

This is an official  
**DHEC Health Update**

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10437-DHU-11-06-2019-HEPA

## **Statewide Hepatitis A Outbreak – Update**

### **Summary**

Since November 2018, South Carolina has experienced higher than expected numbers of hepatitis A virus (HAV) infections. An outbreak was initially declared in Aiken County in February 2019. The number of cases and number of regions reporting cases continued to increase, and DHEC declared a statewide outbreak in May 2019. This outbreak coincides with a larger national hepatitis A outbreak that started in 2016. More than 570 hepatitis A cases have been identified in the state since November 2018. The baseline for the state was an average of 19 cases per year over the previous 10 years. The current case counts are 30 times greater than the South Carolina baseline.

DHEC is issuing this Health Update to inform all healthcare providers of the current status of the hepatitis A outbreak, to provide an epidemiologic profile of those at highest risk of infection, and to urge healthcare providers to help in the public health efforts to interrupt ongoing hepatitis A transmission in South Carolina.

This is an update to the Health Alert Network (HAN) advisory released on May 13, 2019, titled DHEC Declares Statewide Hepatitis A Outbreak (<https://www.scdhec.gov/sites/default/files/media/document/10431-DAD-05-13-2019-HEPA.pdf>).

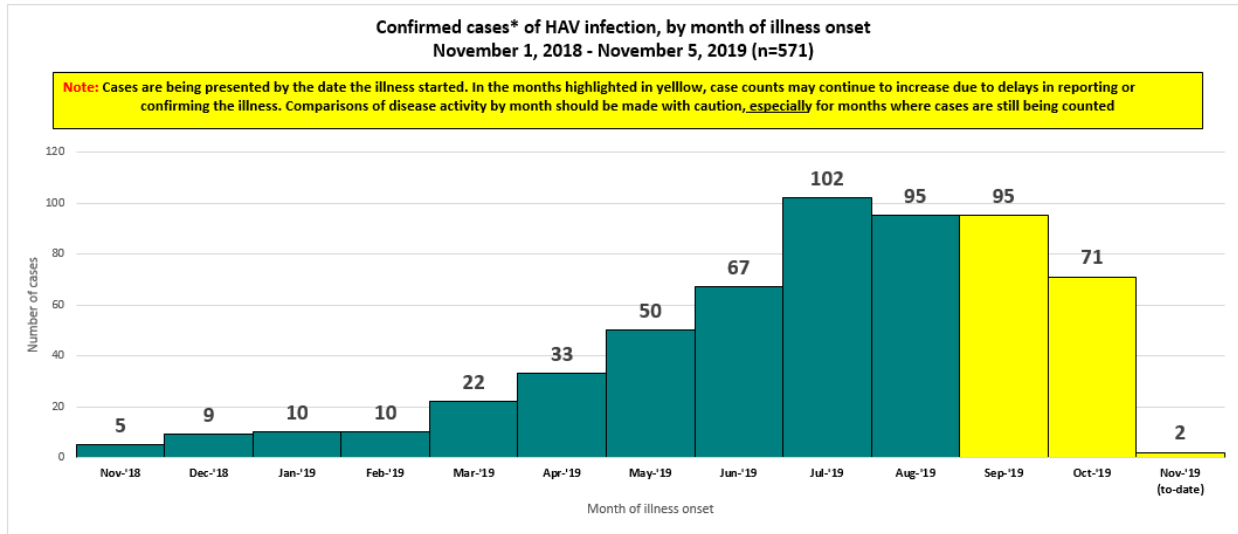
### **Background**

Hepatitis A causes acute inflammation of the liver that is transmitted person-to-person primarily through the fecal-oral route, which may include sexual contact, poor hand hygiene after going to the bathroom or changing diapers or handling shared objects such as drug paraphernalia. Hepatitis A can also be spread through food or water contaminated with fecal matter.

The best protection against HAV infections and outbreaks is through widespread vaccination, particularly among the populations most at risk: injection and non-injection drug users,

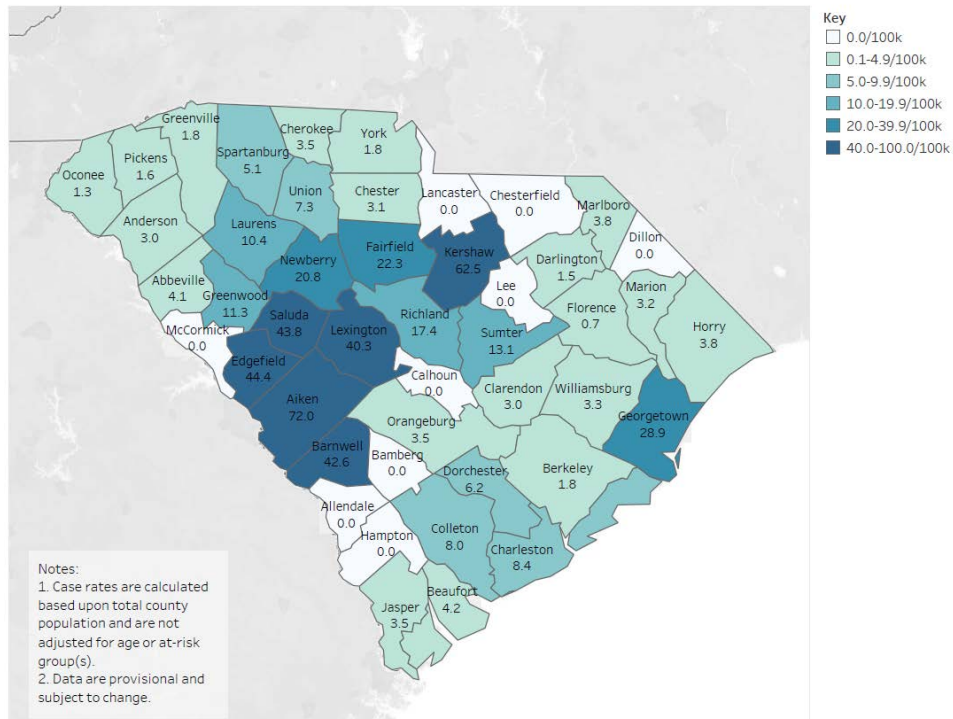
homeless persons, men who have sex with men, people incarcerated or who were recently incarcerated. People with chronic liver disease, including cirrhosis or hepatitis B or hepatitis C are increased risk of complications if infected with the hepatitis A virus.

