



## Indiana State Department of Health

### Indiana Health Alert Network Advisory — Dec. 7, 2018

#### Indiana's Hepatitis A Outbreak Enters Second Year

It has been more than a year since Indiana began responding to the hepatitis A outbreak among several at-risk populations. Since November 2017, the Indiana State Department of Health (ISDH) has confirmed 723 outbreak-related cases of hepatitis A. Indiana typically sees about 20 cases in a 12-month period. Two deaths in Indiana have been linked to this outbreak. As this outbreak continues to spread, all Indiana health providers should continue enhanced prevention and surveillance efforts.

The Centers for Disease Control and Prevention (CDC) identifies those most at risk during this outbreak as illicit drug users, the homeless, 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 being homeless and more than 15 percent were recently incarcerated.

Indiana health officials have been working to educate the public, shelters, food establishments, addiction recovery centers, jails and others serving at-risk populations about the outbreak and ways to prevent the disease. The ISDH has allocated more than \$1 million in additional state and federal funds to supply adult vaccine to local health departments that are working to immunize those who are at risk or who may have come in contact with the disease. Hepatitis A is usually transmitted person-to-person through fecal-oral routes or by consuming contaminated food or water. This outbreak has spread through person-to-person transmission. While some cases have reported working as food handlers, no illness has been transmitted through food.

Due to the continued spread of hepatitis A in Indiana, the ISDH is expanding 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.

As this ongoing response continues, ISDH also encourages health care providers to offer hepatitis A vaccinations during this busy flu season. A flu shot is a great opportunity to discuss hepatitis A immunization with the at-risk population and those who are uninsured or underinsured so more Hoosiers can be protected.

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](mailto: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.