

Hepatitis A Vaccination Programs for Hospitals and Emergency Departments (ED): Frequently Asked Questions (FAQs)

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If we are not currently enrolled to receive public hepatitis A vaccine, how can we quickly receive hepatitis A vaccines?

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 then safely transported and administered in the ED until a refrigerator in the ED can be certified. To discuss possible options please contact the Michigan Department of Health and Human Services (MDHHS) Division of Immunization at 517-335-8159.

How do we enroll our ED in to the MI Adult Vaccine Program (MI-AVP) and the MI Care Improvement Registry (MCIR)?

The steps to become an MI-AVP program so that public vaccine can be ordered and administered through the ED are as follows:

1. Call the MDHHS Vaccines for Children (VFC) program at 517-335-8159.
2. Schedule a site visit by MDHHS VFC program staff to verify vaccine storage and handling are adequate and the refrigerator maintains appropriate temperatures.
3. The visiting VFC staff member will refer the site to MDHHS MCIR Regional staff for enrollment and training on vaccine dose reporting. Sites are required to have MCIR inventory set up for public vaccine and to report all public doses administered to MCIR.

Reporting is preferred through automatic EMR transfer, but can be completed using a paper form that is manually entered into MCIR.

4. Once MI-AVP and MCIR enrollment are complete, both are activated by MDHHS and the site is permitted to order public vaccine using MCIR online; vaccine will be directly shipped to the site.

How should patients be screened for hepatitis A risk factors?

MDHHS recommends universal screening of ED patients in outbreak jurisdictions 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:

- Persons who use injection and non-injection illicit drugs.
- Men who have sex with men.
- Persons who are homeless.
- Persons with chronic liver disease, such as 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. MDHHS and local health departments (LHDs) are available for consultation on these processes as needed.

MDHHS has developed an infographic to assist with hepatitis A risk assessment and screening titled: [Emergency Department Evaluation and Management of Patients at High Risk for Hepatitis A](#). This infographic is also available on the outbreak website www.mi.gov/hepatitisAoutbreak.

Who is eligible to receive public vaccine during the Hepatitis A Outbreak?

Use of the public vaccine is reserved for eligible patients – those who are 19 years and older and are uninsured or underinsured. 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.

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

What is the status of public vaccine availability to ED sites?

Currently, there are national vaccine supply constraints and MDHHS is working with CDC to prioritize high-risk individuals for vaccination. Once enrolled, ED sites are encouraged to order a quantity of public vaccine through MCIR based on an estimated number of eligible, high-risk

patients seen in the ED. There is not a limit to the amount that can be ordered and VFC program staff are available to assist institutions with all aspects of placing an order.

Note that all MI-AVP programs including ED sites are required to report all public vaccine doses in MCIR.

What is the status of private vaccine availability 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. MDHHS recommends hospitals contact the manufacturer directly via website or calling to place orders.

- GSK
 - <https://gsksource.com/pharma/content/gsk/source/us/en/global/corporate/resources/vaccines.html>
 - 1-888-825-5249
- Merck
 - <https://www.merckvaccines.com/Products/Vaqta/Pages/home>
 - 1-800-672-6372

Vaccine allocations are being managed by the manufacturers and distributors may not have an inventory.

Private vaccine stock should be used for patients with Medicaid or private/commercial health insurance that includes vaccination coverage. For services in the ED, the Outpatient Prospective Payment System (OPPS) is the payment methodology used. As part of the OPPS listing, HCPC code 90632 (Havrix) has a CMS Status Indicator (SI) of “N” which means the service is bundled into other services. Michigan Medicaid will pay \$7 for HCPC code 90471 (vaccine administration) as it is listed on the Michigan Wrap List and is paid outside of the CMS OPPS fee scheduled. (Please contact MDHHS Division of Immunizations 517-335-8159 with billing/reimbursement issues.)

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 or the LHD 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, universal screening of patients within the ED should be implemented immediately and vaccination provided to high-risk patients. MDHHS is recommending that high-risk patients are vaccinated in the ED and NOT referred elsewhere for vaccination.

Will the ED need to provide the second dose of hepatitis A vaccine in 6 months?

MDHHS is currently recommending administration of the first dose only to protect individuals against the Southeast Michigan outbreak. One dose of hepatitis A vaccine is 90-95% effective. MDHHS is currently deferring the second dose due to supply constraints.

ED providers should reassure patients about the efficacy of one dose and provide patients with documentation of the date of their first dose. Patients should be referred to their primary care provider, local pharmacy, or LHD to complete the hepatitis A series once MDHHS issues a statement that supply is again adequate. There is no reduction in efficacy of the vaccine if the patient's second dose is delayed.

Who do ED sites call if there are difficulties ordering or obtaining adequate vaccine doses?

If sites experience difficulty enrolling in MI-AVP/MCIR, obtaining hepatitis A vaccine doses once enrolled, or receiving reimbursement from Medicaid or other insurances billed for vaccine administration, please notify the MDHHS Division of Immunization at 517-335-8159 to assist with troubleshooting.

Should hospitals be screening and vaccinating admitted patients with risk factors for hepatitis A?

Hospitals should make every attempt to assure all admitted patients be screened for the same risk factors previously listed and vaccinated with hepatitis A vaccine. Insurance should be billed for those with insurance coverage and for those who do not have insurance coverage public vaccine should be used.