

CHICAGO HEPATITIS A RESPONSE TASKFORCE

Chicago Department of Public Health – Immunization Program

Issue Number 3 : July 2019

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

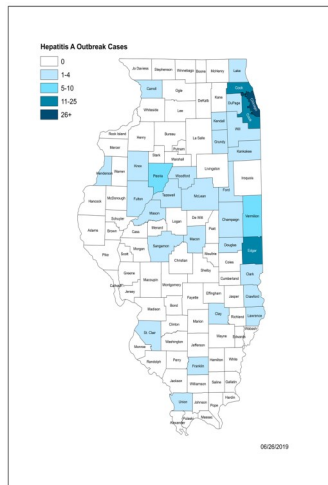
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HAV Quick Facts

- *People who get hepatitis A may feel sick for a few weeks to several months but usually recover completely and do not have lasting liver damage.*
- *In rare cases, hepatitis A can cause liver failure and even death; this is more common in older people and those with co-morbidities.*

Illinois/Chicago Area Hepatitis A Update - New Case Definition



Outbreak Related Hep A Cases by County as of July 17, 2019

In May 2019, the [Centers for Disease Control and Prevention \(CDC\)](#) provided an updated case definition resulting in an increase in the number of hepatitis A cases identified as being outbreak related. As of July 10, 2019, [the state of IL is now reporting 139 confirmed outbreak related cases of Hepatitis A Virus \(HAV\)](#) that are not associated with international travel or foodborne related. These cases were identified primarily among populations who report drugs use, men who have sex with men (MSM), and people experiencing homelessness.¹ Illinois cases are primarily concentrated in Edgar (23) and Cook (55) counties, with the City of Chicago accounting for 41 of the 55 Cook county cases. Cases in bordering states are still increasing, with Kentucky (4,766), Indiana (1,744), and Missouri (343) still experiencing significant outbreaks. As a result, the Illinois Department of Public Health (IDPH) is continuing efforts to provide vaccinations to individuals most at risk for infection.

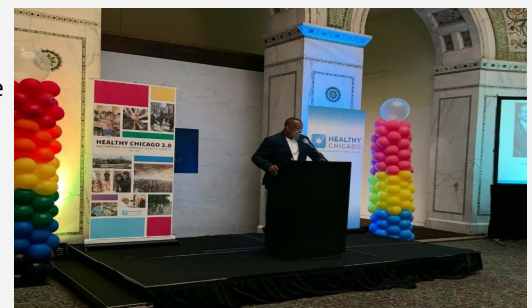
The Chicago Department of Public Health (CDPH) reports 41 confirmed cases of HAV as of June 25, 2019, which have been identified as being associated with the ongoing state outbreak. Primary risk factors are MSM (46.4%), drug use (25.6%), and homelessness (2.6%), and 27 of the 39 cases resulted in hospitalization (69.2%), though no deaths have been identified.

CDPH continues to actively provide vaccinations to high-risk groups (individuals experiencing unstable housing or homelessness, people who use drugs, and MSM); however, outbreaks in surrounding states, and the circulation of multiple strains of the HAV, require aggressive vaccination of these populations to limit the spread of the virus. **Vaccination still remains the best way to prevent hepatitis A infection.**

CDPH Celebrates Pride Month

The Chicago Department of Public Health (CDPH) recognized the anniversary of Stonewall on June 28th and celebrated the many triumphs that have improved the overall health and well-being of the Chicago LGBTQ community over the past 50 years.

In addition, since MSM have been disproportionately affected by hepatitis A outbreaks in IL, CDPH continues to partner with Howard Brown Health Center to make hepatitis A vaccine available to high-risk individuals who are uninsured or unable to pay. [Patients can call to make an appointment or visit during hours of operation without an appointment and request hepatitis A vaccination](#) (For more details and locations, please follow the provided link). Also, the Chicago Department of Public Health (CDPH) walk-in immunization clinics provide vaccinations for children and adults who are uninsured, or unable to pay at no out-of-pocket cost, including the hepatitis A vaccine. Please use this opportunity to reach out to members of this community and encourage hepatitis A vaccination.

