



Indiana State Department of Health

Indiana Health Alert Network Advisory—March 28, 2018

Increase in Hepatitis A Cases, Southern Indiana—Prevention and Control

An increase in hepatitis A cases has been identified in southern Indiana, many of which are tied to a large outbreak in Louisville, Kentucky. Cases have been confirmed in several counties, with the majority of cases being reported in Clark and Floyd counties. In the last month, 17 cases have been reported (year-to-date: 40 cases; average is 20 cases per year). Many of the southern Indiana cases have involved inmates in the Clark County Jail. However, an elementary school in Clark County and a restaurant in Floyd County also have been impacted. The genotype of two of these cases matches that of ongoing outbreaks in Arizona, Kentucky, California, Michigan, and Utah. Transmission is presumed to occur person-to-person and through injection drug use; no commercial food product has been identified as being contaminated. Based on current information, populations who are homeless or use illicit drugs are considered at increased risk of exposure to hepatitis A.

Symptoms of hepatitis A appear 15-50 days after exposure and include abdominal pain, fatigue, nausea, vomiting, diarrhea, dark urine, pale stool, and jaundice. Healthcare providers are encouraged to ask patients about risk factors for hepatitis A, which include:

- Travel within the past 50 days to states with ongoing outbreaks
- Injection drug use
- History of homelessness
- Direct contact with individuals who have hepatitis A

Healthcare providers who suspect a patient has hepatitis A based on clinical assessment are strongly encouraged to order serologic IgM testing, especially if a patient reports the above risk factors. **Immediately report suspect cases of hepatitis A to the local health department in the county of the patient's residence in accordance with 410 IAC 1-2.5-75.**

The Indiana State Department of Health also recommends:

- Offer single-antigen hepatitis A vaccine to persons who are homeless and/or who report using injection or non-injection illicit drugs or contact with someone who has hepatitis A.
- In jurisdictions with hepatitis A outbreaks, offer hepatitis A vaccine to persons who have frequent close contact with persons who are homeless or use/have used illicit drugs (e.g., homeless shelters, jails, food pantries, drug rehabilitation programs).
- Hepatitis A vaccine is recommended for:

- Persons with chronic liver disease, including those with hepatitis B or C infection
- Users of injection and non-injection illicit drugs
- Men who have sex with men
- Persons traveling to or working in countries that have [high or intermediate levels of HAV transmission](#)
- Any person wishing to obtain immunity to HAV
- Persons who have been exposed to hepatitis A in the prior two weeks and are not known to be immune ([immune globulin is an alternative to vaccine or given in addition to vaccine in some instances](#)).

For questions or to report a suspect case of hepatitis A, please call the ISDH Epidemiology Resource Center at 317-233-7125 or afterhours at 317-233-1325.

Additional information

- The first dose of single-antigen HepA vaccine appears to provide protection to more people than the first dose of the combined HepA/Hepatitis B (Twinrix®) vaccine (see [Table 3, product insert](#)). This apparent advantage disappears when the respective series are completed. Providers should consider the short-term risks of exposure to HAV, the likelihood of follow-up to complete multi-dose immunization and the need for protection from HBV when selecting vaccines for those at risk. Immunization against HAV with existing supplies should not be delayed to obtain a different formulation of vaccine.
- Hepatitis B vaccine is also recommended for injection drug users who are not known to be immune. A complete vaccination series is needed for full protection.
- If a provider suspects acute hepatitis A based on clinical assessment, additional molecular testing for HAV is recommended. The provider should consider drawing an additional tube of blood for serum to be saved by the lab and sent in should the IgM anti-HAV test be positive, especially if the likelihood of loss to follow-up (e.g., homeless patient) is high. Contact your local health department for additional information.
- Serologic testing for HAV infection is not recommended for asymptomatic people, nor is serologic testing for HAV immunity recommended as screening before vaccination.

For a complete list of populations that might be at higher risk for hepatitis A, visit the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/hepatitis/hav/havfaq.htm#general>.

Additional information can be found at <https://www.cdc.gov/hepatitis/hav/afaq.htm>.