

## Health Update:

Health Update  
April 9, 2019

### Widespread Outbreaks of Hepatitis A Among People Who Use Drugs and People Experiencing Homelessness across the United States

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This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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**SUBJECT: Update: Widespread Outbreaks of Hepatitis A Among People Who Use Drugs and People Experiencing Homelessness across the United States**

Distributed via the CDC Health Alert Network  
March 25, 2019 1330 ET (1:30 PM ET)  
CDCHAN-00418

#### Summary

\*\*\*The Missouri Department of Health and Senior Services (DHSS), in collaboration with local public health agencies (LPHAs), has been responding to an outbreak of hepatitis A that was first identified in September 2017. From September 1, 2017 through April 1, 2019, 275 cases have been identified, primarily among individuals with reported illicit drug use or with positive drug screening test results. Among these cases, 134 (49%) have been hospitalized and one death has been reported. Current outbreak information is updated weekly at [this website](https://health.mo.gov/living/healthcondiseases/communicable/hepatitisa/index.php#outbreak): <https://health.mo.gov/living/healthcondiseases/communicable/hepatitisa/index.php#outbreak>.\*\*\*

This CDC Health Alert Network (HAN) update (containing additional Missouri-specific information from DHSS, shown in red text) recommends that public health departments, healthcare facilities, and partners and programs providing services to affected populations vaccinate at-risk groups against hepatitis A, applying the updated recommendations of the Advisory Committee on Immunization Practices (ACIP).

This is an update to the CDC HAN advisory released on June 11, 2018, titled *Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness* (<https://emergency.cdc.gov/han/han00412.asp>).

\*\*\*Questions should be directed to DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7).\*\*\*

#### Background

Multiple states across the country have reported outbreaks of hepatitis A, primarily among people who use drugs and people experiencing homelessness. Since these outbreaks were first identified in 2016, more than 15,000 cases and 8,500 (57%) hospitalizations have been reported. Hospitalization rates have been higher than typically associated with HAV infection.<sup>1, 2</sup> Severe complications have also been reported, sometimes leading to liver transplantation or death; at least 140 deaths have occurred nationwide.

HAV is highly transmissible from person-to-person. States experiencing large-scale outbreaks have reported widespread transmission soon after their jurisdictions first recognized hepatitis A cases among populations being affected by these outbreaks. For many states, this has resulted in an unprecedented number of hepatitis A cases among unvaccinated adults since hepatitis A vaccine became available in 1996, and has led to prolonged community outbreaks that have been challenging and costly to control.

CDC recommends that public health departments, healthcare providers, and other partners serving affected populations launch a rapid and effective public health response with the following strategies.

## **Recommendations**

### **Offer Vaccination to the Following Groups to Prevent or Control an Outbreak**

The best way to prevent HAV infection is through vaccination with the hepatitis A vaccine. The following groups are at highest risk for acquiring HAV infection or developing serious complications from HAV infection in these outbreaks and should be offered the hepatitis A vaccine:

- **People who use drugs (injection or non-injection)**
- **People experiencing homelessness**
- **Men who have sex with men (MSM)**
- **People who are, or were recently, incarcerated**
- **People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C**
- **People with close contact to any of the populations above**

One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% seroprotection in healthy individuals for up to 11 years.<sup>3, 4</sup>

Pre-vaccination serologic testing is not required to administer hepatitis A vaccine. Vaccinations should not be postponed if vaccination history cannot be obtained or records are unavailable.

### **New ACIP Recommendations since the June 2018 HAN00412**

(<https://emergency.cdc.gov/han/han00412.asp>)

1. As of November 2, 2018, ACIP recommends hepatitis A vaccine for post-exposure prophylaxis (PEP) for people 12 months of age and older. Providers may also administer immunoglobulin to adults older than 40 years of age, if indicated, and persons who are immunocompromised or have chronic liver disease.<sup>5</sup>
2. As of February 15, 2019, ACIP recommends hepatitis A vaccination for people experiencing homelessness.<sup>6</sup>

## **Health Departments**

### **Outreach**

1. Identify venues serving populations at-risk for HAV infection, including county jails, syringe service programs, medication-assisted treatment (MAT) facilities, substance use disorder treatment facilities, homeless shelters, emergency departments, and sexually transmitted disease (STD) clinics. Where ongoing relationships with these facilities and service providers do not exist, engage with partners serving these populations to promote education and vaccination efforts.

