Hepatitis A

Schedule

Currently, four inactivated vaccines against HAV are internationally available. All four vaccines are safe and effective, with long-lasting protection. None of the vaccines are licensed for children less than one year of age.

The (HAV) vaccines are given parenterally, as a two-dose series, 6-18 months apart. The dose of vaccine, vaccination schedule, ages for which the vaccine is licensed, and whether there is a paediatric and adult formulation varies from manufacturer to manufacturer.


Vaccine Administration

Hepatitis A vaccine may be administered with all other vaccines included in the Expanded Programme on Immunization and with vaccines commonly given for travel. Concurrent administration of immune serum globulin does not appear to influence significantly the formation of protective antibodies.

Contraindications to hepatitis A vaccination include a known allergy to any of the vaccine components.

Outbreak Control

The use of hepatitis A vaccine to control community-wide outbreaks has been most successful in small, self-contained communities, when vaccination is started early in the course of the outbreak, and when high coverage of multiple-age cohorts is achieved. Vaccination efforts should be supplemented by health education and improved sanitation.
Surveillance of Vaccine Preventable Disease

Recommended types of surveillance for acute viral hepatitis:
- Routine monthly reporting of aggregated data on suspected cases, and, if available, the number of confirmed cases of each type of hepatitis should be reported from the peripheral level to the intermediate and central levels.
- Designated reporting sites at all levels should report at a specified frequency (e.g. weekly or monthly) even if there are zero cases (often referred to as “zero reporting”).

WHO-recommended standards for surveillance of selected vaccine-preventable diseases

Research

Post-marketing surveillance studies are needed to monitor vaccine-induced long-term protection, and to determine the need for booster doses of vaccine.

Introduction of Vaccines

The results of appropriate epidemiological and cost-benefit studies should be carefully considered before deciding on national policies concerning immunization against hepatitis A. As part of this decision process, the public health impact of hepatitis A should be weighed against the impact of other vaccine-preventable infections, including diseases caused by hepatitis B, Haemophilus influenzae type b, rubella and yellow fever.
In countries highly endemic for hepatitis A, almost all persons are infected in childhood with the virus without showing symptoms, effectively preventing clinical hepatitis A in adolescents and adults. In these countries, large-scale vaccination programmes are not recommended.

In countries of intermediate disease endemicity, where a relatively large proportion of the adult population is susceptible to HAV, and where hepatitis A represents a significant public health burden, large-scale childhood vaccination may be considered as a supplement to health education and improved sanitation.

In regions of low disease endemicity, vaccination against hepatitis A is indicated for individuals with increased risk of contracting the infection, such as travellers to areas of intermediate or high endemicity.

The decision to include hepatitis A vaccine in routine childhood immunization services should be made in the context of the full range of immunization interventions available. This includes hepatitis B, Hib, rubella and yellow fever, and, in the near future, pneumococcal vaccines, all of which are likely to have a more profound public health impact.