

Summary and Action Items

In 2018, there was more than a 7-fold increase in annual Hepatitis A (HAV) cases nationwide, which has largely been attributed to a substantial increase in person-to-person transmission, particularly among people who use drugs, people experiencing homelessness, and in men who have sex with men. On May 17, 2019 the Centers for Disease Control and Prevention (CDC) released a [Hepatitis A Outbreak Response Plan](#) that provides best practices in investigating, monitoring, and responding to person-to-person HAV cases and outbreaks. Included in this plan is a suggested HAV person-to-person outbreak case definition. For consistency in reporting, IDPH intends to modify our current outbreak case definition and apply this newly-released CDC person-to-person outbreak definition dating back to September 2018. This will add an additional 35 confirmed clinical cases to the overall statewide person-to-person outbreak case counts. The following actions will result from this change:

- 1) Some jurisdictions will now have additional HAV person-to-person outbreak-related cases (all jurisdictions have been notified).
- 2) On Wednesday, June 19, 2019, IDPH plans to share publicly by posting the information on the [IDPH Hepatitis A Outbreak Website](#) the confirmed cases that meet this expanded definition.
- 3) Local health departments are urged to continue aggressive HAV prevention activities or to begin activities if you have not yet started. Please visit the [Hepatitis A Outbreak Resources](#) Web Portal page for information on vaccine and prevention activities.
- 4) All HAV case reports should be investigated immediately to recommend post-exposure prophylaxis (PEP) for all close contacts, as well as to identify risk-factors.
- 5) The updated person-to-person HAV outbreak case definition is attached. If a case being investigated in your jurisdiction meets this outbreak case definition, notify the IDPH CD Section immediately.
- 6) Additional specimen testing of a suspected HAV case may be warranted. Please see the IDPH HAV Testing Algorithm to determine if the specimen should be sent to IDPH for additional testing at CDC.
- 7) Attach the outbreak ID: **IL2018-716 Statewide Hepatitis A Outbreak** to all hepatitis A outbreak-related cases in I-NEDSS.

Background

Nation-wide: Since March of 2017, several states across the U.S. have experienced person-to-person outbreaks of HAV primarily among persons who use injection and non-injection drugs, persons who are homeless, incarcerated, and / or who are MSM, as well as close contacts. As of June 18, 2019, 23 states have reported outbreak-related cases, as shown on the [CDC HAV outbreak page](#).

Illinois: As seen in Figure 1 below, the number of confirmed HAV cases continue to rise in Illinois. In 2018, Illinois had a total of 93 confirmed cases of hepatitis and there is a total of 97 confirmed cases reported in 2019 to date. Many cases have been attributed to person-to-person transmission, and have occurred among individuals with known risk factors, rather than point-source exposures.

For additional information on demographic and epidemiological data, click [here](#) to reference the IDPH hepatitis A outbreak page. The IDPH hepatitis A outbreak public website is updated each Wednesday.

Figure 1.

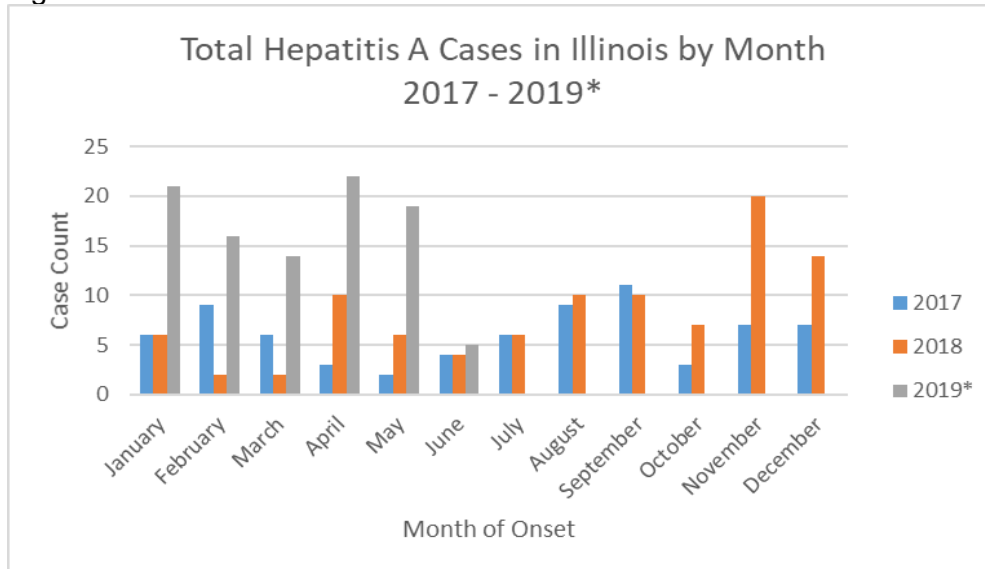


Figure 1. Illinois total cases of hepatitis A 2017-2019*, by month
*2019 cases are provisional and subject to change

Potential Exposures

Persons most at-risk for contracting HAV from person-to-person transmission include:

- Persons who use injection and non-injection illicit drugs
- Men who have sex with other men (MSM)
- Homeless
- Persons who are or have been recently incarcerated
- Persons who have ongoing, close contact with any of the above-mentioned groups

Symptoms

Symptoms of hepatitis A usually start appearing within 4 weeks after exposure, but can occur as early as 2 and as late as 7 weeks after exposure. Symptoms include jaundice, diarrhea, pale colored stools, stomach pain, dark urine, nausea, feeling tired, loss of appetite and fever.

