



Health Alert



Rahm Emanuel, Mayor

Chicago Health Alert Network

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Call for suspected Hepatitis A cases among high risk groups in Chicago and request to save laboratory specimens

SUMMARY AND ACTION ITEMS

PROVIDERS:

- Have a low threshold to **report clinical suspicion for hepatitis A in high risk individuals** to Chicago Department of Public Health (CDPH). High risk individuals include those who are homeless or living in transient housing, men who have sex with men, users of injection and non-injection drugs, and/or individuals with a history of incarceration.
- In the setting of national outbreaks, **vaccinate high risk patients for hepatitis A now**.
- **Consider repeating non-reactive (NR) hepatitis A IgM** results in one week for clinically consistent cases.

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

Background: So far in 2017, among the 22 confirmed cases of hepatitis A (HAV) received by the Chicago Department of Public Health (CDPH), 14% are known to be homeless and 23% indicate the use of injection drugs. In addition, 8 (50%) of the 16 male cases report having male sexual partners. Proportions are higher than what has been documented in recent years for these populations. Ongoing large outbreaks of HAV are occurring in these high risk populations across the country. Timely molecular diagnostic testing is important to determine which HAV genotypes are circulating locally and improves our ability to prevent additional cases.

Symptoms: Symptoms of HAV include a viral prodrome of fatigue, malaise, fever, muscle aches, followed by nausea, vomiting, diarrhea (more common in children), abdominal pain and hepatitis (elevated serum aminotransferase levels) which can be associated with darkening of urine, pale-colored stools, and yellowing of the skin (jaundice) and/or eyes (scleral icterus). The most common symptom in adults is jaundice (>70%). Transmission occurs by fecal-oral route. Patients can be contagious up to 2 weeks prior to the onset of symptoms and 1 week after the onset of symptoms. Liver failure and death are more likely to occur in persons over the age of 50 years and those with chronic liver disease. Clinical case definition requires discrete onset of any sign or symptom consistent with acute viral hepatitis AND either jaundice OR elevated serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) levels.

Prevention: Hepatitis A vaccine is the most effective method of preventing infection ([10/24/17 CDPH recommendations](#)). One dose provides 95% protection and 2 doses provide 99% protection. Promote effective handwashing (soap and water for 20 seconds preferred over alcohol-based hand sanitizer), avoiding sharing of 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.

Contact: For additional information or questions, suspicion of HAV infection in high risk patients or questions about lab testing, please contact Immunization Program Medical Director Marielle Fricchione, MD at 312-746-5382 or marielle.fricchione@cityofchicago.org or Communicable Diseases Medical Director Sarah Kemble, MD at 312-746-6033 or sarah.kemble@cityofchicago.org. To report confirmed cases of hepatitis A, please contact Communicable Disease Hepatitis Surveillance at (phone) 312-746-6197; (fax) 312-746-6388.

References:

Acute Hepatitis A CSTE 2012 Case Definition: <https://www.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2012/>
Klebens RM and Sharapov U. CDC. [Manual for the surveillance of vaccine-preventable diseases. Hepatitis A: Chapter 3](#), 5th Edition, 2011.