In 2020, the CDC's Advisory Committee on Immunization Practices (ACIP) Strengthened Hepatitis A Catch-Up Recommendations to Help Close Vaccination Gaps[1-3]

Routine vaccination

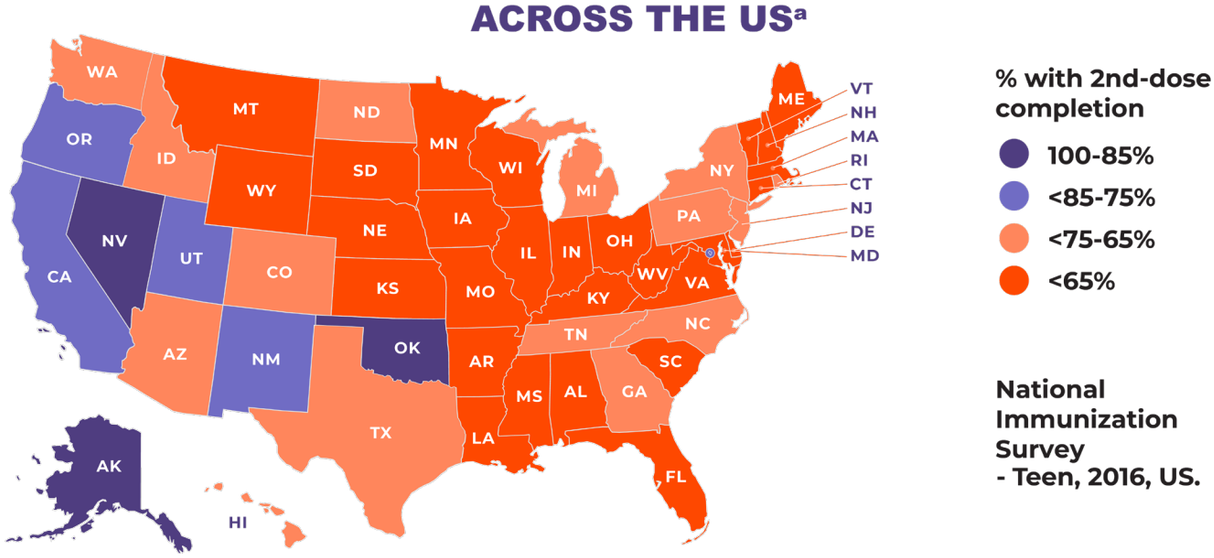
2-dose series (minimum interval: 6 months) beginning at age 12 months

Updated catch-up vaccination recommendations

Patients who received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1

2-dose series for all children and adolescents aged 2-18 years not previously vaccinated

HEPATITIS A VACCINE COMPLETION RATES FOR ADOLESCENTS (AGES 13-17 YEARS) REMAIN LOW ACROSS THE US[a]



[a]NIS-Teen 2016-a cross-sectional national survey conducted by the CDC using random digit-dialed telephone interviews with parents/guardians to obtain vaccination coverage information for their adolescents aged 13-17 years (N=20, 475). Vaccination history was collected from vaccination providers if parental consent was granted. The NIS-Teen is conducted using the sampling frame of telephone numbers selected for the NIS-Child.[3]

Indication

VAQTA® (Hepatitis A Vaccine, Inactivated) is indicated for the prevention of disease caused by hepatitis A virus (HAV) in persons 12 months of age and older. The primary dose should be given at least 2 weeks prior to expected exposure to HAV.

Dosage and Administration

Children/Adolescents (12 months through 18 years of age): The vaccination schedule consists of a primary 0.5 mL dose administered intramuscularly and a 0.5 mL booster dose administered intramuscularly 6 to 18 months later.

Booster Immunization Following Another Manufacturer's Hepatitis A Vaccine: A booster dose of VAQTA may be given at 6 to 12 months following a primary dose of *Havrix**.

**Havrix is a registered trademark of GlaxoSmithKline.*

Select Safety Information

Do not administer VAQTA to individuals with a history of immediate and/or severe allergic or hypersensitivity reactions (eg, anaphylaxis) after a previous dose of any hepatitis A vaccine, or to individuals who have had an anaphylactic reaction to any component of VAQTA, including neomycin.

Select Safety Information continues on next page

See next page for your state's adolescent hepatitis A vaccination rates.

