

Proposed Recommendation

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Advisory Committee on Immunization Practices

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Question

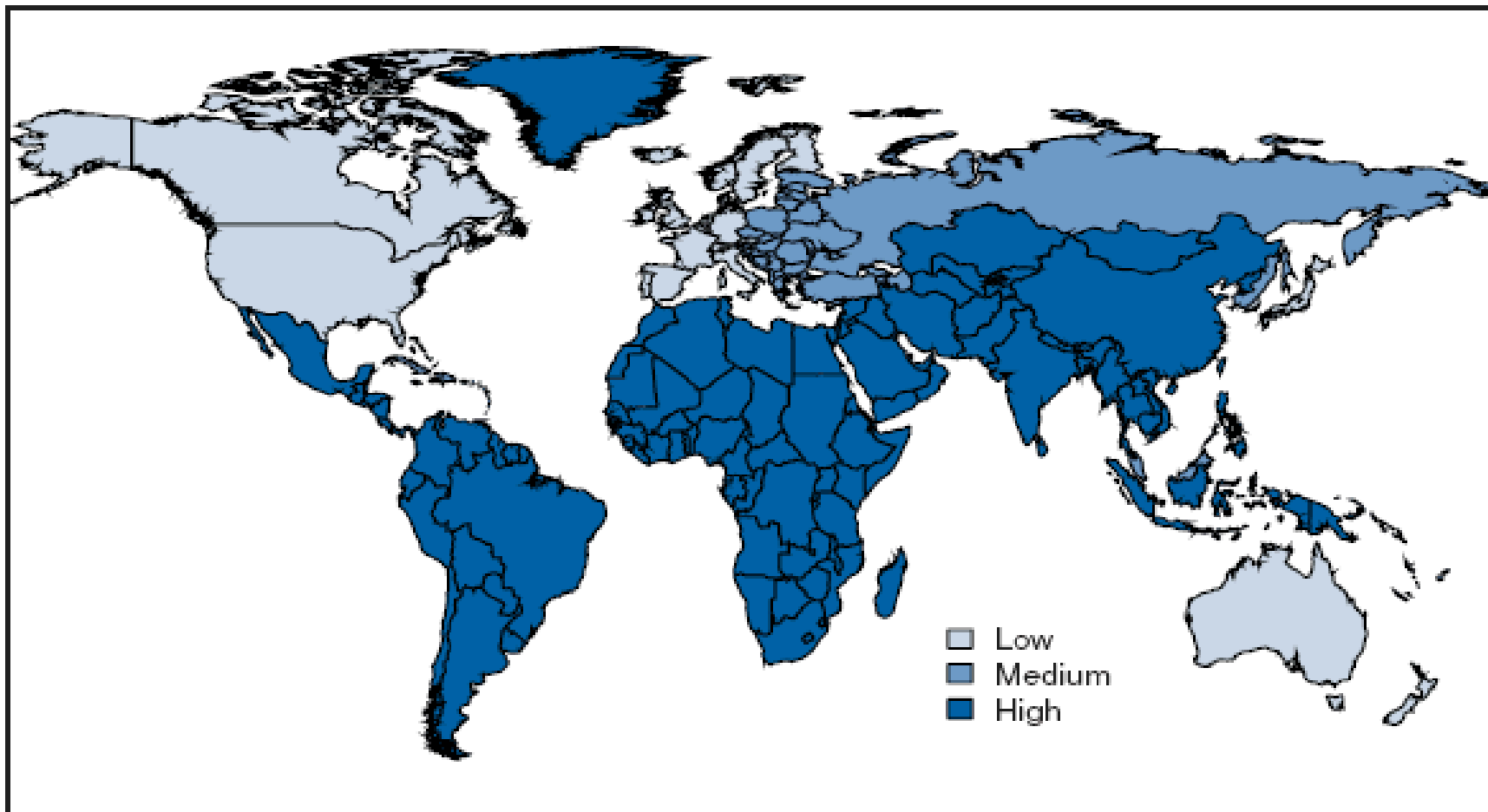
Should current ACIP guidelines include hepatitis A pre-exposure prophylaxis for non-traveling contacts of international adoptees from areas of high and intermediate hepatitis A virus endemicity?

Current recommendation covering prospective adoptive parents traveling to foreign countries

“All susceptible persons traveling to or working in countries that have high or intermediate hepatitis A endemicity should be vaccinated or receive IG before departure.”

(MMWR, 2006/Vol.55/No. RR-7)

FIGURE 4. Geographic distribution of hepatitis A endemicity, 2005*



* For multiple countries, estimates of prevalence of antibody to hepatitis A virus (anti-HAV), a marker of previous HAV infection, are based on limited data and might not reflect current prevalence. In addition, anti-HAV prevalence might vary within countries by subpopulation and locality. As used on this map, the terms “high,” “medium,” and “low” endemicity reflect available evidence of how widespread infection is within each country rather than precise quantitative assessments.

