

On protective immunization against hepatitis A

Hepatitis A is an acute liver inflammation, which is caused by infection with the hepatitis A virus (HAV). This pathogen is excreted in the stool of an infected person and can be transmitted to others by smear infection as well as via contaminated drinking water or via contaminated foods, e.g., shellfish.

If infection with HAV occurs in early childhood, it often runs its course undetected or with only mild symptoms. The older the infected persons are, the more pronounced the disease symptoms (fever, nausea, vomiting, abdominal pain, flu-like complaints, yellowing of the skin and conjunctiva [jaundice]) generally are. In contrast to hepatitis B, hepatitis A does not lead to a chronic liver inflammation. However, longer lasting disease courses (up to several months) can occur in adults. Only rarely does hepatitis A have a fatal outcome.

The number of hepatitis A cases in Germany and other industrialized nations has been declining in the last few decades. In these nations, for the most part only elderly people possess natural immunity due to an infection with the hepatitis A virus experienced in childhood.

Hepatitis A is still widespread in the majority of Southern and Eastern European countries as well as in all tropical and subtropical countries. It is therefore a good idea to protect oneself from the disease by getting a hepatitis A vaccination before traveling to these countries.

Groups of persons in Germany who are at risk due to their profession or lifestyle should be immunized against this disease by vaccination.

No specific treatment is available for hepatitis A. Timely protective immunization is the only means of protection against hepatitis A.

Vaccine

The hepatitis A vaccine contains killed hepatitis A viruses, which induce immunity in the vaccinated person. Vaccines are available for children and adults. Hepatitis A vaccines are administered twice in an interval of 6 to 18 months. Your doctor can tell you about when protective immunization starts and how long it lasts, and about any necessary booster vaccinations. The vaccine is administered by intramuscular injection. The vaccine for hepatitis A can be co-administered with other vaccines.

Who should get vaccinated?

1. Travelers to countries in which hepatitis A frequently occurs, especially if the hygienic requirements in terms of the food and water supply are inadequate. Your doctor will tell you the countries in which hepatitis A frequently occurs.
2. Persons who are at especially high risk of infection or who can transmit the disease to many other people due to their professions, e.g., personnel in health services (incl. laboratories, technical cleaning and rescue services, interns and students), personnel in mental institutions or care facilities, workshops for the disabled, personnel in refugee centers as well as other persons at risk of infection through contact with waste water, such as workers in sewage systems and sewage treatment plants, workers (incl. kitchen and cleaning staff) in daycare centers, children's homes, etc.
3. Persons who live in mental institutions or other kinds of care facilities.

4. Persons who are not immune to hepatitis A and who suffer from a chronic liver disease/disease with liver involvement or patients who receive frequent transfusions of blood or blood components (e.g., hemophiliacs). Persons whose sexual behavior puts them at high risk of infection.
5. Persons who have contact with hepatitis A patients. Routine immunization, especially in community facilities. Persons born before 1950 can first be given a blood test to determine whether they are already protected against hepatitis A. However, there is no harm in vaccinating patients without prior testing.

Who should not get vaccinated?

Anyone suffering from an acute disease with a fever that requires treatment should not get vaccinated; the vaccination can be given later, as soon as the disease symptoms have subsided. Pregnant women may be vaccinated after an individual risk-benefits assessment.

The vaccinator will advise you on the possibility of a hepatitis A vaccination if you have a known hypersensitivity to any of the components of the vaccine or if you experienced disease symptoms after a previous vaccination.

Behavior after the vaccination

The vaccinated person does not require any extra care, but should avoid unaccustomed physical activity for 3 days after the vaccination. Regarding persons with a tendency to cardiovascular reactions or with a known history of immediate hypersensitivity (type 1 allergies), the doctor should be informed accordingly before the vaccination.

Possible local and general reactions after the vaccination

Along with the desired immunity and the protection from the disease, after the vaccination ca. 4% of those vaccinated may experience redness or painful swelling at the vaccination site. This is an expression of the body's normal interaction with the vaccine and usually occurs within 1 to 3 days and seldom lasts for long. 1 to 10% of those vaccinated experience general symptoms such as a mild to moderate fever, chills, headaches and pain in the limbs, fatigue, as well as abdominal pain and gastrointestinal complaints. Elevated liver enzyme values are observed very rarely after the vaccination. As a rule the aforementioned reactions are temporary and subside rapidly without any further consequences.