Transmission

HAV is transmitted person-to-person through the fecal-oral route. This transmission is passed easily from one person to another through food, water, drug use and sex.

Diagnosis

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).

Prevention

The best way to prevent hepatitis A is through vaccination with the hepatitis A vaccine. While two doses are recommended to complete the series, even one dose provides nearly 95%

immunity for several years. LHDs have vaccine supplies for high-risk population as described below, and effective immediately, hepatitis A vaccine can be ordered and administered through the Adult Vaccine Program (a separate correspondence will be sent addressing this topic). Good hand hygiene, including thoroughly washing hands after using the bathroom, and avoiding high risk behaviors also play an important role in preventing the spread of hepatitis A. For additional information on prevention, click [here](#).

IDPH and LHD Response

- 1) Rapid follow-up by the LHD on all suspect hepatitis A case reports and laboratory results.
 - a. Identify any risk factors or travel the case may have had during exposure period
 - b. Identify close contacts for PEP within 2 weeks of exposure (record contacts in applicable section by name if possible in I-NEDSS)
 - c. Identify if case is a food handler
 - d. Secure specimen to send to IDPH as applicable
 - e. Ask about places they meet partners (social media apps, bars, etc.) and record findings in I-NEDSS (epi comments)

- 2) All LHDs should be communicating with providers within your jurisdiction about the increase in cases so that they are aware of the activity
 - Urge them to collect risk information and names of patient's close contacts
 - Request swift reporting of cases to the LHD
 - Request all hospital laboratories to hold specimen on suspect cases for 30 days so that IDPH can send to CDC for further testing and genotyping if warranted
 - Encourage them to offer and recommend vaccine to their patients with risk factors

- 3) LHDs who are VFC providers and able to order 317 hepatitis A vaccine should order at this time if you have not done so already and start dissemination this vaccine to high-risk individuals in your health department and at any provider site that may see high-risk clients (jails, EDs, harm reduction sites, homeless shelters, etc.)
 - LHDs can now order this vaccine themselves in I-CARE under the 317-funded adult vaccine program.
 - You can take vaccine off-site and leave with clinics/providers who see high-risk clients for them to give vaccine (the LHD does NOT need to be there). If vaccine is taken off-site, simply record it on the [Hepatitis A Vaccination Event Tracking Form](#) and record doses administered in I-CARE as 317.
 - Mobile units are available through IDPH upon request
 - LHDs need to engage in outreach to community partners and community-based facilities who serve persons most at-risk for contracting HAV.

- 4) 317 HAV vaccine from the CDC should be considered for the following persons/populations:
 - a. Homeless individuals
 - b. Persons who use injection and non-injection drugs
 - c. Men who have sexual contact with other men (MSM)
 - d. Persons who are or who have been recently incarcerated
 - e. Persons who have ongoing, close contact with these risk groups
 - f. Persons with a chronic liver disease

- 5) LHDs need to engage in outreach to community partners and community-based facilities who serve persons most at-risk for contracting HAV.
 - Provide education to facilities on HAV symptoms and transmission

- Offer HAV vaccine to persons who frequent and work at these facilities
- Share HAV fact sheets with facilities to display and have available for individuals who frequent these facilities.

Contact

For questions or additional information about the outbreak or regarding 317 hepatitis A vaccine, please contact the IDPH CDCS at 217-782-2016 or Immunization Section at 217-785-1455.

Additional Resources

IDPH Web Portal Hepatitis A Outbreak Resources

<https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Pages/Hepatitis%20A%20Outbreak%20Resources.aspx>

IDPH Public Website:

<http://www.dph.illinois.gov/hepatitisA>

Centers for Disease Control and Prevention Hepatitis A outbreak website:

<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

Updated PEP recommendations:

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

Target Audience

Local Health Departments

Date Issued

June 18, 2019

Author

Communicable Disease Section

Illinois Hepatitis A Person-to-Person Outbreak Case Definition:

An acute case of hepatitis A meeting the confirmed case classification with onset on or after September 1, 2018 in an Illinois resident who:

CONFIRMED CASE

- A case that meets the clinical criteria and is IgM anti-HAV positive, OR
- A case that has hepatitis A virus RNA detected by NAAT (such as PCR or genotyping), OR
- A case that meets the clinical criteria and occurs in a person who has an epidemiologic link (household contact, drug partner, or sexual contact) with a laboratory-confirmed hepatitis A case 15–50 days prior to onset of symptoms

