Rotavirus Vaccine Questions:

Has RV testing decreased since the vaccine introduction?

* Yes. A recent study showed reported rotavirus testing results during 2000–2018 demonstrated a decline in both rotavirus testing and percent positivity in the post-vaccine era compared with the pre-vaccine era. The number of rotavirus tests declined significantly by approximately one third in the post-vaccine era; the number of tests positive for rotavirus declined significantly by approximately 85% from the pre-vaccine era to the post-vaccine era. See [https://www.cdc.gov/mmwr/volumes/68/wr/mm6824a2.htm?s\_cid=mm6824a2\_w#F1\_down](https://www.cdc.gov/mmwr/volumes/68/wr/mm6824a2.htm?s_cid=mm6824a2_w)

What is your view on pediatricians who doesn't routinely give the rotavirus vaccine?

* ACIP recommends rotavirus vaccines for all children as long as there are no contraindications or precautions.

What about Rotavac vaccine which is being used in India?

* CDC cannot comment on vaccines used in other countries that are not approved by the FDA.

Why can't the vaccine be given after eight months?

* When developing the recommendations for the maximum ages for doses, the workgroup 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, the workgroup 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.

Is there a Rotavirus Vaccine for Adults?

* No. Rotavirus vaccine is not recommended after 8 months and 0 days.

Would it be safe to offer Rotavirus vaccine to infants born to mothers who used newer potentially (theoretically) immunocompromising biologics? If yes, should the administration timeline be altered?

* We suggest you consult with an infectious disease expert on this one, to weigh the risk/benefit of withholding/giving rotavirus vaccine in a child whose mom received these drugs during pregnancy.

Can Rota virus vaccine be combined with other vaccines?

* Yes. Rotavirus vaccine can be administered together with DTaP vaccine, Hib vaccine, IPV, hepatitis B vaccine, and pneumococcal conjugate vaccine. Available evidence suggests that rotavirus vaccine does not interfere with the immune response to these vaccines. The infant's immune response to influenza vaccine administered at the same time as rotavirus vaccine has not been studied. However, ACIP has recommended previously that an inactivated vaccine (e.g., inactivated influenza vaccine) may be administered either simultaneously or at any time before or after a different inactivated vaccine or live vaccine.

Is there a proposed mechanism for why the Rotavirus vaccine is associated with an increased risk of intussusception?

* Available data do not indicate that RV5 or RV1 are associated with intussusception. A previously licensed rotavirus vaccine that is no longer available in the United States, RRV-TV, was associated with an increased risk for intussusception.

Hepatitis A Vaccine Questions:

For patients that have relapsing symptoms are they contagious again?

* Yes.

What if you started an adult with Twinrix but the supply is gone. How to continue with the separate hep a & hepb?

* If a person received their first dose of Twinrix, the series can be completed with 2 additional doses of either single antigen hepB vaccine appropriately spaced and 1 or 2 additional doses of single antigen hepA vaccine appropriately spaced, depending on the product used.

Do adults have to be vaccinated for Hepatitis A if they aren't high risk?

* A person may be vaccinated for Hepatitis A even if they do not report an identified risk for Hepatitis A infection.

Can MMR vaccine for babies traveling internationally be given at the same time as IG for hepatitis A?

* IG cannot be administered simultaneously with MMR vaccine because antibody-containing products such as IG can inhibit the immune response to measles and rubella vaccines for 3 months. However, because MMR vaccine is recommended for all infants aged 6–11 months traveling internationally from the United States and because measles in infancy is more severe than HAV infection in infancy, MMR vaccine should be administered preferentially to pre-exposure prophylaxis with IG for prevention of HAV infection. Administration of HepA vaccine (indication for off-label use) and MMR vaccine to infants aged 6–11 months provides protection against both HAV and measles and allows for simultaneous prophylactic administration. See <https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm>

Why has the IG dosing changed so much in recent years? Dose was 0.01 ml/kg verses now 0.1 ml/kg. This is a huge amount for an adult to receive.

* These changes were made because of concerns about decreased HAV immunoglobulin G antibody (anti-HAV IgG) potency, likely resulting from decreasing prevalence of previous HAV infection among plasma donors, leading to declining anti-HAV antibody levels in donor plasma. See <https://www.cdc.gov/mmwr/volumes/66/wr/mm6636a5.htm>

Is there a latex free Hepatitis A vaccine available for adults?

* Both Vaqta and Havrix vials and syringe plungers contain latex. If a patient has a latex allergy, then IG should be used post-exposure.

Please repeat the website for the Hepatitis A job aid. Thanks!

* <https://www.cdc.gov/vaccines/schedules/downloads/child/binational-schedule-pr.pdf>

Where is that Twinrix info found?

* <http://www.michigan.gov/documents/mdch/QuickLookUsingTwinrix091708_250029_7.pdf>

Can there be several years between doses given with Twinrix or Hep A?

* Yes. If there is an extended interval between Twinrix or HepA doses, you can resume the series and then follow the recommended intervals for the remaining dose(s).

If a person without risk asks for hep vaccine. may we give it?

* Yes, a person may be vaccinated for Hepatitis A and B even if they do not report an identified risk for Hepatitis A and B infections.

Miscellaneous questions:

If an immigrant did not have their vaccination record verified/certified and their PCP decided to accept the record- what should the follow-up be?

* Vaccines administered outside the U.S. can be accepted as valid if the schedule is similar to U.S. recommendations and there is written documentation of receipt of vaccines (except influenza and PPSV23). The series of each vaccine can be completed based on routine intervals as needed. If there is concern, the vaccinations can be repeated. This is a safe alternative and prevents the need for serologic testing, which can be costly.

What is the injection site recommended for a patient with bilateral mastectomies?

* The deltoid muscle is the preferred injection site for adult vaccines as long as there is adequate muscle mass.