## Epidemiologic Profile of the Hepatitis A Outbreak



\* 2019 data are provisional and subject to change.

Hepatitis A Case Rates/100k Population  
1 November 2018 - 5 November 2019 (n=571)



As of November 5, 2019, there have been 571 reported cases of hepatitis A in South Carolina. Of those cases, 63 percent have been hospitalized. The demographics of the Hepatitis A outbreak in South Carolina reflect what other states have experienced. Most of the cases are among men aged 30-49 years old. Cases have occurred at a disproportionately higher rate among four risk groups: (1) persons who use injection or non-injection drugs (48% of cases); (2) men who have sex with men (9% of cases); (3) persons who are or recently were incarcerated (8% of cases); and (4) persons who are experiencing homelessness (7% of cases). There are 247 (45%) cases with no reported risk factors. Many of these cases may be the close contacts of individuals in a high-risk group.

Individuals in certain high-risk groups may not seek care in traditional clinical settings. Since case counts began to increase, DHEC has worked to partner with providers and organizations that specifically serve high-risk groups to include: agencies that provide substance abuse treatment services; services for the homeless; correctional facilities; hospital emergency departments, free clinics and federally qualified health care centers. DHEC encourages all healthcare providers to include questions about identified risk behaviors when evaluating patients to help identify and vaccinate persons at higher risk of hepatitis A infection.

## **Recommendations**

### **Establish Social History to Identify Risk Behaviors**

Healthcare providers are encouraged to take a social history from patients about risk behaviors to help identify persons at higher risk of infection and recommend vaccination. These high-risk groups include:

- People who use injection or non-injection drugs
- People who are homeless
- People with a recent history of incarceration
- Men who have sex with men

### **Vaccination**

#### **Who should be vaccinated against hepatitis A?**

All children are recommended to get two doses of the hepatitis A vaccine beginning at age 12 months. The doses should be spaced six months apart.

Adults who are at higher risk for hepatitis A infection or at higher risk for severe complications should be routinely vaccinated. These include the following:

- People who use injection or non-injection drugs
- People who are homeless
- People with a recent history of incarceration

- Men who have sex with men
- People with chronic liver disease such as cirrhosis or hepatitis B or C
- People who will be working in or traveling to countries where hepatitis A is common
- Persons who have close contact such as sexual contact, care for, or live with someone who has hepatitis A

### Where can people get the hepatitis A vaccine?

Many healthcare facilities offer the hepatitis A vaccine.

Adults aged 18 years and older in South Carolina can get vaccinated at some local pharmacies without a prescription. Pharmacies can check insurance coverage. To search for a nearby pharmacy that offers vaccines, visit [www.vaccinefinder.org](http://www.vaccinefinder.org).

DHEC county health departments also provide hepatitis A vaccine. DHEC county health departments are providing no cost hepatitis A vaccine to individuals in the at-risk groups: drug users, homeless, recently incarcerated, and men who have sex with men.

To schedule an appointment for vaccination at a DHEC county health department, patients should call (855) 472-3432 or visit [www.scdhec.gov/health/health-public-health-clinics](http://www.scdhec.gov/health/health-public-health-clinics).

DHEC also has an Adult Vaccine Program that provides low-cost vaccines for uninsured and underinsured individuals 19 years and older at health departments.

### **Post-Exposure Prophylaxis**

Post-exposure prophylaxis with the hepatitis A vaccine is effective in preventing HAV infection in close contacts if it can be administered within two weeks of exposure. Persons who have recently been exposed to HAV and who have not been vaccinated should receive post-exposure prophylaxis with one dose of hepatitis A vaccine or immune globulin (IG), if indicated, **within two weeks after exposure**. Guidelines vary by age and health status ([cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm](http://cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm)). The contact information below may be used to consult DHEC about administration of post-exposure prophylaxis.

### **Other Recommendations**

Please immediately report all cases of hepatitis A to your regional epidemiology office to ensure a prompt public health response in the prevention of disease among close contacts.

## 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).

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

<b>Health Alert</b>	Conveys the highest level of importance; warrants immediate action or attention.
<b>Health Advisory</b>	Provides important information for a specific incident or situation; may not require immediate action.
<b>Health Update</b>	Provides updated information regarding an incident or situation; unlikely to require immediate action.
<b>Info Service</b>	Provides general information that is not necessarily considered to be of an emergent nature.