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DHEC Health Advisory Service

Distributed via Health Alert Network
January 7, 2019; 5:30 PM
10427-DAD-01-07-2019-HAV

Increase in Hepatitis A Virus (HAV) Infections among High-Risk Groups

Summary

This is an update to a Health Advisory regarding large outbreaks of hepatitis A virus (HAV) infection reported throughout the United States among persons reporting drug use and/or homelessness (see HAN dated June 11, 2018 for more information - <https://scdhec.gov/sites/default/files/docs/Health/docs/HAN/10413-CAD-06-11-2018-HAV.pdf>.) and a report of a DHEC's investigation of HAV cases in South Carolina.

There has been an increase in reported HAV cases in South Carolina in 2018 compared to recent years. DHEC is currently investigating a cluster of hepatitis A cases in Aiken County among persons reporting illicit drug use and their household contacts.

Urgent public health measures are needed to prevent HAV transmission among high-risk groups. The HAV outbreaks in other jurisdictions have proven difficult to contain and many individuals have experienced higher rates of hospitalization, severe disease, and death due to co-morbidities. Transience, economic instability, limited access to healthcare, distrust of public officials, and lack of contact information makes certain high-risk populations difficult to reach for preventive services.

DHEC asks healthcare providers to consider hepatitis A infection in persons with clinically compatible disease and risk factors, including: homelessness, illicit drug use, recent incarceration, and in men who have sex with men. Report suspect and confirmed cases, by phone within 24 hours, to your local county health department. Post-exposure prophylaxis should be offered to close contacts within 14 days of exposure, and individuals in high-risk groups should be prioritized for pre-exposure hepatitis A vaccination and offered vaccine during any health care encounter.

Background

HAV transmission occurs through fecal-oral route from person-to-person, by contaminated drug paraphernalia, through foods or beverages contaminated by an infected food handler, or other

means contributed to by poor hygiene as may be encountered by certain sexual practices or persons reporting homelessness.

Transmission:

The primary means of HAV transmission in the United States is person-to-person through the fecal-oral route. Average incubation of HAV is 28 days, but illness can occur up to 50 days after exposure.

Symptoms:

- Most common: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice
- Atypical manifestations: rash, pancreatitis, renal disease, arthritis, and anemia
- Severe infections: cholestatic hepatitis, relapsing hepatitis, and fulminant hepatitis leading to death

Prevention:

- The best way to prevent hepatitis A infection is through vaccination with the hepatitis A vaccine. The number and timing of the doses depends on the type of vaccine administered, all are inactivated vaccines (<https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>).
- Close contacts to known cases can receive vaccine or immunoglobulin (IG) for post-exposure prophylaxis. Timely reporting of cases of HAV infection to DHEC will facilitate identification of at-risk contacts and administration of prophylaxis to prevent further spread. (See recommendations below for details on providing post-exposure prophylaxis.)
- Good hand hygiene—including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food—plays an important role in preventing the spread of hepatitis A.

Recommendations for Health Care Providers

1. Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms, especially in individuals in high-risk groups.
2. Report all persons diagnosed with hepatitis A to the health department within 24 hours. If possible, report inpatients while still admitted so investigation can begin prior to discharge.
3. Strongly encourage hepatitis A vaccination for persons with the risk factors listed for hepatitis A.
4. 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 or immune

globulin (IG) as soon as possible, **and within 2 weeks after exposure**. Guidelines vary by age and health status (<https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm>). The contact information below may be used to consult DHEC on administration of post-exposure prophylaxis.

5. Consider saving serum samples for additional testing to assist public health officials in the investigation of transmission (i.e., confirmation of antibody test, HAV RNA test, genotyping, and sequencing). Contact DHEC for assistance with submitting specimens for molecular characterization.
6. CDC recommends the following groups be vaccinated against hepatitis A:
 - All children at age 1 year
 - 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;
 - Homeless individuals;
 - 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.

The Bureau of Communicable Disease Prevention and Control is proactively working with healthcare providers, other state agencies and organizations that serve high-risk populations to conduct hepatitis A vaccine initiatives to prevent hepatitis A outbreaks in high-risk populations in South Carolina. For more information about the initiative contact the Division of Acute Disease Epidemiology at 803-898-0861.

Resources for Additional Information

1. Centers for Disease Control and Prevention. Division of Viral Hepatitis A Outbreak Website. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
2. Centers for Disease Control and Prevention's Hepatitis A Virus Website. <https://www.cdc.gov/hepatitis/hav/index.htm>

- Centers for Disease Control and Prevention. Viral Hepatitis Surveillance – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>
- Centers for Disease Control and Prevention. Hepatitis A General Information Fact Sheet. <https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf>
- Centers for Disease Control and Prevention. The Pink Book. Chapter 9: Hepatitis A. <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepa.pdf>

DHEC contact information for reportable diseases and reporting requirements

Reporting of **Hepatitis A** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2019 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2019			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
<u>Lowcountry</u>	<u>Midlands</u>	<u>Pee Dee</u>	<u>Upstate</u>
4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	145 E. Cheves Street Florence, SC 29506 Fax: (843) 915-6502	200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
<u>Lowcountry</u>	<u>Midlands</u>	<u>Pee Dee</u>	<u>Upstate</u>
Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091 Beaufort, Colleton, Hampton, Jasper Phone: (843) 549-1516 ext. 218 Nights/Weekends: (843) 441-1091 Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091	Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046 Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046 Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046	Chesterfield, Darlington, Dillon, Florence, , Marion, Marlboro Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845 Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845 Georgetown, Horry, Williamsburg Phone: (843) 915-8800 Nights/Weekends: (843) 915-8845	Anderson, Oconee Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Abbeville, Greenwood, McCormick Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Cherokee, Greenville, Laurens Pickens, Spartanburg, Union Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442
For information on reportable conditions, see https://www.scdhec.gov/health-professionals/report-diseases-adverse-events/south-carolina-list-reportable-conditions		DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

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.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.