C.H.A.R.T.

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

CHICAGO HEPATITIS A RESPONSE TASKFORCE

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

In This Issue

- National Call to Action
- Illinois/Chicago Area Hepatitis A Update
- Vaccinations to Date
- Meet the Hepatitis A Vaccine Champion
- I-CARE Collaboration Project: Hepatitis A Vaccination Data

HAV Quick Facts

How Long Do HAV Symptoms Last?

Symptoms of hepatitis A usually last less than 2 months. There is no such thing as chronic hepatitis A, although 10%–15% of symptomatic persons can have prolonged or relapsing disease for up to 6 months.
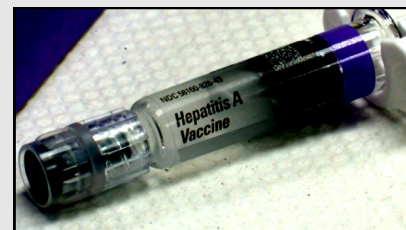
National Call to Action

The Center for Disease Control and Prevention (CDC) is requesting assistance from health care providers nationwide to address the growing Hepatitis A outbreak across the United States[1]. Since 2016, hepatitis A outbreaks have been identified in 30 states across the US with a total of 27, 474 cases of hepatitis A reported nationwide. To date, there have been 16,589 (60 %) associate hospitalizations and 275 deaths[2].

The CDC is requesting that providers assist in controlling the outbreak by vaccinating at-risk populations. Which include:
- People who use drugs (injection or non-injection)
- People experiencing an unstable housing situation or 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

The CDC is also requesting that health care providers:
- Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms. If no alternative diagnoses are likely, serologic testing for acute viral hepatitis (including anti-HAV IgM) and liver function tests should be ordered.
- Do not test people for hepatitis A who do not have signs of acute hepatitis.
- Ensure all people diagnosed with hepatitis A are reported to the health department within 24 hours. Screen patients for key risk factors (e.g., drug use, homelessness, MSM status, travel to outbreak affected states, and incarceration) and document their presence or absence in the medical record. Visit www.chicagohan.org/hepA for more details. CDPH is developing an online case report form that will be posted on this website to make reporting easier and faster.
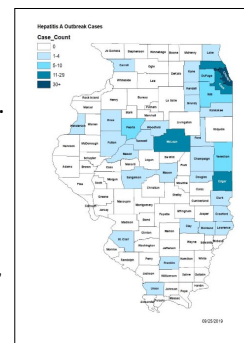
Illinois/Chicago Area Hepatitis A Update

Currently, the Illinois Department of Public Health (IDPH) reports 166 confirmed outbreak related cases of Hepatitis A Virus (HAV) as of October 23, 2019, with cases concentrated in Cook (66), Edgar (25), and McLean (12) counties[3]. The Chicago Department of Public Health (CDPH) reports 47 confirmed outbreak related cases of HAV as of October 11, 2019, resulting in 35 hospitalizations (74.5%) and no deaths. Primary risk factors are men who have sex with men (MSM) (48.6%), drug use (27.7%), and homelessness (6.4%). Hepatitis A cases in surrounding states continue to increase, with Kentucky (4,943), Tennessee (2,595), Indiana (2,157), and Missouri (482) still experiencing significant outbreaks.

Update on Chicago Vaccination Efforts

In our mission to make Chicago a safer and healthier place, CDPH has continued to work with its CHART community partners to vaccinate high-risk adults for hepatitis A. That collaboration has been extremely effective, resulting in the administration of 16,570 doses of both private and publically purchased hepatitis A vaccine to high-risk populations. Both CDPH and the Illinois Department of Public Health (IDPH) are continuing to pursue aggressive vaccination strategies given the continued volume of cases in surrounding counties and states. **Vaccination still remains the best method to prevent hepatitis A infection.**

1.CDC. (2019, September 27). Immunization Works September 2019
2.CDC. (2019, July 12). Widespread Outbreaks of Hepatitis A Across the United States
3.IDPH. (2019, July 10). Hepatitis A

