**Chicago Department of Public Health (CDPH) Hepatitis A Vaccination Programs for**

**Emergency Departments (ED): Frequently Asked Questions (FAQs)**

1. How do we receive hepatitis A vaccines from the health department?
2. How should patients be screened for hepatitis A risk factors?
3. Who is eligible to receive public vaccine during the Hepatitis A Outbreak?
4. How do we enroll our ED in I-CARE immunization registry?
5. What is the status of public vaccine availability to ED sites?
6. What is the status of private vaccine availability ED sites?
7. Will the ED need to provide the second dose of hepatitis A vaccine in 6 months?
8. Who do ED sites call if there are difficulties ordering or obtaining adequate vaccine doses?
9. Should hospitals be screening and vaccinating in-patients with at-risk conditions?

**1. How do we receive public hepatitis A vaccines from CDPH?**

If your hospital is already receiving publicly purchased vaccines (i.e. birth dose hepatitis B vaccine, vaccines in the pharmacy) then a refrigerator has already been certified to receive public vaccines. Vaccine could be shipped to this location, to be stored alongside other vaccines in your pharmacy, and then safely transported to and administered in the ED. CDPH refrigerator temperature logs are attached with additional instructions. Please contact the Chicago Department of Public Health (CDPH) Immunization Program at [ChicagoVFC@cityofchicago.org](mailto:vaccine@cityofchicago.org) or 312-746-9330 with any additional questions.

**2. How should patients be screened for hepatitis A risk factors?**

CDPH recommends universal screening of ED patients in Chicago to identify and vaccinate high-risk patients during their ED visit. If the patient’s history includes any of the following risk factors and there are no signs or symptoms of acute hepatitis A infection then vaccination should be strongly encouraged:

A. Men who have sex with men (MSM)

B. People who use drugs (injection and non-injection)

C. People experiencing homelessness, or unstable housing

D. People who are currently or were recently incarcerated

E. People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C

Each site will need to determine how best to integrate universal screening into patient assessment and staff/provider work flow. One consideration that worked well in San Diego County is the use of standing orders that allow triage nurses to screen and vaccinate individuals while waiting to be seen by the ED provider. Other hospitals have opted for ED provider-based screening and vaccination integrated into patient assessment. CDPH is available for consultation on these processes as needed. The above risk factors may change depending on the epidemiology on hepatitis A cases in Chicago. CDPH will contact you as updated guidance becomes available.

**3. Who is eligible to receive public hepatitis A vaccine at this time?**

Use of public vaccine is reserved for eligible patients – those age 19 years and older and are uninsured or underinsured. High-risk patients with Medicaid or private health insurance that covers vaccination are not eligible for public vaccine; they should be vaccinated with the ED’s private vaccine stock. ACIP currently recommends increasing vaccination coverage among all at-risk groups.

Please note, if the insurance status of a high-risk patient is undetermined, CDPH recommends using public vaccine to ensure that high-risk patients are vaccinated.

**4. How do we enroll our ED in I-CARE (Illinois Comprehensive Automated Immunization Registry Exchange) and is it required?**

We recommend assigning ED staff members (1 per shift) to look up and/or enter vaccination information into I-CARE. Someone in your organization is enrolled in the Chicago Vaccines for Children (VFC) Program which has required I-CARE entry for vaccines. Contact [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) to expedite I-CARE accounts for selected staff members or inquire about whom in your organization has access already. If I-CARE entry is not immediately possible, consider creating another system to record patient vaccination information in your electronic medical record (EMR) to avoid duplicate vaccine doses and protect vaccine supply. Do not wait for I-CARE access to start administering hepatitis A vaccine.

**5. What is the status of public hepatitis A vaccine availability to ED sites?**

Currently, there are no vaccine supply constraints and CDPH is working with CDC to prioritize high-risk individuals for vaccination. Additional vaccine can be requested at [ChicagoVFC@cityofchicago.org](mailto:vaccine@cityofchicago.org). ED sites are encouraged to report all public vaccine doses in I-CARE.

**6. What is the status of private hepatitis A vaccine availability to ED sites?**

ED sites should have the capacity to order private hepatitis A vaccine directly from GlaxoSmithKline (GSK) and Merck. GSK may limit the quantity of supply ordered to 400 doses per order, but will not limit the number of times ED sites order. Merck may not have the desired presentation, but should have ample supply of vaccine. CDPH recommends hospitals contact the manufacturer directly via website or calling to place orders. Vaccine allocations are being managed by the manufacturers and distributors may not have an inventory.

* GSK: 1-888-825-5249

<https://gsksource.com/pharma/content/gsk/source/us/en/global/corporate/resources/vaccines.html>

* Merck: 1-800-672-6372

<https://www.merckvaccines.com/Products/Vaqta/Pages/home>

For “worried well” patients who are concerned about their risk of getting hepatitis A yet have no known exposure or risk factors, referral to their healthcare provider for discussion is appropriate. When vaccine supply improves, revised guidance will be provided regarding vaccination of low risk patients. Education about risk factors, monitoring for signs and symptoms of hepatitis A, and vaccine availability is beneficial for low risk patients.

Again, if you accept public vaccine from CDPH, universal screening of patients within the ED should be implemented immediately and vaccination provided to high-risk patients. CDPH is recommending that high-risk patients are vaccinated in the ED and NOT referred elsewhere for vaccination.