Hepatitis A Outbreak Clinical Quick Guide

May 2019

Key Points

- **NJ is experiencing an outbreak of hepatitis A virus (HAV) among persons reporting drug use and/or homelessness.**
- **Multiple states across the country have reported outbreaks of HAV among the same populations.**
- **Controlling such outbreaks is difficult due to challenges in reaching transient at-risk populations. Hence, spread to other communities is not uncommon.**
- **HAV is transmitted person-to-person via fecal-oral routes. Contaminated injection equipment, specific sexual practices, and poor sanitary conditions can also lead to transmission.**
- **Providers should consider a diagnosis of HAV in anyone with jaundice or clinically compatible symptoms.**
- **Providers should screen patients for risk factors (drug use, homelessness, incarceration, men who have sex with men [MSM]).**
- **Hepatitis A is an immediately reportable disease to the local health department (LHD) where the patient resides.**
- **LHDs should enter investigation findings into CDRSS (or call CDS) within 2 hours of initiating investigation.**
- **Identify all close contacts and recommend post-exposure prophylaxis of previously unvaccinated contacts as soon as possible, within 2 weeks after exposure.**
- **Recommend and administer hepatitis A vaccine to at risk patients regardless of the reason for the visit.**

Clinical Presentation

Hepatitis A symptoms include a discrete onset of:

- Jaundice
- Dark urine
- Nausea
- Anorexia
- Fever
- Malaise
- Abdominal pain
- Diarrhea or clay-colored stool
- Vomiting

Period of Infectivity

An individual with hepatitis A is infectious and can spread the virus to others beginning two weeks before through one week after the onset of jaundice or elevated liver enzymes.

Laboratory Diagnosis

Laboratory diagnosis of hepatitis A is based on presence of:

- IgM antibodies against hepatitis A virus (IgM anti-HAV)
- Elevated total bilirubin level
- Elevated liver enzymes (i.e., ALT or AST)

There is no carrier or chronic state for HAV. Asymptomatic persons should not be screened or tested with IgM.

Post-Exposure Prophylaxis (PEP)

For Persons Exposed to a Confirmed Case of HAV

- Unvaccinated healthy persons aged ≥12 who have been recently exposed to HAV should be administered one dose of single-antigen hepatitis A vaccine or immune globulin (IG) as soon as possible, **within 2 weeks after exposure.**
- In addition to HAV vaccine, IG (0.1 mL/kg) may be administered to persons aged >40 years depending on the providers' risk assessment.

See CDC's Recommendations for PEP by Age and Risk

Outbreak Vaccination Recommendations

Regardless of HAV Exposure

- LHDs should consider targeted vaccination and education to: People who use injection or non-injection drugs, are experiencing homelessness, are/were recently incarcerated, have chronic liver disease, and/or MSM.
- Identify venues serving populations at-risk for HAV infection to promote vaccination and education efforts.
- Healthcare and emergency room providers should vaccinate all at-risk persons with a single dose of HAV vaccine unless there is evidence of previous vaccination or immunity. The emergency department may be an individual's only interaction with the healthcare system.

317-Funded Adult Program

The 317-Funded Adult (317) Program provides vaccines at no cost to adults who might not otherwise be vaccinated because of an inability to pay. Participation in the 317 Program is limited to LHDs, FQHCs, and non-profit organizations. 317 vaccine can be used in response to a public health outbreak event with prior approval from the Vaccines for Children (VFC) Program. If you would like to utilize 317 vaccine in response to this outbreak or for general questions about the 317 Program, please contact the VFC program at 609-826-4862 or vfc@doh.nj.gov.

More information visit: https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm