**Rotavirus Vaccine Questions:**

**Is there a reason we should not repeat the rotavirus vaccine dose if it is spit up?**

The practitioner should not re-administer a dose of rotavirus vaccine to an infant who regurgitates, spits out, or vomits during or after administration of vaccine. No data exist on the benefits or risks associated with re-administering a dose. The infant should receive the remaining recommended doses of rotavirus vaccine following the routine schedule (with a 4-week minimum interval between doses). <https://www.cdc.gov/vaccines/pubs/pinkbook/rota.html#schedule>

**Why is the maximum age for rotavirus vaccine 8 months?**

When developing the recommendations for the maximum ages for doses, ACIP considered the vaccines' safety and efficacy data and also the effect that having the same or different maximum ages for the products would have on the ability of practitioners to follow the recommendations. After reviewing the options, ACIP considered that harmonization of the maximum ages for doses of the two vaccines, as presented in the recommendations, would be unlikely to affect the safety and efficacy of the vaccines and would be programmatically advantageous.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5802a1.htm>

**I frequently get questioned what Rotavirus tastes like?**

Rotarix (RV1) contains about 1 gram of sugar, and is said to have a pleasant taste. Rotateq (RV5) is cherry flavored.

**What was the placebo in the rotavirus vaccine study?**

Unfortunately, the package inserts for both RV1 and RV5 do not list what placebo was used.

**What is the best way to prevent rotavirus infection?**

The best way to prevent rotavirus transmission is to vaccinate your child. Other preventive steps include thoroughly washing hands after changing diapers, disinfecting contaminated objects or surfaces, and preventing contamination of food. <https://www.cdc.gov/rotavirus/index.html>

**Why is there a maximum age for 1st rotavirus vaccine**

When developing the recommendations for the maximum ages for doses, ACIP considered the vaccines' safety and efficacy data and also the effect that having the same or different maximum ages for the products would have on the ability of practitioners to follow the recommendations. After reviewing the options, ACIP considered that harmonization of the maximum ages for doses of the two vaccines, as presented in the recommendations, would be unlikely to affect the safety and efficacy of the vaccines and would be programmatically advantageous.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5802a1.htm>

**Hep A Vaccine Questions:**

**Does CDC have a projected date for when the revised hep A ACIP recommendations are going to be published?**

We do not have a publication date yet. However, the minutes from the February 2018 ACIP meeting when the revised recommendations were voted on can be viewed at <https://www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-2018-02-508.pdf>

**For a 6 month old international traveler who will be traveling to a country where hep A is endemic, is a pediatric dose appropriate?**

Yes. The infant should receive a pediatric dose of hepatitis A vaccine as soon as travel is planned, and then the infant should receive the full 2 dose series between 12-23 months of age, as long as the first dose is administered at least 5 months after the travel dose was administered. <https://www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-2018-02-508.pdf>

**If children are not vaccinated for hep A prior to age 19, is it recommended for all adults or only those adults with higher risk?**

Hepatitis A vaccination is recommended in adults aged 19 and older who are at increased risk for hepatitis A infection. This includes people who are international travelers, or work in areas with high or intermediate endemicity, close contacts with an international adoptee from a country of high or intermediate endemicity, men who have sex with men, persons who use illegal drugs, persons who have a clotting-factor disorder, persons with occupational risk, persons with chronic liver disease, and healthy adults who have recently been exposed to hepatitis A. <https://www.cdc.gov/hepatitis/hav/havfaq.htm>

**Can pregnant women who are hepatitis B carriers be vaccinated with hep A vaccine while pregnant? Or should they wait until after delivery?**

The safety of hep A vaccination during pregnancy has not been determined; however, because hep A vaccine is produced from inactivated hep A virus, the theoretic risk to the developing fetus is expected to be low. The risk associated with vaccination should be weighed against the risk for hep A in pregnant women who might be at high risk for exposure to hep A virus. <https://www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-2018-02-508.pdf>

**Please give the study that shows “no contraindications if given in pregnancy” for hep A vaccine.**

A study by Moro et al in 2014 on hep A vaccine safety during pregnancy found no pattern of adverse events in pregnant women or their infants following vaccination during pregnancy (Moro PL, Museru OI, Niu M, Lewis P, Broder K. Reports to the Vaccine Adverse Event Reporting System after hepatitis A and hepatitis AB vaccines in pregnant women. Am J Obstet Gynecol 2014;210:561 e561-566)

**You said that a pediatric dose of hep A administered to an adult does not count, and yet Twinrix contains a pediatric dose of hep a and can be administered to adults. Can you comment?**

The 3rd pediatric dose of hep A contained in Twinrix has been shown to provide full protection against hep A infection in adults. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>

