Recommendations During the COVID-19 Pandemic

Over the past several months, healthcare providers in this city have worked tirelessly to provide care to our community. They have remained vigilant as coronavirus disease (COVID-19) has spread rapidly throughout the city, putting themselves in the path of the virus and rising to the challenge of caring for our most vulnerable populations. Our heartfelt thanks goes out to all of our doctors, nurses, first responders, EMTs, pharmacists, medical technicians, public health professionals, and everyone else who has stepped up during these difficult times.

The rapidly evolving COVID-19 pandemic has impacted communities around the nation in many ways, including the way in which clinicians continue to provide care to their patients. Efforts to reduce transmission of COVID-19 such as stay-at-home and shelter-in-place orders, have led to decreased use of routine preventative medical services, including immunization services. Providers are doing all that they can to continue to give access to needed clinical services, while at the same time taking step to provide a safe environment for care. The CDC has suggested that immunization providers should refer to guidance developed to prevent the spread of COVID-19 in healthcare settings, and that efforts should be made to ensure that routine vaccination is maintained or reinitiated during the COVID-19 pandemic. These services are essential for protecting individuals and communities from vaccine-preventable diseases and outbreaks. The CDC also recommends that individuals at-risk for hepatitis A infection should receive vaccinations in non-congregate settings that allow for social distancing when possible. Whenever this is not possible, vaccination efforts in congregate settings should still continue for people at highest risk of acquiring hepatitis A virus (HAV) infection or developing serious complications from HAV infection, if social distancing standards can be maintained. Disruption of immunization services, even for brief periods, can result in increased numbers of susceptible individuals and raise the likelihood of outbreaks of vaccine preventable diseases (VPDs). These outbreaks could then cause a greater burden on a health system already strained by the current COVID-19 response.

Impact of COVID-19 on the Hepatitis A Outbreak

As we begin to reopen it is still unclear if current interventions will be effective in continuing to prevent the spread of COVID-19. The coronavirus pandemic’s impact on the world has been tremendous, slowing down or halting many aspects of both public and private healthcare. As programs and practices focus their limited resources on the prevention and treatment of COVID-19, other areas are consequently receiving less attention.

One such heavily impacted area is the hepatitis A outbreak response. As healthcare providers focus activities on COVID-19 cases and transition to telehealth visits, we have seen a decrease in both the testing for, and reporting of, new hepatitis A cases. We urge providers to remain aware of the continuing threat of hepatitis A virus infection, especially among our most vulnerable populations and request that when possible providers continue to vaccinate those most at-risk for infection.

As of June 23, 2020, the Illinois Department of Public Health (IDPH) is reporting 195 outbreak cases, 55 of which were identified in Chicago, of hepatitis A virus. While these numbers are current, please understand that there may be a significant delay in reporting due to the current pandemic. As always, two doses of hepatitis A vaccine remains the best method of preventing the spread of this infection.

References:
3.) CDC. (2020) Vaccination Guidance During a Pandemic.
5.) IDPH. (2020) Hepatitis A.
Meet the Hepatitis A Champion of the Quarter

This edition’s champion of the quarter is Stephanie Peden-Fox, Community Relations Manager for Blue Cross and Blue Shield of Illinois (BCBSIL), a longtime partner of the Chicago Department of Public Health (CDPH). Continuing the work that CDPH and BCBSIL began in 1990, Stephanie has worked closely with the CDPH immunization program to provide vaccinations to adults and children in some of our most vulnerable populations via the Chicago CareVan.

The CareVan, a public/private partnership between CDPH and BCBSIL, is a 30-foot mobile immunization clinic that travels around Chicago and provides age-appropriate vaccinations to the at-risk residents of Chicago. Stephanie works diligently in her efforts to manage the CareVan initiative, which is a community partnership program in which BCBSIL supports the outreach efforts of partnering organizations. BCBSIL staffs the program with a full-time coordinator who oversees vehicle scheduling and supplies, provides logistical support, and then drives the van to selected service sites. CDPH is BCBSIL’s primary partner in this endeavor, using the CareVan to facilitate needed outreach activities to the many underserved communities throughout our city. These services help to reduce long-term health care costs for the residents of Chicago and improve access to vaccination services. Last year the CareVan administered more than 11,000 vaccines to adults and children, at no out of pocket cost, directly in the communities where they live and work.

The Chicago CareVan has also been at the forefront in our fight against hepatitis A, delivering almost 2000 doses of adult hepatitis A vaccine to those populations most heavily impacted by the recent outbreak. Stephanie and BCBSIL’s continued dedication to providing immunizations services to those who would not otherwise be able to obtain them is admirable, and does much to look after a population that has a long history of being underserved. Our thanks to both Stephanie and BCBSIL for their tireless efforts and continued devotion to the people of this city.

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 once again 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 outbreaks.

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 non-injection 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.