- Health departments may contact the Bureau of Immunizations at 800-219-3224 regarding the availability of vaccine.
2. Employ novel approaches to improve vaccine delivery to hard-to-reach populations (e.g., Point of Dispensing sites (PODs), mobile outreach teams).
  3. Include hepatitis A vaccination for ACIP-recommended risk groups in routine clinical services to increase vaccination coverage.
  4. Engage multidisciplinary stakeholders (e.g., viral hepatitis or communicable disease experts, epidemiologists, immunization program staff, emergency preparedness staff, disease investigation specialists, health educators, behavioral scientists, harm reduction partners), which is critical for effective response efforts.

### **Case investigation, contact tracing, and outbreak response monitoring**

1. Follow established procedures to interview cases and perform contact tracing for all new hepatitis A diagnoses.
2. Provide or encourage PEP of previously unvaccinated contacts as soon as possible, within 2 weeks after exposure.<sup>5</sup>
3. **For further information, see the updated Hepatitis A chapter of the *Communicable Disease Investigation Reference Manual*:**  
<https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/pdf/HepA.pdf>.

### **Healthcare Providers**

1. Screen patients for risk factors (e.g., drug use, homelessness, incarceration, MSM, and chronic liver disease).
2. Recommend and administer hepatitis A vaccine to at-risk patients, regardless of the original presenting complaint or the type of clinical facility. In particular, the emergency department may be an individual's only interaction with the healthcare system and is an important opportunity for prevention.
  - A very limited supply of vaccine is available for LPHAs for those who are uninsured or underinsured.
  - Children under 19 who are Medicaid-eligible; do not have health insurance; are an American Indian or Alaskan Native; or are underinsured can visit a nearby **Vaccines for Children provider** <https://health.mo.gov/living/wellness/immunizations/vfc-providers.php>
3. Record immunizations in ShowMeVax, the state immunization information system (registry).
4. Consider hepatitis A as a diagnosis in anyone with jaundice or clinically compatible symptoms.
5. Rapidly report all persons diagnosed with hepatitis A to LPHAs or DHSS, per 19 CSR 20-20.020 (<https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c20-20.pdf>) to ensure timely case investigation and follow-up of contacts.
6. Correctional facilities should reach out to LPHAs regarding the availability of vaccine.

### **For More Information**

1. CSTE's 2019 Acute Hepatitis A Case Definition. <https://wwwn.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2019/>
2. MMWR. *Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness – California, Kentucky, Michigan, and Utah, 2017*. <https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a3.htm>
3. CDC's Hepatitis A Outbreak website. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
4. Outbreak specific considerations for hepatitis A vaccine administration.

- <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>
5. CDC's Hepatitis A Virus website. <https://www.cdc.gov/hepatitis/hav/index.htm>
  6. Viral Hepatitis Surveillance – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>
  7. Hepatitis A General Information Fact Sheet. <https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf>
  8. CDC's The Pink Book. Chapter 9: Hepatitis A. <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepa.pdf>

## References

1. Ly K and Klevens RM. Trends in disease and complications of hepatitis A virus infection in the United States, 1999-2011: A new concern for adults. *J Infect Dis* 2015;212:176-182.
2. CDC. Viral hepatitis surveillance, United States, 2016. Atlanta, GA: CDC. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>
3. McMahon BJ, Beller M, Williams J, Schloss M, Tanttala H, Bulkow L. A program to control an outbreak of hepatitis A in Alaska by using an inactivated hepatitis A vaccine. *Arch Pediatr Adolesc Med* 1996;150(7):733-739.
4. Ott JJ, Wiersma ST. Single-dose administration of inactivated hepatitis A vaccination in the context of hepatitis A vaccine recommendations. *Int J Infect Dis* 2013;17(11):e939-944.
5. Nelson NP, Link-Gelles R, Hofmeister MG, et al. Update: Recommendations of the Advisory Committee on Immunization Practices for use of hepatitis A vaccine for post exposure prophylaxis and for preexposure prophylaxis for international travel. *MMWR Morb Mortal Wkly Rep* 2018;67(43):1216-1220. [https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm?s\\_cid=mm6743a5\\_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm?s_cid=mm6743a5_w)
6. Doshani M, Weng M, Moore K, Romero J, Nelson NP. Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness. *MMWR Morb Mortal Wkly Rep* 2019;68:153-156. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm>
7. National Notifiable Diseases Surveillance System. Hepatitis A, Acute 2019 Case Definition. <https://www.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2019/>
8. Fiore AE, Wasley A, Bell BP; Advisory Committee on Immunization Practices (ACIP). Prevention of hepatitis A through active or passive immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2006;55(No. RR-7). <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>

## Categories of Health Alert Network (HAN) messages:

Health Alert – Requires immediate action or attention; highest level of importance

Health Advisory – May not require immediate action; provides important information for a specific incident or situation

Health Update – Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service – Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##