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** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Hepatitis A Virus Outbreaks Continue among the Homeless and Persons who use Drugs

Action Requested:

- Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms; fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice.
- Exclude individuals you suspect or confirm as having hepatitis A from food handling, child care or healthcare, or attending school or child care until diarrhea resolves and it is 7 days from onset of jaundice, unless other restrictions apply
- Encourage persons exposed to hepatitis A who have not been vaccinated to receive a dose of single-antigen hepatitis A vaccine or immune globulin (IG) as soon as possible, **within 2 weeks after exposure**.
- Report suspect and confirmed cases to the local health department within 24 hours.
- Contact the health department to determine if it is necessary to save serum samples for additional testing to assist public health officials in the investigation of transmission.
- Encourage hepatitis A vaccination for homeless individuals.
- Encourage hepatitis A vaccination for persons who report drug use or other risk factors for hepatitis A.

Hepatitis A vaccination (2 doses at least 6 months apart) is recommended for the following groups:

- All children at age 1 year or older
- Persons who are at increased risk for infection:
 - Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A;
 - Men who have sex with men;
 - Persons who use injection and non-injection drugs;
 - Persons who have occupational risk for infection;
 - Persons who have chronic liver disease;
 - Persons who have clotting-factor disorders;
 - Household members and other close personal contacts or adopted children newly arriving from countries with high or intermediate hepatitis A endemicity; and
 - Persons with direct contact with persons who have hepatitis A.
- Persons who are at increased risk for complications from hepatitis A, including people with chronic liver diseases, such as hepatitis B or hepatitis C.
- Any person wishing to obtain immunity.

Post exposure prophylaxis (PEP) is recommended for susceptible individuals who have been exposed to hepatitis A virus in the last 2 weeks; individuals with evidence of previous vaccination do not require PEP. Post exposure prophylaxis includes:

- Hepatitis A vaccine for people aged ≥12 months
- Hepatitis A virus – specific Immune globulin (IG) for specific populations

Background

Since several large outbreaks of hepatitis A were identified in the U.S. 2016, more than 15,000 cases, 8,500 (57%) hospitalizations, and 140 deaths have been reported in 18 states, many in homeless populations and persons who use drugs. Washington State sees about 28 cases or 0.4 cases /100,000 population per year, most are travel related. Thurston County saw 3 cases in 2018.

The primary means of hepatitis A virus (HAV) transmission in the U.S. is person-to-person through the fecal-oral route. Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice. Average incubation period is 28 days, but illness can occur up to 50 days after exposure. A hepatitis A infected person can be viremic up to six weeks through their clinical course and excrete virus in stool for up to two weeks prior to



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becoming symptomatic, making identifying exposures difficult. Illness from hepatitis A is usually acute and self-limited. When this disease affects populations with already poor health (e.g., hepatitis B and C infections, chronic liver disease), infection can lead to serious outcomes, including death.

The best way to prevent hepatitis A infection is through vaccination. Responses to ongoing outbreaks have resulted in increased vaccine demand and usage, resulting in constrained supplies of the vaccine. CDC and vaccine manufactures continue closely monitoring supplies.

Large outbreaks of hepatitis A virus in persons who use drugs had not been seen in the US since the adoption of the recommendation for hepatitis A vaccination of persons who use injection and non-injection drugs in 1996. Outbreaks of hepatitis A infections among homeless persons have occurred in other countries but were not described in the US until the large outbreaks in 2016. Person-to-person transmission of HAV between persons who report drug use and/or homelessness can result from contaminated needles and other injection paraphernalia, specific sexual contact and practices, or from generally poor sanitary conditions. Transience, economic instability, limited access to healthcare, distrust of public officials and public messages, and the lack of contact information for follow-up makes the population difficult to reach for preventive services such as vaccination, use of sterile injection equipment, case management and contact tracing. These challenges make outbreaks among these groups difficult to control once they start.

Local Efforts

In December of 2018 the Olympia Free Medical Clinic, Thurston County Public Health and Social Services Department - Housing, Disease Control and Prevention, Medical Reserve Corp, and Providence Community Care Clinic partnered to begin outreach activities offering hepatitis A vaccinations to the homeless, persons who use drugs and individuals serving the homeless and drug using populations.

Resources:

CDC Hepatitis A Outbreaks - <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

CDC Vaccine recommendations for outbreaks - <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>

CDC June HAN Alert - <https://emergency.cdc.gov/han/han00412.asp>

CDC Outbreaks 2017, California, Kentucky, Michigan, and Utah.- <https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a3.htm>

CDC General hepatitis information - <https://www.cdc.gov/hepatitis/hav/index.htm>

DOH Notifiable Conditions and Posters - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions>

CDC Updated Dosing Instructions for Immune Globulin (Human) GamaSTAN S/D for Hepatitis A Virus Prophylaxis - <https://www.cdc.gov/mmwr/volumes/66/wr/mm6636a5.htm>

CDC Hepatitis A Outbreak resources - https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhepatitis%2Fhepaoutbreak%2Findex.htm

THANK YOU FOR REPORTING - WE COULD NOT DO THIS WITHOUT YOU

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Immediately and 24-hour reportable conditions or a public health emergency – during business hours	Call 360-867-2500 and ask staff to locate Communicable Disease staff
Immediately and 24-hour reportable conditions or a public health emergency – after business hours	Call 911 and ask staff to locate the Health Officer.
If no one is available with Thurston County Public Health and condition is immediately notifiable	Call 1-877-539-4344