



Indiana State Department of Health

Indiana Health Alert Network Advisory — May 24, 2019

UPDATE: Healthcare Providers Reminded to Stay Vigilant Against Hepatitis A as Outbreak Tops 1,400 Cases

Indiana has been experiencing an outbreak of hepatitis A for more than 18 months, and new cases continue to be identified. Since November 2017, the Indiana State Department of Health (ISDH) has confirmed 1,468 outbreak-related cases of hepatitis A. Indiana typically sees about 20 cases in a 12-month period. Four deaths in Indiana have been linked to this outbreak.

Indiana health officials have been working to educate the public, homeless shelters, food establishments, jails and others serving at-risk populations about the outbreak and ways to prevent the disease. There are opportunities for some hospital emergency departments to offer hepatitis A vaccine if they serve a large number of high risk individuals or are located in areas with a large number of active cases. Hospital emergency departments interested in receiving doses of hepatitis A vaccine that can be offered to patients at risk should call the ISDH Immunizations Division at 317-233-2320.

ISDH asks that all healthcare providers continue to engage in the ongoing outbreak response by offering hepatitis A vaccinations; promoting best practices to prevent hepatitis A; and identifying, testing and reporting suspect cases of acute hepatitis A infection. This hepatitis A outbreak continues to impact hundreds of Hoosiers and is still a threat to public health in Indiana despite multistate outbreaks of other diseases, such as measles.

It is particularly important for healthcare providers who work with at-risk groups and people who are uninsured or underinsured to offer hepatitis A immunization so more Hoosiers can be protected. The Centers for Disease Control and Prevention (CDC) identifies those most at risk during this outbreak as illicit drug users, individuals experiencing homelessness or in transient living situations, men who have sex with men and those who are incarcerated. More than 50 percent of the individuals diagnosed with hepatitis A in Indiana have reported illicit drug use, while nearly 10 percent have reported homelessness, and more than 15 percent were recently incarcerated.

Due to the continued spread of hepatitis A in Indiana, ISDH expanded its Adult Vaccine Program to include those who are uninsured or underinsured. All adult patients reporting as underinsured must follow the same criteria as outlined in the Childhood Eligibility Statement. Insurance coverage must be verified before adult public doses are administered. One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% seroprotection in healthy individuals for up to 11 years.

Visit the ISDH hepatitis A outbreak [website](#) for state updates and the [CDC website](#) for national outbreak information.

Hepatitis A Reporting Requirements

In accordance with Indiana Administrative Code 410 1-2.5-75 cases of hepatitis A are to be **reported immediately** by telephone or other instantaneous means of communication to the local health department in the patient's county of residence **upon first knowledge or suspicion of the diagnosis**. Healthcare providers should **not** wait for laboratory confirmation of the disease before reporting suspected cases. Laboratories must also report cases of hepatitis A immediately to the ISDH.

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 symptomatic patients about risk factors for hepatitis A, which include:

- Travel within the past 50 days to states with ongoing outbreaks
- Men who have sex with men
- Illicit drug use
- History of homelessness
- Incarceration
- 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.

Hepatitis A Specimen Submission Request

The ISDH Laboratories is requesting the submission of all positive hepatitis A blood specimens from Indiana facilities so additional testing can be performed.

- If your laboratory performs in-house serologic IgM testing for hepatitis A, please send all positive specimens to the ISDH Laboratories for additional epidemiology testing.
- Until further notice, if your laboratory normally sends specimens to an out of state reference lab for hepatitis A testing, please send them instead to ISDH Laboratories. This testing will be free of charge.

Please direct hepatitis A laboratory questions to Dr. Nicolas Epie at 317-921-5555 or nepie@isdh.in.gov.

Hepatitis A Vaccine Recommendations

- **To prevent and control hepatitis A outbreaks**, offer single-antigen hepatitis A (hep A) vaccine to persons who are homeless, those who report using injection or non-injection illicit drugs, recently incarcerated, and men who have sex with men.
- **In jurisdictions with hepatitis A outbreaks**, also offer hep A vaccine to persons who have frequent close contact with persons who are homeless or using illicit drugs (e.g., in homeless shelters, jails, food pantries, drug rehabilitation programs, etc.).
- **The CDC recommends the following groups be vaccinated against hep A:**
 - All children at age 1 year
 - Persons who are at increased risk for infection:
 - Persons traveling to or working in countries that have [high or intermediate endemicity of hepatitis A](#);
 - Men who have sex with men;

- Persons who use injection and non-injection drugs;
 - Persons who have occupational risk for infection (i.e. persons who work with hep A infected animals or in a hep A research laboratory)
 - Persons who have chronic liver disease;
 - Persons who have clotting-factor disorders;
 - Household members and other close personal contacts or adopted children newly arriving from countries with high or intermediate hep A endemicity; and
 - Persons with direct contact with persons who have hep A.
- Persons who are at increased risk for complications from hep A, including people with chronic liver diseases, such as hepatitis B or hepatitis C.
 - Any person wishing to obtain immunity.

Individuals who do not have risk factors associated with the hepatitis A outbreak but who still wish to be vaccinated should receive vaccine through private providers or pharmacies.

Additional information

- The first dose of single-antigen hep A vaccine appears to provide protection to more people than the first dose of the combined hep A/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 hep A, the likelihood of follow-up to complete multi-dose immunization and the need for protection from hep B when selecting vaccines for those at risk. Immunization against hep A 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 hep A is recommended. The provider should consider drawing an additional tube of blood for serum to be saved by the submitting lab, especially if the likelihood of loss to follow-up (e.g. homeless patient) is high. This specimen should then be sent to the ISDH Laboratories for additional testing.
- Serologic testing for hep A infection is not recommended for asymptomatic people, nor is serologic testing for hep A immunity recommended as screening before vaccination.

For questions or concerns regarding hepatitis A please contact Nicole Stone at NStone2@isdh.in.gov or 317-234-2898.