Meet a Hepatitis A Vaccine Champion: Katie Allen, PharmD, Northwestern Medicine

Dr. Katie Allen serves as the Department of Pharmacy Emergency Medicine Team Lead at Northwestern Medicine's Emergency Department (ED) and shows us how effective an in-house vaccine champion can be in protecting high risk adults from hepatitis A. She noticed that her ED provider colleagues wanted to vaccinate their at-risk patients against hepatitis A and understood the importance but competing priorities was leading to missed opportunities. She decided to start screening ED patients for risk factors associated with hepatitis A infection herself and works tirelessly to ensure that none of them leave the ED unprotected.

What has contributed to your success?

To be completely honest, it has become more of a personal crusade/routine of mine. We don't have a "standing order" per se, but everyone in our ED has become accustomed to me scanning the board daily [for] high-risk patients. (I just order the vaccines for the patients and tell the providers [since] I work in the ED [with them] it couldn't be easier!) All of our providers are 100% on-board… and it takes very minimal time.

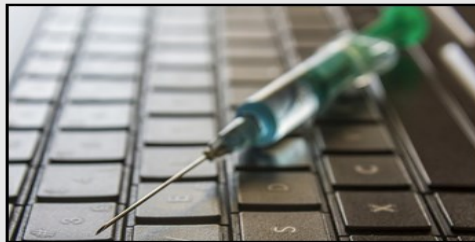**Any other tips for vaccinating the high-risk populations you see in the ED?**

I've even started bundling the Hep A vaccine with a flu shot for our homeless patients, for which we are really their only point of contact for healthcare. It's been going very well!

Dr. Allen's contributions towards preventing the further spread of this outbreak are significant, and her willingness to take on this activity shows her dedication to both her patients and public health at large. Thank you Dr. Allen!

I-CARE Collaboration Project: Hepatitis A Vaccination Data

While the number of cases of Hepatitis A continues to grow in the surrounding states, the number of cases in Illinois and Chicago, thankfully, remains relatively low. We would like to take the opportunity to thank you for your efforts as we endeavor to continue to provide services to the members of our community.

As we move forward, we are always looking for new chances to enhance our ability to collaborate with our partners. As such, CDPH would like to invite our CHART partners to participate in an opportunity to enrich the data in the Illinois Immunization Registry (I-CARE). By inputting patient and vaccine administration data into I-CARE, providers will contribute to a consolidated patient immunization history that can be used in determining appropriate patient vaccinations. Also, this effort provides aggregate data on vaccinations for use in public health surveillance activities, and assists in achieving the public health goals of improved vaccination rates, and a reduction in the morbidity of vaccine-preventable diseases. For information and training on how to begin inputting this information, please contact David Juen, I-CARE Coordinator, at 312-746-9866 or by email at David.Juen@cityofchicago.org.

Chicago Department of Public Health (CDPH)

Immunization Program
2160 West Ogden
Chicago, IL 60612

Program Questions:
Donovan Robinson
312-746-6286
fvw8@cdc.gov

Clinical Questions:
Marielle Fricchione, MD
Marielle.Fricchione@cityofchicago.org

Immunization Program Email:
ChicagoVFC@cityofchicago.org

To report new cases of Hepatitis A, B, or C, please contact:
Saul Ayala
312-746-6197
Saul.Ayala@cityofchicago.org

Requests for Hep A educational materials, please contact:
Donovan Robinson
312-746-6286
fvw8@cdc.gov

Also Available Online at:
www.cityofchicago.org/HepatitisA

Requests for Hepatitis A vaccine, please contact:
ChicagoVFC@cityofchicago.org

Please enter all Hep A doses into I-CARE when possible and submit all publicly funded doses administered using the Vaccination Event Report Form to:
vaccine@cityofchicago.org

HAV Resources

CDPH Hep A Information Page

CDPH Health Alert Network

CDC Hep A Information Page

CDC Hep A Health Advisory

CDC Hep A 2019 Case Definition

CDC Hep A Recommendations

ACIP Hep A Recommendations

Hepatitis A Vaccination Locations