EXCLUSIONS

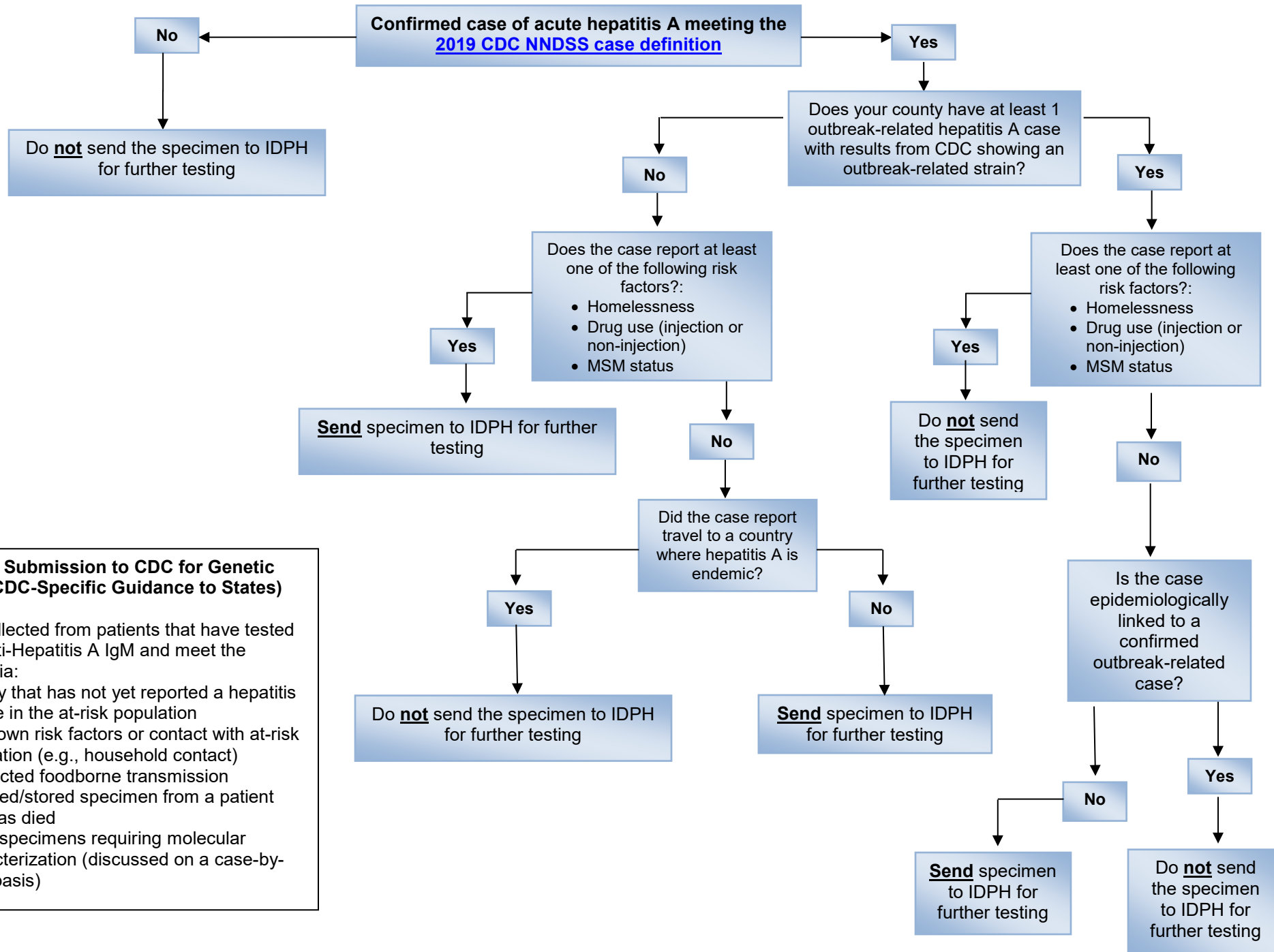
A case will be excluded if any of the following conditions apply:

- In the absence of known risk factors (injection or non-injection drug use, men who have sex with men, homelessness, or incarceration), any case that occurs in a patient who reports travel to a country or U.S. territory with endemic hepatitis A during the 15–50 days before symptom onset, OR
- Any case that is linked to a foodborne outbreak by related sequencing, OR
- In the absence of known risk factors (injection or non-injection drug use, men who have sex with men, homelessness, or incarceration), any case that is epi-linked to a foodborne outbreak, OR
- Any case with a specimen collected within four weeks of symptom onset that is negative for HAV RNA

HEPATITIS A – CDC TESTING ALGORITHM

Used for determining whether hepatitis A specimens should be sent to IDPH for further testing at CDC

Updated per CDC guidance March 18, 2019



Specimen Submission to CDC for Genetic Analysis (CDC-Specific Guidance to States)

Specimens collected from patients that have tested positive for anti-Hepatitis A IgM and meet the following criteria:

1. County that has not yet reported a hepatitis A case in the at-risk population
2. No known risk factors or contact with at-risk population (e.g., household contact)
3. Suspected foodborne transmission
4. Archived/stored specimen from a patient who has died
5. Other specimens requiring molecular characterization (discussed on a case-by-case basis)