Option 1

Recommend hepatitis A vaccination for all previously unvaccinated non-traveling persons who anticipate having close personal contact with an international adoptee, within 60 days of arrival of the adoptee in the US, when the adoptee is from a country of high or intermediate endemicity and under age 6 years

Option 2

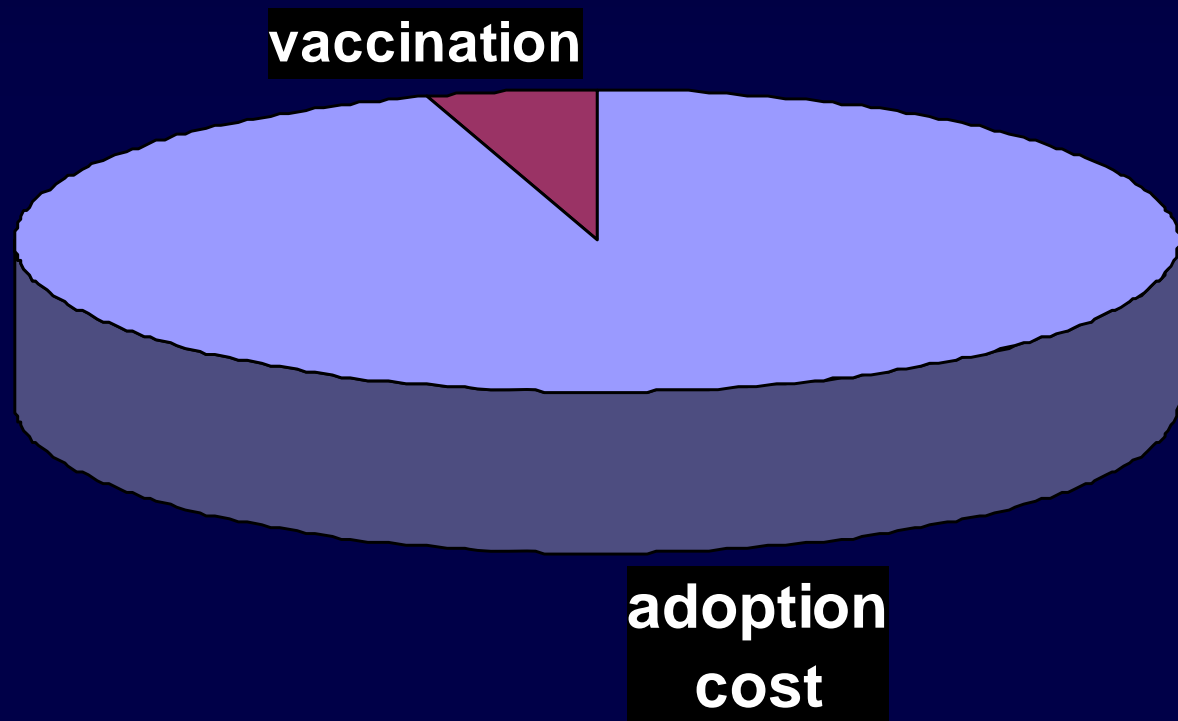
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Feasibility

Partners are needed to facilitate provider awareness and vaccine uptake among parents:

- US Department of State
- Adoption clinics
- Adoption agencies
- Travel agencies
- American Academy of Pediatrics
- American Academy of Family Physicians

Contribution of Vaccination of Contacts (n=7) to Cost of Adoption



Adoption costs: ~ \$20,000

Hepatitis A vaccination, 2 doses plus administration fee: \$140

Option 1

Contacts of adoptees <6 years

Advantages:

- Children <6 years likely to be non-jaundiced (~70%)
- HAV transmission efficient; high attack rates in susceptible close contacts
- $\geq 85\%$ of international adoptees are <6 years
- Less costly than recommending hepatitis A vaccine for contacts of all-aged adoptees

Disadvantages:

- Will not prevent cases associated with older adoptees
- Recommendation for target age group may be more difficult to implement

Option 2

Contacts of all ages of adoptees

Advantages:

- Acute hepatitis A infection can occur in any age group
- $\geq 20\%$ not jaundiced with acute infection
- Patients are infectious prior to onset of jaundice
- All-age recommendation easier to implement
- Would prevent cases associated with older adoptees

Disadvantages:

- ~15% increased vaccination costs
- Older adoptees more likely to be immune to hepatitis A; are less likely to have asymptomatic infection

Definition of “Close Personal Contact” (proposed)

- *Close personal contact.* Hepatitis A vaccine should be administered to all previously unvaccinated household contacts and to persons with other types of close personal contact (e.g., regular babysitting) with adoptees from countries of high or intermediate endemicity of hepatitis A.

Language of Recommendation

HepA vaccination for contacts of international adoptees (all ages)

When an adoption is planned for a child from a country of high or intermediate endemicity, persons who will have close personal contact with the adoptee during the first 60 days following arrival of the adoptee in the US should be identified.

Hepatitis A vaccination is recommended for all previously unvaccinated persons who anticipate close personal contacts with an international adoptee from countries of high and intermediate endemicity during the first 60 days following arrival in the US.

The first dose of hepatitis A vaccine should be administered as soon as adoption is planned. Ideally, first dose of hepatitis A vaccine should be administered at least two weeks prior to the arrival of the adoptee.

(refers to preexisting recommendations for travelers and postexposure prophylaxis)

- Prevacination testing is not indicated for the vaccination of children or young adults but might be warranted for older adults (see *Prevaccination Serologic Testing for susceptibility*). **MMWR 2006;55(RR-7):15**

Proposed dissemination

- Publication as a “Notice to Readers” in MMWR Weekly
 - Will include current travel-related recommendation
 - Will include language for close personal contacts