

CHICAGO HEPATITIS A RESPONSE TASKFORCE

Chicago Department of Public Health – Immunization Program

Issue Number 2 : April 2019

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

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HAV Quick Facts

- Hepatitis A can survive up to two months on dry surfaces
- Environmental surfaces should be cleaned with a solution of 1:100 bleach and water to kill HAV
- The use of hand sanitizers are not effective in preventing infection with HAV
- Besides vaccination hand-washing is one of the most effective method of preventing transmission of HAV

Illinois/Chicago Area Hepatitis A Transmission

As of April 24, 2019, [IL reports 56 confirmed cases of outbreak-associated HAV](#), which are not associated with international travel nor foodborne transmission of the virus. The identified cases are primarily among populations who use drugs (58.9%), men who have sex with men (MSM)(30.8%), and people experiencing homelessness (5.4%).² With the bordering states of Indiana, Kentucky, and Missouri also reporting outbreaks, the Illinois Department of Public Health (IDPH) is increasing efforts to provide vaccinations to individuals most at risk for infection.

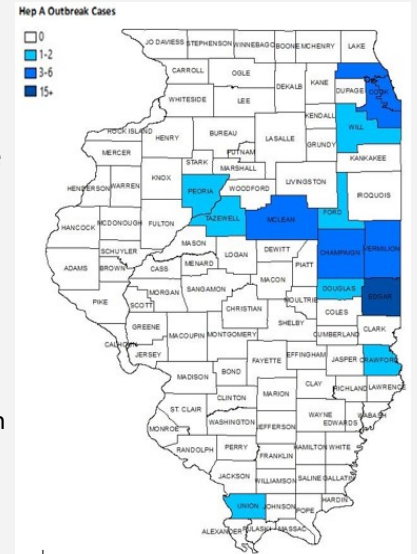
The Chicago Department of Public Health (CDPH) reports nine confirmed cases of HAV as of April 15, 2019, five of which have been identified as being associated with the ongoing state outbreak. The primary risk factors identified were drug use (22%), MSM (14.3%), and homelessness (11.1%). eight of the nine cases (88.9%) resulted in hospitalization, and international travel was reported in two cases.

CDPH is actively working to 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, requires aggressive vaccination of these populations to limit the spread of the virus. **Vaccination is the best way to prevent hepatitis A infection.**

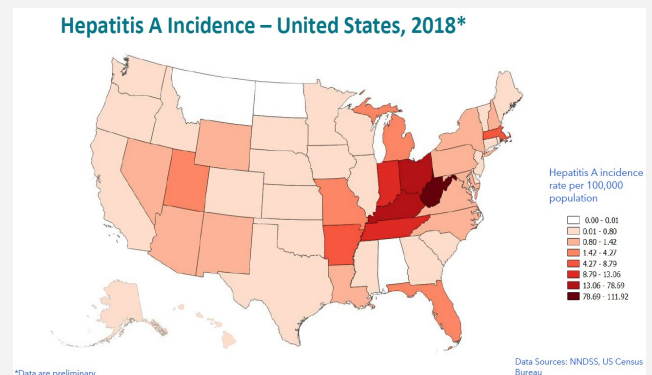
National Perspective

Since March 2017, multiple hepatitis A virus outbreaks have been identified in high-risk populations across the country. The CDC announced that more than [15,000 cases, 8,500 \(57%\) hospitalizations, and 140 \(1%\) deaths](#) have been reported nationally as a result of hepatitis A virus (HAV) infection, primarily among people who use drugs and people experiencing homelessness.¹ In 2019, the outbreak continues to expand and now encompasses 18 states as New Mexico, Louisiana, Georgia, Florida, and New Hampshire have all recently reported a marked increase in acute hepatitis A disease. Kentucky and West Virginia have been the most heavily impacted, and response efforts are ongoing. The CDC recommends public health departments, healthcare facilities, and partners and programs providing services to affected populations continue to vaccinate at-risk groups against hepatitis A, following 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

1. CDC. (2019, March 25). [Centers for Disease Control and Prevention \(CDC\) HAN Priority Professional and Media Partners Update](#). Retrieved from <https://content.govdelivery.com/accounts/USCDC/bulletins/2395157> CDC. (2019, March 25).
2. IDPH. (2019, March 27). [Hepatitis A](#).



Outbreak Related Hepatitis A Cases



National Incidence of Hepatitis A Infection 2018

Public Health Response

The CDPH continues to work with drug treatment facilities, homeless shelters, adult transition centers, hospitals, MSM populations, and local jails to provide outreach, public education, and vaccination to at-risk populations.



Recently, CDPH partnered with the Cook County Jail (CCJ) to offer hepatitis A vaccination to all inmates upon intake to the facility, as many inmates within correctional facilities are at high risk for hepatitis A infection due to drug use, risky sexual behavior, and homelessness. With 15.3% of inmates reporting homelessness before incarceration, and with an increased risk of homelessness upon release, programs that address the need for Hepatitis A vaccination in a jail setting present a unique opportunity to provide services to high-risk and hard to reach populations.³ In addition, vaccination for all inmates may be an appropriate strategy for preventing the spread of hepatitis A virus within a correctional facility during a community outbreak. To date, CCJ has provided health education and administered hepatitis A vaccinations to more than 380 inmates, and vaccination efforts are ongoing.

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:

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



Many of those at increased risk for hepatitis A infection are being targeted in prevention efforts nationwide. Increasing vaccination coverage among all at-risk groups is recommended by ACIP to halt the progression of ongoing outbreaks and prevent future large community outbreaks.

Prevention:

Hepatitis A vaccine is the most effective method of preventing infection. One dose provides 95% protection, and two doses provide 99% protection. Homelessness or unstable housing is now a routine indication for hep A vaccine.⁴ 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.

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.

3. Greenberg, G., & Rosenheck, R. (2008, February). [Jail Incarceration, Homelessness, and Mental Health: A National Study](#). *Psychiatric Services*, 59(2), 170.
4. Foster et al. (2018, November 2) [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

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Requests for Hep A educational materials, please contact:

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312-746-6286
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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](#)

