

CHICAGO HEPATITIS A RESPONSE TASKFORCE

Chicago Department of Public Health – Immunization Program

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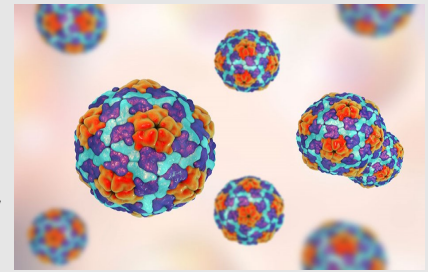
Quarterly CHART Update Newsletter keeping you aware of emerging HAV outbreak related information.

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2022 Hepatitis A Recap

Since the outbreaks were first identified in 2016, 37 states have publicly reported 44,760 cases, 27,327 (61%) hospitalizations, and 426 deaths as of December 2, 2022. 39 states, including Illinois, have declared their outbreak over of Hepatitis A. However, Chicago remains vigilant with hepatitis outbreak response efforts and continues to offer Hepatitis A vaccinations year-round. Hepatitis A can easily reemerge rapidly in the city, putting the most vulnerable populations at risk.



According to the Advisory Committee on Immunization Practices (ACIP) recommends providers to implement the following strategies in order to prevent HAV infection in the U.S., including routine vaccination of children aged 12-23 months and catch-up vaccination for children and adolescents aged 2-18 years who have not previously received hepatitis A vaccine at any age. ACIP also recommends vaccination for adults at risk for HAV infection or severe disease from HAV infection and for adults requesting protection against HAV without acknowledgement of a risk factor. ACIP also provides guidance for the following:

- Vaccination before travel
- For postexposure prophylaxis
- In settings providing services to adults
- During outbreaks

May is Hepatitis Awareness Month. May 19th is Hepatitis Testing Day. Please access this [link](#) for resources.

HAV Quick Facts

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus. Hepatitis A:

- Is preventable by vaccination
- Does not cause chronic liver disease and is rarely fatal
- Can cause debilitating symptoms and severe and sudden hepatitis
- Is treatable by a medical professional
- Requires a medical diagnosis
- Lab tests or imaging is always required
- Spreads through person-to-person contact and consuming contaminated food or drinks
- Is usually short-term: resolving within days to weeks
- Is critical: needs emergency care

Outbreak of Hepatitis A Virus Infections Linked to Frozen Organic Strawberries

Frozen organic strawberries, imported fresh from certain farms located in Baha California, Mexico, by a common supplier, were the likely source of the Hepatitis A outbreak according to epidemiological and traceback data. California Splendor, Inc. (San Diego, CA) and Scenic Fruit Company (Gresham, OR) recalled their products with frozen organic strawberries in response to the ongoing investigation¹. The hepatitis A virus strain causing illness in this outbreak is genetically identical to the strain that caused a foodborne hepatitis A outbreak in 2022². As of March 13, 2023, a total of 5 hepatitis A outbreak-associated cases have been reported from 1 state (Washington). Illnesses started on dates ranging from November 24, 2022 to December 27, 2022. Ages of those who were ill ranged from 38 to 61, with 52 serving as the median. The majority of sick people (40%) were women. 2 (40%) of the 5 individuals with available information were hospitalized. No fatalities were noted³.



CDC recommends that people who purchased recalled frozen organic strawberries should not eat, serve, or sell these recalled frozen strawberries. People who have the recalled frozen organic strawberries in their freezers are to return or throw away any remaining product. If an individual is unvaccinated against Hepatitis A and have consumed recalled frozen organic strawberries within the previous 14 days, they are advised to contact their local health department or physician to discuss about getting postexposure prophylaxis (hepatitis A vaccine or immune globulin), which can prevent illness³.

- 1.) CDC. (2023). [Outbreak Investigation of Hepatitis A Virus Infections: Frozen Strawberries \(February 2023\)](#)
- 2.) CDC. (2022). [Multistate Outbreak of Hepatitis A Virus Infections Linked to Fresh Organic Strawberries](#)
- 3.) CDC. (2023). [Outbreak of Hepatitis A Virus Infections Linked to Frozen Organic Strawberries](#)

CDPH CHART Partners

Looking to increase Hepatitis A coverage at your facility? Become a CHART partner today! Current partners with CDPH's mobile vaccination unit, sites directly receiving Hep A vaccines from CDPH, or new sites are welcome to join the CHART community.

