indicated for persons at increased risk of severe or fatal hepatitis A infection. These persons include adults older than 40 years of age, particularly adults 75 years and older, persons with chronic liver disease (e.g., cirrhosis), and those who are immunocompromised.
- IG is indicated for persons with decreased response to hepatitis A vaccine. Based on available data such persons include those with HIV/AIDS, persons undergoing hemodialysis, recipients of solid organ, bone marrow or stem cell transplants, persons with chronic liver disease (e.g., cirrhosis), and other patients unlikely to develop an adequate immune response. Also, antibody response after a single dose of hepatitis A vaccine in persons older than 40 years may be reduced, but data are limited.
- Immunocompromised persons generally are incapable of developing a normal immune response, usually as a result of disease, malnutrition, or immunosuppressive therapy. IG is indicated for patients who might include those receiving high dose steroids, chemotherapy, immunomodulators, and those who have primary immunodeficiency conditions. Clinical guidance should be obtained if the immune status is unclear.

Hepatitis A Information for Health Professionals [//www.cdc.gov/hepatitis/HA/HAVfaq.htm#D1](http://www.cdc.gov/hepatitis/HA/HAVfaq.htm#D1)



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Rabies Postexposure Information

Human Rabies Immune Globulin

Human rabies immune globulin (HRIG) is administered only once, at the beginning of anti-rabies prophylaxis, to previously unvaccinated persons. This will provide immediate antibodies until the body can respond to the vaccine by actively producing antibodies of its own. If possible, the full dose of HRIG should be thoroughly infiltrated in the area around and into the wounds. Any remaining volume should be injected intramuscularly at a site distant from vaccine administration.

HRIG should never be administered in the same syringe or in the same anatomical site as the first vaccine dose. However, subsequent doses of vaccine in the four-dose series can be administered in the same anatomical location where the HRIG dose was administered.

If HRIG was not administered when vaccination was begun, it can be administered up to seven days after the administration of the first dose of vaccine. Beyond the seventh day, HRIG is not recommended since an antibody response to the vaccine is presumed to have occurred.

Because HRIG can partially suppress active production of antibody, no more than the recommended dose should be administered. The recommended dose of HRIG is 20 IU/kg body weight. This formula is applicable to all age groups, including children.

http://www.cdc.gov/rabies/medical_care/hrig.html

Rabies Vaccine

A regimen of four 1-mL doses of HDCV or PCEC vaccines should be administered intramuscularly to previously unvaccinated persons.

The first dose of the four-dose course should be administered as soon as possible after exposure. Additional doses should be administered on days 3, 7, and 14 after the first vaccination. For adults, the vaccination should always be administered intramuscularly in the deltoid area (arm). For children, the anterolateral aspect of the thigh is also acceptable. The gluteal area should never be used for rabies vaccine injections because observations suggest administration in this area results in lower neutralizing antibody titers.

Postexposure Prophylaxis for Non-immunized Individuals

Treatment	Regimen
Wound cleansing	All postexposure prophylaxis should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
RIG	If possible, the full dose should be infiltrated around any wound(s) and any remaining volume should be administered IM at an anatomical site distant from vaccine administration. Also, RIG should not be administered in the same syringe as vaccine. Because RIG might partially suppress active production of antibody, no more than the recommended dose should be given.
Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area), one each on days 0, 3, 7, and 14.



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Rabies Postexposure Information

Postexposure Prophylaxis for Previously Immunized Individuals

Treatment	Regimen
Wound cleansing	All postexposure prophylaxis should begin with immediate thorough cleansing of all wounds with soap and water. If available, a virucidal agent such as povidine-iodine solution should be used to irrigate the wounds.
RIG	RIG should not be administered.
Vaccine	HDCV or PCECV 1.0 mL, IM (deltoid area), one each on days 0 and 3.

If exposed to rabies, previously vaccinated persons should receive two IM doses (1.0 mL each) of vaccine, one immediately and one three days later. Previously vaccinated persons are those who have received one of the recommended preexposure or postexposure regimens of HDCV, RVA, or PCECV, or those who received another vaccine and had a documented rabies antibody titer. RIG is unnecessary and should not be administered to these persons because an anamnestic response will follow the administration of a booster regardless of the pre-booster antibody titer.

http://www.cdc.gov/rabies/medical_care/vaccine.html

Programs for Uninsured and Underinsured Patients

Patient assistance programs that provide medications to uninsured or underinsured patients are available for rabies vaccine and Immune globulin.

Sanofi Pasteur's Patient Assistance Program (providing Imogam ® Rabies-HT and Imovax ® Rabies as well as other vaccines) is now administered through the Franklin Group. A healthcare professional or patient can either contact the Franklin Group directly, or call the customer service team (1-800-VACCINE) who will transfer them to the Franklin Group. The Franklin Group will review the application against the eligibility criteria. For more information about the program or to request an application, please contact the Sanofi Pasteur, Inc. Patient Assistance Program (Franklin Group) at 1 (866) 801-5655.

Novartis' Patient Assistance Program for RabAvert ® is managed through RX for Hope and can be accessed at 1-800-589-0837. Instructions and request forms are also available at the Rx for Hope website RabAvert Patient Assistance Program <https://www.rxhope.com/PAP/info/PAPInfo.aspx>. Instructions and request forms are also available at the Sanofi Patient Connection website <https://www.visitspconline.com/>

http://www.cdc.gov/rabies/medical_care/programs.html