

SUPPLEMENTARY TEXT 2. Provider Guidance for Preexposure Protection for Travelers aged ≥ 12 months

Hepatitis A vaccination at the age-appropriate dose is preferred to IG. One dose of single-antigen HepA vaccine administered at any time before departure can provide adequate protection for most healthy persons. However, single-dose long-term protection data are limited and no data are available for other populations or other HepA vaccine formulations (e.g., Twinrix). For unvaccinated persons, the first dose of HepA vaccine should be administered as soon as travel is considered. The second dose should be administered according to the licensed schedule to complete the series. Travelers who have received a single dose of single-antigen HepA vaccine ≥ 6 months previously can receive a second dose of HepA vaccine to complete the vaccine series. Travelers who have received a single dose of single-antigen HepA vaccine within the previous 6 months do not need an additional dose for travel. An alternate, accelerated 4-dose schedule is available for Twinrix; doses can be administered at 0, 7, and 21–30 days, followed by a dose at 12 months(1).

Patient characteristics associated with more severe manifestations of hepatitis A infection, the ability of the patient to develop protective level of antibodies after receipt of HepA vaccine, the magnitude of the risk for HAV transmission from the exposure (e.g., endemicity of HepA in the area of travel), and availability of IG and vaccine should be considered in decisions to use IG in addition to vaccine for persons aged >40 years, immunocompromised persons, and persons with chronic liver disease (2). Pregnant women who have a specific risk (e.g., international travel) are recommended to receive the HepA vaccine (3). In addition to HepA vaccine, IG can be administered with consideration of the likelihood of HAV exposure during pregnancy (4).

References

1. Centers for Disease Control and Prevention (CDC). FDA approval for a combined hepatitis A and B vaccine. MMWR Morb Mortal Wkly Rep. 2001 Sep 21;50(37):806-7.

2. Link-Gelles R, Hofmeister MG, Nelson NP. Use of hepatitis A vaccine for post-exposure prophylaxis in individuals over 40 years of age: A systematic review of published studies and recommendations for vaccine use. *Vaccine* 2018;36:2745–50.
3. Recommended Immunization Schedule for Adults Aged 19 Years or Older by Medical Conditions and Other Indications, United States, 2018.
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult-conditions.html#f8>.
4. Advisory Committee on Immunization Practices (ACIP)., Fiore AE, Wasley A, Bell BP. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep.* 2006 May 19;55(RR-7):1–23.