Summary and Action Items

1.) Hepatitis A virus (HAV) cases and outbreaks are occurring among homeless and drug using populations, as well as among men who have sex with men (MSM).
2.) Providers should consider HAV in the differential, appropriately test, and promptly report cases to their local health departments. Providers should also offer vaccination to patients meeting CDC guidelines.
3.) Local health departments are asked to promptly investigate all HAV case reports in order to identify exposures and contacts.
4.) IDPH has secured vaccine from the CDC and is working with LHD’s to vaccinate high-risk populations.
5.) Laboratories are asked to promptly report all hepatitis A positive results and store all specimens for 30 days.

Background

Background: In the fall of 2017, the Illinois Department of Public Health (IDPH) issued a memo regarding multiple outbreaks of HAV in several states. Many of these outbreaks are still ongoing and additional outbreaks have been reported in several new states, including in nearby states such as Indiana, Michigan, Missouri and Kentucky. These outbreaks are predominantly occurring in persons who use injection and non-injection drugs and in the homeless populations, along with close contacts of both groups. Additional outbreak clusters have also been identified in men who have sex with other men (MSM) and persons who are or have recently been incarcerated. These cases have had high hospitalization rates, as well as high co-infection rates with Hepatitis C and B.

HAV cases and outbreaks have occurred in the following populations:
- Homeless
- Drug using
- Men who have sex with men
- Incarcerated

Illinois Hepatitis A cases: Statewide, we have not identified an overall increase in the number of acute HAV cases in 2018 compared to previous years. On average, 72 acute cases are reported annually; as of 12/03/2018, 69 cases have been reported across Illinois.

However, there have been small clusters and sporadic cases in the above risk populations across the state. Most recently, an increase of cases among men who have sex with men has been identified in East-Central Illinois.
**Prevention and Response Efforts**

**Clinicians and Local health departments:** If health care providers identify any suspected cases of HAV, especially within these high-risk groups, it is important to confirm cases with serologic testing (IgM) and promptly report them to your local health department (LHD).

The HAV vaccination is safe, and highly effective. To prevent hepatitis A, CDC recommends the following groups be vaccinated for HAV:

- All children at age 1 year
- Travelers to countries that have high rates of hepatitis A
- Family members/caregivers of recent adoptees from countries where HAV is common
- Men who have sexual contact with other men
- Users of injection and non-injection illegal drugs
- People with chronic (lifelong) liver diseases, such as hepatitis B or C
- People who are treated with clotting-factor concentrates
- People who work with infected animals or in a HAV research laboratory

Recently, ACIP voted unanimously to add “homelessness” as an additional indication for ACIP-recommended HAV vaccination (1). We recommend all providers screen their patients and provide HAV vaccine when indicated. While two doses are recommended to complete the series, even one dose provides nearly 95% immunity for at least several years (2).

**Local Health departments:** LHDs are asked to promptly investigate all HAV case reports in order to identify exposures and contacts. Quick identification and reporting can ensure cases are thoroughly investigated and control measures, such as vaccination, are implemented.

Recently, the CDC modified their recommendations for post-exposure prophylaxis (PEP). HAV vaccine is now recommended for all persons aged ≥12 months for PEP (3).

**IDPH:** IDPH has acquired HAV vaccine from the CDC, and continues to work with LHDs to proactively vaccinate at-risk populations and individuals in efforts to prevent outbreaks. Persons/populations who should be considered for this vaccine include:

- Homeless individuals
- Persons who use injection and non-injection drugs
- Men who have sexual contact with other men (MSM)
- Persons who are or who have been recently incarcerated
- Persons who have ongoing, close contact with these risk groups
- Persons with a chronic liver disease

We encourage LHDs to reach out to IDPH (217-782-2016 or dawn.nims@illinios.gov) if they have not begun vaccine efforts. Further, clinical and community providers are encouraged to discuss these efforts with their LHDs.
**Laboratories:** The IDPH Communicable Disease Control Section (CDCS) continues to request that all laboratories keep and store all positive hepatitis A IgM specimens in their laboratories for at least **30 days**. During outbreak situations, state and local health department staff may request submission of specimens from recently confirmed HAV cases for additional testing. CDC’s Division of Viral Hepatitis Laboratory uses advanced molecular detection to link cases into outbreak clusters. The LHD will contact you if there is a request for a sample to be sent for molecular testing at the CDC.

**Targeted Audience**

Please share this information with health care providers, clinics, jails, homeless shelters, and other organizations that may have contact or identify cases in these risk groups. For more information about this topic, please contact your local health department or the IDPH CDCS at 217-782-2016.

**Additional Resources:**

Referenced MMWRs:

1. Summary of 2017 cases and outbreaks: https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a3.htm?s_cid=mm6743a3_e


3. Updated PEP recommendations: https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm?s_cid=mm6743a5_e

IDPH Resources:
http://www.dph.illinois.gov/hepatitisA


CDC Webpage:

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