

DPHHS HAN ADVISORY

DPHHS HAN HEALTH ADVISORY



Cover Sheet

DATE: December 5, 2019

SUBJECT: Hepatitis A in Montana

INSTRUCTIONS:

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For LOCAL HEALTH DEPARTMENT reference only

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the Emergency
Preparedness Section
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Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

Information Sheet

Date: December 5, 2019

Subject: Hepatitis A in Montana

Background: Hepatitis A is a vaccine preventable disease. The primary way hepatitis A virus is transmitted is through the fecal-oral route (i.e., by ingesting something that has been contaminated with the feces of an infected person). Symptoms of hepatitis A illness can include: vomiting, abdominal pain, diarrhea, jaundice, fever, fatigue, dark urine, and clay-colored stools. The incubation period is between 15 to 50 days, with an average incubation of 28 days. Infected people are contagious for approximately 3 weeks – cases can shed the virus in their stool for up to two weeks before becoming symptomatic, and can continue to be infectious for one week after the onset of jaundice. Illness from hepatitis A infection is typically acute and self-limited, but can lead to serious outcomes, including hospitalization or death, in individuals with poor health (e.g., hepatitis B and C infections).

The best way to prevent infection is through vaccination with the hepatitis A vaccine. Vaccine is routinely recommended for children beginning at 12 months. Additionally, new recommendations (soon to be published) indicate that children two years or older should also be routinely vaccinated with the hepatitis A vaccine if not previously vaccinated. High-risk individuals should be targeted for vaccination and should be prioritized over low-risk individuals when resources are limited. High-risk groups that should receive vaccination include people who use drugs (injection or non-injection), people experiencing unstable housing or homelessness, people who are currently or were recently incarcerated, men who have sex with men, and people with chronic liver disease (including cirrhosis, hepatitis B, and hepatitis C).

Information: There has been an increase in hepatitis A cases reported in Montana, primarily among people who use drugs and people who are currently or recently incarcerated. As of December 5, 2019 there are 14 hepatitis A cases (12 confirmed and 2 epi-linked) reported from nine jurisdictions in Montana (see Figure 1 below). Counties where cases have been reported include Cascade, Deer Lodge, Flathead (2), Gallatin, Lewis and Clark, Park, Pondera, Ravalli, and Yellowstone (5). Ten of the 14 cases have been reported since mid-October, 9 of whom have reported injection drug use and 6 of whom are currently or were recently incarcerated. Over the past five years, there has been an average of less than three cases of hepatitis A reported per year in Montana. Hepatitis A vaccination and thorough handwashing remain the most effective ways to prevent illness.

Recommendations: Vaccination

Three inactivated hepatitis A vaccines are currently licensed in the United States. These include the single-antigen vaccines HAVRIX® and VAQTA®, and the combination vaccine TWINRIX® (containing both hepatitis A virus antigen and hepatitis B virus antigens). For routine vaccination, the

number and timing of doses depends on the type of vaccine administered. However, a single dose of single antigen hepatitis A vaccine is adequate for outbreak control, and is considered to be up to 95% effective. Providers should administer the second hepatitis A vaccine dose to complete the series when feasible, but it is not mandatory for postexposure prophylaxis or outbreak response.

Postexposure Prophylaxis (PEP)

PEP should be administered to people who have been exposed to hepatitis A virus within the past 14 days and who have not previously completed the hepatitis A vaccine series. Postexposure prophylaxis should be administered as soon as possible after exposure. TWINRIX® is not recommended for post-exposure prophylaxis. TWINRIX® contains half of the HAVRIX® adult dose. The Advisory Committee on Immunization Practices (ACIP) recommendations for hepatitis A PEP are below:

Immunocompetent persons aged ≥12 months. Persons aged ≥12 months who have been exposed to HAV within the past 14 days and have not previously completed the hepatitis A vaccine series should receive a single dose of single antigen hepatitis A vaccine as soon as possible. In addition to hepatitis A vaccine, immune globulin (IG) (0.1 mL/kg) may be administered to persons aged >40 years depending on the healthcare provider's risk assessment.

Infants aged <12 months and persons for whom vaccine is contraindicated. Infants aged <12 months and persons for whom vaccine is contraindicated (persons who have had a life-threatening allergic reaction after a dose of hepatitis A vaccine, or who have a severe allergy to any component of this vaccine) should receive IG (0.1 mL/kg) instead of hepatitis A vaccine, as soon as possible and within 2 weeks of exposure. Healthcare providers should not administer MMR and varicella vaccines <3 months after IG administration.

Persons aged ≥12 months who are immunocompromised or have chronic liver disease.

Persons who are immunocompromised or have chronic liver disease and who have been exposed to HAV within the past 14 days and have not previously completed the hepatitis A vaccination series should receive both IG (0.1 mL/kg) and single antigen hepatitis A vaccine simultaneously in a different anatomic site (e.g., separate limbs) as soon as possible after exposure.

Information for Health Departments

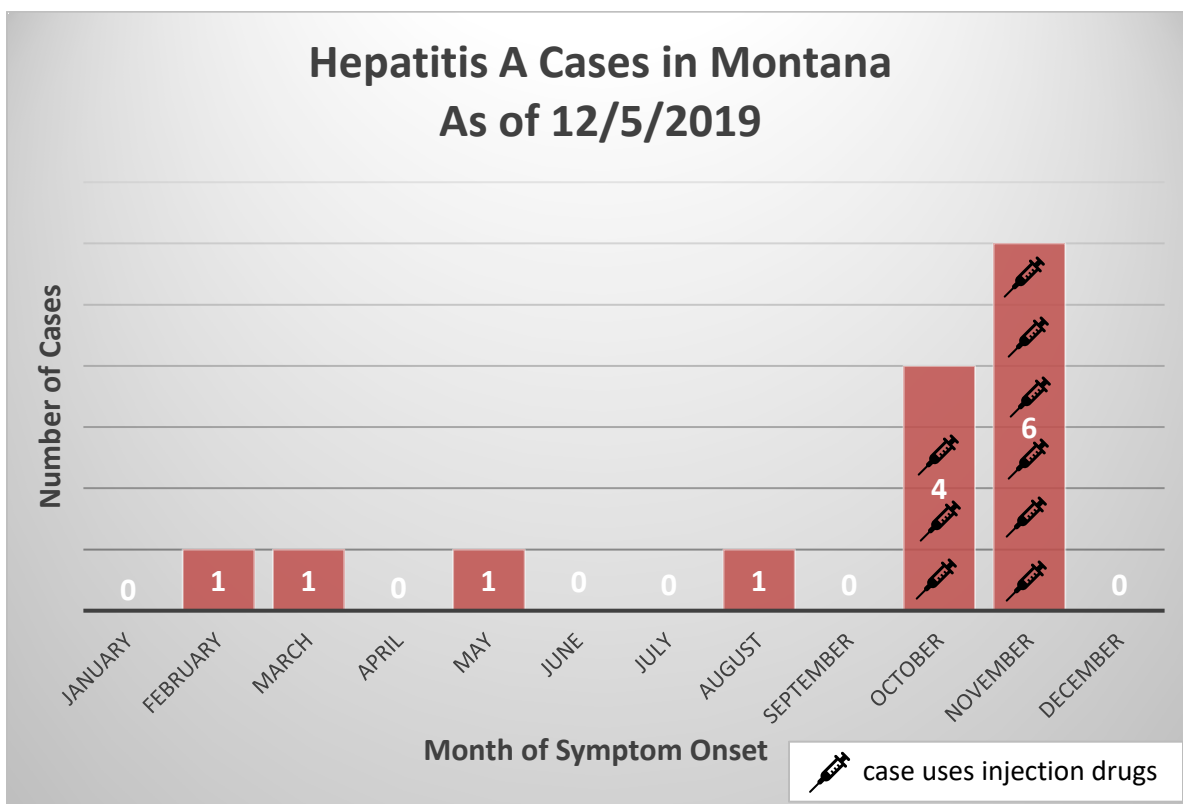
CDC guidelines recommend conducting interviews of patients with hepatitis A infection as soon as possible after confirming the diagnosis to determine risk factors and identify potentially exposed contacts who need postexposure prophylaxis. PEP should be administered to all previously unvaccinated close personal contacts such as household members, sexual contacts, and persons who have shared injection drugs with someone who has hepatitis A. PEP should also be considered for previously unvaccinated residents and employees when a confirmed hepatitis A case occurs in a setting such as a correctional facility or homeless shelter when close personal contact occurs regularly and hygiene standards are difficult to maintain.

Information for Health Care Providers

1. Hepatitis A should be considered as a diagnosis in anyone with jaundice and clinically compatible symptoms; if hepatitis A is suspected, a serum sample should be collected and submitted for hepatitis A IgM testing.
2. Encourage hepatitis A vaccination for high-risk individuals, including people who report drug use, incarceration, or have other risk factors for hepatitis A.

3. Encourage persons who have been exposed recently to HAV and who have not been vaccinated to be administered one dose of single-antigen hepatitis A vaccine (and/or immune globulin [IG], if indicated) as soon as possible, **within 2 weeks after exposure**. PEP guidelines vary by age and health status (as referenced above).
4. Laboratories are asked to consider saving serum samples for additional testing at the Montana Public Health Laboratory (MTPHL) to assist public health officials in the investigation of transmission. Contact your local public health department for assistance with submitting specimens for molecular characterization.
5. Ensure all persons suspected or confirmed to have hepatitis A are reported to the health department in a timely manner.
6. Please download this Hepatitis A poster about what Emergency Departments can do for hepatitis A outbreak prevention at the DPHHS [website](#).

Figure 1: Epi Curve of Hepatitis A Cases, Montana, 2019



Resources

CDC Case Definition for Hepatitis A: <https://wwwn.cdc.gov/nndss/case-definitions.html>

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

Visit the DPHHS webpage for hepatitis A updates:
<https://dphhs.mt.gov/publichealth/cdepi/diseases/hepatitisa>

For vaccination recommendations: <https://www.cdc.gov/vaccines/vpd/hepa/hcp/index.html>

HEPATITIS A OUTBREAKS

Outbreaks of hepatitis A are occurring nationwide. Hospitalizations and deaths have been higher than usual, especially among older people and those with comorbid conditions. People at higher risk for infection include people who use drugs and those experiencing homelessness. These populations may be more likely to seek care in emergency departments than in primary care settings. Please screen for these risk factors and administer hepatitis A vaccine.

What Emergency Departments Can Do



FOLLOW appropriate infection control practices, including proper hand hygiene



ADVISE post-exposure prophylaxis (PEP) for close contacts of infected people within 2 weeks of exposure



REPORT all confirmed or suspected hepatitis A cases to your health department in a timely manner



VACCINATE patients at risk

- Serologic testing is **NOT** required or recommended in order to vaccinate
- A single dose of hepatitis A vaccine is about 95% seroprotective in healthy individuals

Assess and Vaccinate Patients at Risk

- People who use drugs (injection or non-injection)
- People experiencing homelessness or transient living
- People who are, or were recently incarcerated
- Men who have sex with men
- People with underlying liver disease (cirrhosis, hepatitis B, or hepatitis C)

www.cdc.gov/hepatitis/HepAOutbreak

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Centers for Disease Control and Prevention