

transmission of HBV, HCV, or HIV. When administered before exposure or during the early incubation period, IG is effective in preventing clinically apparent hepatitis A. For postexposure prophylaxis of intimate contacts (household, sexual, institutional) of persons with hepatitis A, the administration of 0.02 mL/kg is recommended as early after exposure as possible; it may be effective even when administered as late as 2 weeks after exposure. Prophylaxis is not necessary for those who have already received hepatitis A vaccine, for casual contacts (office, factory, school, or hospital), for most elderly persons, who are very likely to be immune, or for those known to have anti-HAV in their serum. By the time most common-source outbreaks of hepatitis A are recognized, it is usually too late in the incubation period for IG to be effective; however, prophylaxis may have limited the frequency of secondary cases. For travelers to tropical countries, developing countries, and other areas outside standard tourist routes, IG prophylaxis had been recommended before a vaccine became available.

Such IG recommendations for postexposure prophylaxis and for preexposure prophylaxis for international travel were updated in 2018. Currently, hepatitis A vaccine, not IG, is recommended for all persons aged ≥ 12 months for postexposure prophylaxis and for preexposure prophylaxis prior to international travel to HAV-endemic areas. For adults aged >40 , IG (at an upward revised dose of 0.1 mg/kg) may be added to postexposure hepatitis B vaccination depending on an assessment of the person's risk. Even though hepatitis A vaccine is indicated for children ≥ 12 months of age, when infants aged 6–11 months travel internationally to areas with a risk of HAV infection, they should receive the vaccine for preexposure prophylaxis; however, this travel-related dose should not be counted toward the universal childhood two-dose hepatitis A vaccine recommendation, which begins at age 12 months. For postexposure prophylaxis of persons with contraindications to hepatitis A vaccination and infants aged <12 months, the use of IG (0.1 mL/kg) should be retained. In addition, for postexposure prophylaxis in immunocompromised adults and persons with chronic liver disease, both hepatitis A vaccination and IG administration (0.1 mL/kg), at different IM sites, are recommended. Finally, for infants aged <6