

Hepatitis A Vaccination Guidance for Outbreak Prevention and Response

APPENDIX B: FIELD TEAMS

Hepatitis A strike teams background

Access to immunization services may be challenging for certain individuals involved in the hepatitis A outbreak. In the national outbreaks, populations at highest risk for HAV infections may be difficult to reach due to a variety of reasons, including behavioral health issues, disenfranchisement from the healthcare system, and lack of transportation. Health officials may need to provide post exposure prophylaxis or prevention activities through IG administration or hepatitis A vaccination on-site. Locations could include homeless shelters, in home vaccination, dining halls, and other non-typical vaccination sites.

Considerations for non-typical vaccination activities include transporting vaccine, staffing considerations, managing adequate supplies, and safety considerations.

Considerations for vaccination through field teams

Managing vaccination supplies

Supplies include office supplies, vaccine administration equipment, vaccine packing and storage, hygiene equipment, and emergency equipment. To make sure you have the necessary supplies, use the *Hepatitis A Vaccination Clinic Supply List* on Hepatitis A Outbreak Prevention and Response (www.health.state.mn.us/diseases/hepatitis/a/response.html).

Transport of hepatitis A vaccine

Vaccine should be delivered directly to the location where vaccination takes place whenever possible. If vaccine must be transported off-site from its main storage area, keep these key things in mind:

- Temperatures need to be monitored and recorded.
- Take action if the temperature goes out of range.
- Follow specific packing recommendations. Better yet, use portable refrigeration units whenever possible. Transport packing guidance can be found in CDC's Packing Vaccines for Transport during Emergencies (www.cdc.gov/vaccines/hcp/admin/storage/downloads/emergency-transport.pdf).
- Storing vaccine in a home refrigerator is not acceptable. If offsite, overnight storage is a frequent aspect of your vaccination program, use portable refrigeration units.
 - Options for portable refrigeration units can be found in the Oregon VFC Refrigerator & Freezer Guide (www.oregon.gov/oha/ph/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/vfc/Documents/VFCfridgefreezerguide.pdf).

Staffing

Team size will depend on the specific vaccine activity of the field team. The content of the field team needs to include expertise of those familiar with the population being served and those that can provide vaccination services. Partnering ahead with agencies that serve at-risk populations can facilitate recruitment for field work. Their familiarity with these clientele may be an avenue to broker trust.

A home visit would require a public health nurse (PHN) or nurse that can execute vaccine and anaphylaxis protocols, an outreach staff who regularly interact with the clientele that is being serviced, and a public safety officer when determined it is needed.

In settings in which larger vaccination activities are planned, additional nurses, as well as administrative staff need to be added.

Safety

In certain circumstances, a safety officer may be necessary. Follow agency guidance in determining when this is necessary.

Additional guidance

For more information, read the full *Hepatitis A Vaccination Guidance for Outbreak Prevention and Response* on Hepatitis A Outbreak Prevention and Response (www.health.state.mn.us/diseases/hepatitis/a/response.html).