Low hepatitis A vaccination rates in the United States underscore the importance of vaccinating appropriate pediatric patients.

Estimated hepatitis A coverage by State for adolescents aged 13-17 years in the United States, 2016

State	1st & 2nd Dose (%)	State	1st & 2nd Dose (%)	State	1st & 2nd Dose (%)
Alabama	61.9 48.2	Kentucky	49.4 38.1	North Dakota	78.5 67.1
Alaska	92.5 90.4	Louisiana	43.6 29.5	Ohio	59 49.6
Arizona	84.5 74.6	Maine	75.9 64	Oklahoma	92.8 90.2
Arkansas	64.8 44.8	Maryland	69.1 60.3	Oregon	89 79.1
California	89.1 60.5	Massachusetts	53 42.8	Pennsylvania	74.6 67.7
Colorado	82.4 70.2	Michigan	81.1 72.3	Rhode Island	79.1 68.7
Connecticut	65.5 62.3	Minnesota	70 54.5	South Carolina	27.8 15.8
Delaware	73.3 63.7	Mississippi	40.6 30	South Dakota	60.6 51.1
Washington, DC	87.6 81.7	Missouri	64.9 53.7	Tennessee	78.9 67.7
Florida	65 57	Montana	67.7 56.7	Texas	83.9 74.8
Georgia	79.8 68.5	Nebraska	67.5 56.7	Utah	86.8 80.3
Hawaii	84.5 73.4	Nevada	94 87.9	Vermont	56.3 43.3
Idaho	81.9 73.7	New Hampshire	64.1 55.4	Virginia	67.7 57.2
Illinois	68.6 62.1	New Jersey	82.4 72.7	Washington	83.1 73.9
Indiana	63.7 51.1	New Mexico	86.3 76.5	West Virginia	45.7 32.5
Iowa	62.1 51.2	New York	73.5 65.8	Wisconsin	59.4 50
Kansas	73.1 60.5	North Carolina	76.6 66.5	Wyoming	64.8 52.1

Select Safety Information *(continued)*

The vial stopper and the syringe plunger stopper and tip cap contain dry latex rubber that may cause allergic reactions in latex-sensitive individuals.

The most common local adverse reactions and systemic adverse events (≥15%) reported in different clinical trials across different age groups when VAQTA was administered alone or concomitantly were:

- Children 12 through 23 months of age: injection-site pain/tenderness (37.0%), injection-site erythema (21.2%), and fever (16.4% when administered alone, and 27.0% when administered concomitantly).
- Children/Adolescents 2 through 18 years of age: injection-site pain (18.7%).

Safety and effectiveness in infants below 12 months of age have not been established.

Immunocompromised persons, including individuals receiving immunosuppressive therapy, may have a diminished immune response to VAQTA and may not be protected against HAV infection after vaccination.

Hepatitis A virus has a relatively long incubation period (approximately 20 to 50 days). VAQTA may not prevent hepatitis A infection in individuals who have an unrecognized hepatitis A infection at the time of vaccination.

In clinical trials in children, VAQTA was concomitantly administered with one or more of the following US-licensed vaccines: Measles, Mumps, and Rubella Virus Vaccine, Live; Varicella Vaccine, Live; Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adsorbed; Measles, Mumps, Rubella, and Varicella Vaccine, Live; Pneumococcal 7-valent Conjugate Vaccine; and Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate). Safety and immunogenicity were similar for concomitantly administered vaccines compared to separately administered vaccines.

The total duration of the protective effect of VAQTA in healthy vaccinees is unknown at present.

Vaccination with VAQTA may not result in a protective response in all susceptible vaccinees.

Before administering VAQTA, please read the accompanying Prescribing Information.

References: 1. Centers for Disease Control and Prevention. Prevention of hepatitis A virus infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020. *Morb Mortal Wkly Rep.* 2020;69(5):1–38. **2.** Centers for Disease Control and Prevention. Recommended child and adolescent immunization schedule for ages 18 years or younger, United States, 2021. https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Accessed February 11, 2021 **3.** Nelson NP, Yankey D, Singleton JA, et al. Hepatitis A vaccination coverage among adolescents (13-17 years) in the United States, 2008-2016. *Vaccine*. 2018;36(12):1650-1659. doi:10.1016/j.vaccine.2018.01.090 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5895091/

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VAQTA® (HEPATITIS A VACCINE, INACTIVATED)