**If adult hep A vaccine is not available, can 2 doses of pediatric hepA vaccine be given on the same date to an adult?**

Many providers want to lump two pediatric formulations to make an adult formulation, or they want to parse one adult formulation to make two pediatric formulations. We generally do NOT recommend this, but if an opportunity to vaccinate will be missed….And then there are other specific issues we get into on a case by case basis: if providers are going to lump, we don’t want them to combine in one syringe.  They must give two separate injections (an administrative practice issue). Lastly, after the fact (which is the most important issue to the provider) administering two parsed pediatric doses to make one adult dose has to occur on the same clinic day (before the clinic closes that day).  Because to give more would be to allow subsized doses. So to round out, we say we do not recommend this, but as long as certain practices are performed (above), it will be counted after the fact.

**If an individual is identified as a close contact of a known case and is unsure of their hep A vaccination history, what is the recommendation for prophylaxis? Are there any known adverse reactions if the person was in fact previously vaccinated?**

Serology can be performed on this person to determine if they have adequate protection against hep A virus. The risk for adverse events following vaccination for serologically positive persons is not higher than a serologically negative person. You can also contact your state or local health department for additional guidance. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm>

**How much thimerosol is in each hep vaccine?**

Havrix: None <https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM224555.pdf>

Vaqta: None <https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM110049.pdf>

Twinrix: None <https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM110079.pdf>

**Any recommendations on post-exposure prophylaxis after an outbreak situation? Also, any suggestions for pre exposure prophylaxis – if any.**

Factors to consider in deciding whether to initiate an outbreak-control vaccination program include the feasibility of rapidly vaccinating the target population of children, adolescents, or young adults, and program cost. Ongoing vaccination of children should be sustained to maintain high levels of immunity and prevent future epidemics. Hep A vaccines should be administered for post-exposure prophylaxis for all persons age ≥12 months. In addition to hep A vaccine, IG may be administered to persons age >40 years depending on the providers risk assessment. Please see <https://www.cdc.gov/hepatitis/hav/havfaq.htm#protection> for more information.

**For travelers aged 40 and over who need to travel within two weeks of the first dose of hepA vaccine: if your clinic doesn’t have IgG, where can the travelers go to receive it?**

Check with your state or local health department.

**Can you please clarify on the time span between the next (correct) dose if an Adult is given a pediatric hep A dose?**

6 months

**You mentioned hep A is only found in humans – this is fascinating – so is this virus normally found in feces? Or where does this virus come from?**

Humans are the only natural host, although several nonhuman primates have been infected in laboratory conditions. HAV usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected. Depending on conditions, HAV can be stable in the environment for months (<https://www.cdc.gov/vaccines/pubs/pinkbook/hepa.html>).

**Is hep A vaccine good for life? Or must it be repeated?**

The exact duration of protection after vaccination is unknown. Anti-HAV has been shown to persist for at least 20 years in adults administered inactivated vaccine as children with the three-dose schedule ([19](https://www.cdc.gov/hepatitis/hav/havfaq.htm#ref19)), and anti-HAV persistence of at least 20 years also was demonstrated among persons vaccinated with a two-dose schedule as adults (20). Detectable antibodies are estimated to persist for 40 years or longer based on mathematical modeling and anti-HAV kinetic studies. Serology can be performed to verify protective anti-HAV levels..

**If less than six months has elapsed between hep A doses in a child, should another dose be given and what should the spacing be between the previous dose and the final dose?**

ACIP recommends 2 doses of hepatitis A vaccination at least 6 months apart in children 12-23 months. Children who are not vaccinated by age 2 can be vaccinated at subsequent visits. They would also receive 2 doses at least 6 months apart. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>

**If somebody was sick with hep A, does this person still need the vaccine?**

Serology can be performed to verify protective anti-HAV levels. If positive, the person need not be vaccinated (see https://www.cdc.gov/hepatitis/hav/havfaq.htm#B13). <https://www.cdc.gov/hepatitis/hav/havfaq.htm#B13>

**General Questions**:

**How can I get a participation cert attendance? I am a MA and CEU’s don’t apply.**

You can find the instructions for applying for CE credit or a certificate of participation on the very last page of the course module, and also online at <https://tceols.cdc.gov/Home/Steps>. Note—You must manually register for the course in the CE system. The system is independent of the course site and won’t recognize that you’ve viewed the module. For troubleshooting technical issues, you will need to speak with TCEO administrators (they are the only people who have access to the system to be able to help you). You may email them at ce@cdc.gov or call 1-800-41-TRAIN (due to high volume, response times may be longer than expected). Please note the website has a troubleshooting section on their website (<https://tceols.cdc.gov/>) that addresses many of the problems users’ experience.