

Question 1 – Week of August 5

Which one of the following statements about Hepatitis A Virus (HAV) is FALSE?

- A. The primary route of HAV is the fecal – oral route, by either person-to-person contact or ingestion of contaminated food or water.
- B. The rate of symptoms is high in adolescents and adults.
- C. HAV vaccine is not recommended for postexposure prophylaxis against HAV infection due to lack of efficacy.
- D. The elderly and persons with chronic liver disease and HIV infection have increased morbidity and high risk of acute liver failure.
- E. Infection with HAV does not lead to chronic infection.

Answer: C

In June 2007, HAV vaccine was approved for use in postexposure prophylaxis of immunocompetent persons, age 12 months to 40 years without chronic liver disease¹. This new indication for the HAV vaccine was based on the results of a study that compared the efficacy of the HAV vaccine with that of IG for postexposure prophylaxis against HAV infection. The rates of clinical infection were low in both groups, with clinical hepatitis A developing in 4.4% of subjects in the vaccine group compared with 3.3% of those in the IG group. The ACIP guidelines allow persons who have recently been exposed to HAV and who have not been vaccinated previously to be given a single dose of single-antigen HAV vaccine or IG (0.02 mL/kg) as soon as possible, within 2 weeks of exposure².

Some of the benefits of the vaccine include long-term immunity if a second dose of the vaccine is administered in accordance with the standard vaccine schedule as well as cost savings and wide availability compared with IG.

References:

1. Centers of Disease Control and Prevention: Prevention of hepatitis A after exposure to hepatitis A virus and in international travelers. *MMWR* 2007;56:1080-4.
2. Victor JC, Monto AS, Tatiyana Y, et al. Hepatitis A Vaccine versus Immune Globulin for Postexposure Prophylaxis. *N Engl J Med* 2007;357:1685-1694.