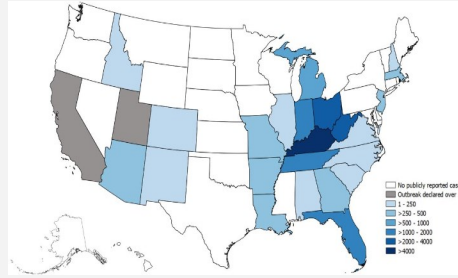


CDPH LGBTQ Outreach Liaison Antonio King Speaking at the 50 Years Since Stonewall: Collaborating to Achieve Health Equity reception.

1. CDC. (2019, May). [Hepatitis A, Acute 2019 Case Definition](#)
2. IDPH. (2019, July 10). [Hepatitis A](#)

National Perspective

Since 2016, hepatitis A outbreaks have been identified in 25 states across the U.S. with a seven-fold increase of HAV infection reported in 2018. A total of 22,028 cases of HAV infection have been identified as of July 12, 2019.¹ This increase has been primarily attributed to an increase in person-to-person transmission, primarily among people who use drugs, are experiencing homelessness, and MSM. Of those cases, 13,002 (59%) have resulted in hospitalization and 216 (1%) have resulted in death.



Reported HAV Outbreak Cases as of June 21, 2019

The CDC recommends public health departments, healthcare facilities, public partners, and programs providing services to affected populations continue to vaccinate at-risk groups against hepatitis A. One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of HAV and provides up to 95% seroprotection in healthy individuals for up to 11 years. This also follows the updated recommendations of the Advisory Committee on Immunization Practices (ACIP). More information about these outbreaks can be found here: www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm.

Recommendations

Offer Vaccination to the Following Groups:

The best way to prevent HAV infection is through vaccination with the hepatitis A vaccine. The following groups are at highest risk for acquiring HAV infection or developing severe complications from HAV infection in these outbreaks and should be offered the hepatitis A vaccine:

- **Men who have sex with men (MSM)**
- **People who use drugs (injection or non-injection)**
- **People experiencing unstable housing or homelessness**
- **People who are currently or were recently incarcerated**
- **People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C**

Many of those at increased risk for HAV infection are being targeted in prevention efforts nationwide. Homelessness or unstable housing is now a routine indication for hepatitis A vaccine. Increasing vaccination coverage among all at-risk groups is recommended by ACIP to halt the progression of ongoing outbreaks and prevent future large community outbreaks¹.

Prevention:

Hepatitis A vaccine is the most effective method of preventing infection. One dose provides 95% protection, and two doses provide 99% protection. Effective hand washing (soap and water for 20 seconds preferred over alcohol-based hand sanitizer), avoiding sharing food, drinks, drugs, cigarettes, towels, toothbrushes, and eating utensils, and avoiding sex with someone who has HAV infection are essential to prevent the spread of the hepatitis A virus.



Laboratory specimen handling:

CDPH requests that providers save all reactive hepatitis A IgM specimens **for 30 days**. After HAV IgM testing, remaining serum/plasma should be transferred to a sterile 2mL cryovial and stored at -70°C (or -20°C if not available) within four hours of collection². Additional instructions will be provided if a case is selected for genotype testing.

1. CDC. (2019, July 12). [Widespread Outbreaks of Hepatitis A Across the United States](#)
2. CDPH. (2017, November 3). [Call for Suspected Hepatitis A Cases Among High Risk Groups in Chicago and Request to Save Laboratory Specimens](#)

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Requests for Hep A educational materials, please contact:

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312-746-6286
fvw8@cdc.gov

Also Available Online at:

www.cityofchicago.org/HepatitisA

Requests for Hepatitis A vaccine, please contact:

ChicagoVFC@cityofchicago.org

CHART Partners, please enter all Hep A doses into ICARE when possible and submit all publicly funded doses administered using the Vaccination Event Report Forms to:
vaccine@cityofchicago.org

HAV Resources

[CDPH Hepatitis A Information Page](#)

[CDPH Health Alert Network](#)

[CDC Hepatitis A Information Page](#)

[CDC Hepatitis A Health Advisory](#)

[CDC Hepatitis A 2019 Case Definition](#)

[ACIP Hepatitis A Recommendations](#)

