Chicago Department of Public Health

Health Alert

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Rahm Emanuel, Mayor | Chicago Health Alert Network | Julie Y Morita, MD Commissioner

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Return of Outbreak-Associated Hepatitis A virus (HAV) to Chicago:
New risk for spread since end of 2017-2018 wave, renewed call for cases

SUMMARY AND ACTION ITEMS

***PROVIDERS*:**

- Chicago has identified 4 outbreak-associated HAV cases in the past month.
- Have a low threshold to report clinical suspicion for hepatitis A in high risk individuals (those with unstable housing, homelessness, drug-users, or men who have sex with men) to Chicago Department of Public Health (CDPH).
- Vaccinate high risk individuals for hepatitis A now.

***LABORATORIES*:** Save all reactive hepatitis A IgM specimens **for 30 days**.

Background: Since March 2017, the Centers for Disease Control and Prevention (CDC) has identified multiple hepatitis A virus (HAV) outbreaks in high risk populations across the country totaling over 10,000 cases. Applying CDC's 2018 outbreak case definition, Chicago experienced 22 outbreak-associated cases from 2017-2018 that were unrelated to Illinois' current outbreak (declared December 13, 2018). As of March 20, 2019, IL reports 45 confirmed outbreak-associated HAV cases, 4 of which reside in Chicago. Among the Chicago cases, one is known to be homeless and has a history of injecting drugs, one has a history of injecting drugs and 2 male cases report having male sexual partners. Timely collection of clinical and behavioral information as well as molecular diagnostic testing are important in determining which HAV genotypes are circulating locally and improves our ability to prevent additional cases. Vaccination of high-risk groups [individuals with unstable housing or experiencing homelessness, individuals who use injection and non-injection drugs, men who have sex with men (MSM)] has continued since 2017 but in the setting of continued importation of outbreak cases from surrounding states and likelihood of multiple concurrent circulating genotypes and strains, aggressive vaccination of high-risk groups is recommended to prevent excess morbidity.

UPDATED 2019 CSTE Clinical Case Definition: Clinical case definition requires discrete onset of fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine consistent with acute viral hepatitis AND jaundice OR elevated total bilirubin levels ≥3.0 mg/dL OR elevated serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels >200 IU/L AND the absence of a more likely diagnosis. Patients can be contagious up to 2 weeks prior to the onset of symptoms and 1 week after the onset of symptoms. See previous HAN alerts posted on www.chicagohan.org/hepA for additional information.

Prevention: Hepatitis A vaccine is the most effective method of preventing infection. One dose provides 95% protection and 2 doses provide 99% protection. Homelessness or unstable housing is now a routine indication for hep A vaccine.[1] Promote effective handwashing (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.

Laboratory specimen handling: Please save all reactive hepatitis A IgM specimens for 30 days. Both serum and EDTA or citrate plasma are acceptable. Heparinized samples cannot be used. Serum/plasma should be spun at least 15 minutes at 3300 RPM and separated off of the cells as soon as possible (suggested: within 4 hours). After HAV IgM testing, remaining serum/plasma should be transferred to a sterile Nalgene 2mL cryovial (catalog #5000-0020) and stored at -70°C (or -20°C if not available) within four hours of collection. Each cryovial should be about 3/4 full. Additional instructions will be provided if a case is selected for genotype testing.

To report confirmed cases of hepatitis A, please call the provider reporting hotline **312-743-9000**.
Visit www.chicagohan.org/hepA for additional information and resources, including palmcards and posters.

1. Foster et al. Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness — California, Kentucky, Michigan, and Utah, 2017. MMWR Morb Mortal Wkly Rep 2018;67:1208–1210