Note: Sites with vaccinators may be able to receive vaccines, which they can administer to their clients.



Why should I become a CHART partner?

CDPH collaborates with vaccine providers obtain Hepatitis A vaccines, increase Hepatitis A vaccine coverage, and improve overall health outcomes for underserved populations. You can also stay up to date with new and updated content such as guidance recommendations.

Who is eligible to be a CHART partner?

Any site servicing adult patients who are uninsured, underinsured, or unable to pay are eligible for the program. Any settings providing services to adults in which a high proportion of people have risk factors for HAV infection (e.g. health care settings focusing on those who use injection/noninjection drugs, group homes, and nonresidential day care facilities for developmentally disabled persons) are strongly recommended to become a CHART partner.

How can I become a CHART partner?

If your site is interested in becoming a CHART partner, please contact Donovan Robinson (fvw8@cdc.gov) for further details.

US Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP) Announces New Recommendations for Hepatitis A Vaccination

After the introduction of hepatitis A vaccine in 1996, and the later recommendation for routine vaccination of children in 2006, reported cases of hepatitis A fell by 95%. However, this left a large population of adults with low hepatitis A vaccination coverage and a high susceptibility to HAV infection.

Beginning in 2016, we began to see a greater number of hepatitis A cases reported across the United States, heralding a large outbreak of hepatitis A. This increase in cases, resulting primarily from person-to-person transmission among the homeless, MSM, and drug users, is directly related to that population of unprotected individuals. As a result, the Advisory Committee on Immunization Practices (ACIP) has reviewed its vaccination data and prepared new [HAV recommendations](#) in an effort to decrease future incidence of the disease and prevent further outbreaks³.

These new recommendations include, but are not limited to:

- Vaccination of all children and adolescents aged 2–18 years who have not previously received Hep A vaccine (i.e., children and adolescents are recommended for catch-up vaccination)
- Vaccination of all persons aged ≥ 1 year infected with human immunodeficiency virus (HIV)
- Vaccination of persons with chronic liver disease, including but not limited to persons with hepatitis B virus (HBV) infection, hepatitis C virus (HCV) infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, or an alanine aminotransferase (ALT) or aspartate aminotransferase (AST) level persistently greater than twice the upper limit of normal.
- Vaccination of pregnant women who are identified to be at risk for HAV infection during pregnancy or for having a severe outcome from HAV infection.
- Vaccination during hepatitis A outbreaks of persons aged ≥ 1 year who are at risk for HAV infection (e.g. persons who use injection or non-injection drugs [i.e. all those who use illegal drugs], persons experiencing homelessness, or MSM) or who are at risk for severe disease from HAV (e.g., persons with chronic liver disease or who are infected with HIV).
- Vaccination in settings providing services to adults in which a high proportion of persons have risk factors for HAV infection (e.g., health care setting with a focus on those who use injection or noninjection drugs [i.e. all those who use illegal drugs], group homes, and nonresidential day care facilities for developmentally disabled persons).
- Vaccination of persons who receive blood products for clotting disorders (e.g., hemophilia) is no longer recommended

3.) CDC (2020). [Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020](#)

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To report new cases of Hepatitis A, please contact:

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Requests for Hep A educational materials and Hepatitis A vaccines, please contact:

Donovan Robinson
312-746-6286
fvw8@cdc.gov

Also Available Online at:

www.cityofchicago.org/HepatitisA

Please enter all Hep A doses into I-CARE and submit all publicly funded doses administered using the Vaccination Event Report Form to:

vaccine@cityofchicago.org

Hep A doses can also be reported with this [survey](#).

HAV Resources

[CDPH Hep A Information Page](#)

[CDPH Health Alert Network](#)

[CDC Hep A Information Page](#)

[CDC Hep A Health Advisory](#)

[CDC Hep A 2019 Case Definition](#)

[CDC Hep A Recommendations](#)

[ACIP Hep A Recommendations](#)

[Hepatitis A Vaccination Locations](#)