Are vaccine complications possible?

Vaccine complications are very rare consequences of vaccination that go beyond the normal degree of a vaccine reaction. They have substantial adverse impacts on the health of the vaccinated person. In rare cases allergic skin reactions (such as hives, itching) due to a hypersensitivity to the vaccine may occur after a hepatitis A vaccination. After a short while these reactions subside. Very rarely observed is a condition known as Erythema multiforme: acute or recurring, usually symmetrically occurring papules on the skin, occasionally with mucous membrane involvement, also associated with fever and general symptoms. Central nervous system disorders or a drop in the platelet count have been reported around the time of a vaccination in rare, isolated cases. As a rule these conditions are temporary, and a causal relationship with the vaccination is questionable. Isolated cases of immediate allergic reactions (anaphylactic shock) have been described in the medical literature.

Advice by the vaccinator on possible side effects

As a supplement to this information leaflet, your doctor will propose an informational discussion to you. Obviously the vaccinator will also be available to you for advice if symptoms occur after a vaccination that go beyond the above-mentioned rapidly subsiding, temporary local and general reactions.

You can reach the vaccinator:

Disclaimer

The original version (OCT 2014) of the information leaflet was translated for the Robert Koch Institute with the kind permission of Deutsches Grünes Kreuz e.V. The German text is the authoritative version; no liability shall be accepted for any translation errors, nor for the up-to-dateness of the present translation in the event of any subsequent revisions to the German language original.

Name _____

Name

Protective vaccination against hepatitis A

Schutzimpfung gegen Hepatitis A

Enclosed you will find a fact sheet on the preventive vaccination against hepatitis A. It contains key information on the disease preventable by the vaccination, the vaccine, the vaccination and on vaccine reactions and possible vaccine complications.

Anliegend erhalten Sie ein Merkblatt über die Durchführung der Schutzimpfung gegen Hepatitis A. Darin sind die wesentlichen Angaben über die durch die Impfung vermeidbare Krankheit, den Impfstoff, die Impfung sowie über Impfreaktionen und mögliche Impfkomplicationen enthalten.

The following additional information will be requested before the vaccination:

Vor der Durchführung der Impfung wird zusätzlich um folgende Angaben gebeten:

1. Is the person getting vaccinated currently healthy?

Ist der Impfling gegenwärtig gesund?

Yes (Ja)

No (Nein)

2. Does the person getting vaccinated have any known allergies?

Ist bei dem Impfling eine Allergie bekannt?

Yes (Ja)

No (Nein)

If yes, specify _____

wenn ja, welche

3. Did the person getting vaccinated experience allergy symptoms, high fever, or other unusual reactions after a previous vaccination?

Traten bei dem Impfling nach einer früheren Impfung allergische Erscheinungen, hohes Fieber oder andere ungewöhnliche Reaktionen auf?

Yes (Ja)

No (Nein)

Ask the vaccinator if you would like more information on protective immunization against hepatitis A!

Falls Sie noch mehr über die Schutzimpfung gegen Hepatitis A wissen wollen, fragen Sie den Impfarzt!

Please bring your vaccination records when you come for your vaccination appointment!

Zum Impftermin bringen Sie bitte das Impfbuch mit!

Declaration of consent*Einverständniserklärung***to protective immunization against hepatitis A***zur Durchführung der Schutzimpfung gegen Hepatitis A*

Name of the person getting vaccinated _____

Name des Impflings

Date of birth _____

geb. am

I have read and understood the content of the fact sheet and my doctor explained the vaccination in detail to me during the discussion.

Ich habe den Inhalt des Merkblatts zur Kenntnis genommen und bin von meinem Arzt/meiner Ärztin im Gespräch ausführlich über die Impfung aufgeklärt worden.

I have no further questions.

Ich habe keine weiteren Fragen.

I give my consent to the proposed vaccination against hepatitis A.

Ich willige in die vorgeschlagene Impfung gegen Hepatitis A ein.

I refuse the vaccination. I have been informed of the possible disadvantages of refusing this vaccination.

Ich lehne die Impfung ab. Über mögliche Nachteile der Ablehnung dieser Impfung wurde ich informiert.

Notes *Vermerke* _____Place, date *Ort, Datum* __________
Vaccinated person's or
legal guardian's signature*Unterschrift des Impflings bzw. des Sorgeberechtigten*_____
Doctor's signature*Unterschrift des Arztes/der Ärztin*