

Hepatitis A Post-Exposure Prophylaxis


Making a Decision

Did the person have *close contact*¹ with a confirmed Hepatitis A case?

If **NO**, no PEP required. 

If **YES**, continue.

Did the close contact occur 14 or fewer days ago?

If **NO**, outside of window of effectiveness, no PEP required for this exposure. If person may be at ongoing risk and not previously vaccinated, may vaccinate to prevent disease from future exposure. 

If **YES**, continue.

What is the person's age?

If < 12 months old, consult with RMO* and administer IG only (no vaccine). Requires delay of MMR and varicella vaccines by at least 3 months. 

If ≥ 12 months old, continue.

Is the person co-infected with HIV?

If **YES**, consult with RMO; administer IG and vaccine (regardless of vaccination status). 

If **NO**, continue.

Is the person a stem cell transplant patient who has not been vaccinated post transplant (regardless of vaccination status pre-transplant)?


If **YES**, consult with RMO; administer IG and vaccine. 

If **NO**, continue.

What is the person's hepatitis A vaccination history?

Completely vaccinated

Has had 2 doses

No PEP required except in special cases described above. 

Recent history of incomplete vaccination

Has had 1 dose ≤ 6 months prior to exposure

No vaccine provided for outbreak protection by public health. May complete series with provider once 6 months from first dose has passed.

Continue to determine if IG is recommended.

Distant history of incomplete vaccination

Has had 1 dose >6 months prior to exposure

Administer hepatitis A vaccine to complete series.

Continue to determine if IG also recommended.

No documented immunization history

Administer hepatitis A vaccine as soon as possible.

Instruct patient to obtain a second dose in 6 months to complete the series and acquire lifelong immunity.

Continue to determine if IG also recommended.

Does the person have chronic liver disease²?

If **YES**, consult with RMO; administer IG. 

If **NO**, continue.

Is the person otherwise immunocompromised³?

If **YES**, consult with RMO; administer IG. 

If **NO**, continue.

Is this person ≥ 40 years old?

If **YES**, consult with RMO; IG decision will depend on IG availability for those 40-59; IG will be recommended for those 60+ years old.

If **NO**, IG not recommended.

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Defining Terms

1. What counts as “close contact”?

- Spent the night in the home of a case
- Ate food directly handled (without gloves) by a case
- Had sexual contact with a case
- Shared drugs or drug equipment (injection or non-injection) with a case
- Provided care for a case (excluding healthcare personnel using appropriate infection prevention precautions)
- Worked as a food handler in an establishment where a fellow food handler was a case
- Attended or worked in a child care center where
 - a staff member was a case or
 - an attendee was a case or
 - cases were diagnosed in 2 or more households of attendees
- Household member of a childcare attendee (in diapers) when 4 or more cases have been identified at the childcare facility
- Lives or works in a corrections facility or ward, homeless shelter, psychiatric facility, group home, or residential facility for the disabled (or any setting where close contact occurs regularly and hygiene standards are difficult to maintain)

2. What is included with chronic liver disease?

- Hepatitis B virus infection
- Hepatitis C virus infection
- Cirrhosis from any cause
- Fatty liver disease (hepatic steatosis)
- Alcoholic liver disease
- Autoimmune hepatitis
- Alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal or persistently elevated for 6 months

3. What counts as immunocompromised?

- Congenital or acquired immunodeficiency
- HIV infection
- Chronic renal failure/undergoing hemodialysis
- Received solid organ, bone marrow, or stem cell transplants
- Iatrogenic immunosuppression (e.g., diseases requiring treatment with immunosuppressive drugs/biologics, such as TNF-alpha inhibitors), including long-term systemic corticosteroids and radiation therapy. Immune status relative to the dose of immunosuppressive drugs should be assessed by the provider.
- Are otherwise less capable of developing a normal response to immunization (e.g., persons with diabetes mellitus or elderly)