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PUBLIC HEALTH ADVISORY

To: Medical Providers, Clinicians, Hospitalists, Healthcare Facilities, Physician Practices, Corrections and Veteran agencies, Emergency Services, Urgent Care

From: Dr. Siiri Bennett, State Epidemiologist

Subject: **Maine CDC Encourages Providers to Obtain Vaccine and Vaccinate At-Risk Populations for Hepatitis A**

Date / Time: Thursday, February 13, 2020 at 10:00AM

Pages: 4

Priority: Normal

Message ID: 2020PHADV007

Abstract:

In 2019, Maine saw a nearly five-fold increase in hepatitis A cases over the five-year average number of cases, increasing from 9 in 2018 to 45 in 2019. A quarter of the cases in 2019 had risk factors such as injection drug use or homelessness.

Maine CDC recommends that healthcare providers and facilities that provide services to at-risk populations obtain hepatitis A vaccine and offer vaccination to their clients to prevent further spread of hepatitis A.

- Screen patients for risk factors (e.g., drug use, homelessness, incarceration, MSM, and chronic liver disease).
- Recommend and administer hepatitis A vaccine to at-risk patients, regardless of the original presenting complaint or the type of clinical facility. In particular, the emergency department may be an individual's only interaction with the healthcare system and is an important opportunity for prevention.
- Record immunizations in the state immunization information system (registry).
- Consider hepatitis A as a diagnosis in anyone with jaundice, elevated liver enzymes, or clinically compatible symptoms. Order an acute hepatitis panel to include hepatitis A IgM on these patients.

Rapidly report all persons diagnosed with hepatitis A to the health department to ensure timely case investigation and follow-up of contacts.

Maine CDC Encourages Providers to Obtain Vaccine and Vaccinate At-Risk Populations for Hepatitis A

In 2019, Maine saw a nearly five-fold increase in hepatitis A cases over the five-year average number of cases, increasing from 9 in 2018 to 45 in 2019. Twelve of these cases were linked to a foodborne outbreak in Aroostook County that ended last summer, twelve were in Kennebec County and six were in York County. A quarter of the cases in 2019 had risk factors such as injection drug use or homelessness. Three of the cases have been linked to outbreaks among people experiencing homelessness and people who use drugs in other states.

Background

Thirty states across the country have reported outbreaks of hepatitis A, primarily among people who use drugs and people experiencing homelessness. Since the hepatitis A outbreaks were first identified in 2016, more than 15,000 cases, 8,500 hospitalizations, and 140 deaths as a result of hepatitis A virus (HAV) infection have been reported. There are currently hepatitis A outbreaks in New Hampshire and Massachusetts.

Recommendations

Maine CDC recommends that healthcare providers and facilities that provide services to at-risk populations obtain hepatitis A vaccine and offer vaccination to their clients to prevent further spread of hepatitis A.

- Screen patients for risk factors (e.g., drug use, homelessness, incarceration, MSM, and chronic liver disease).
- Recommend and administer hepatitis A vaccine to at-risk patients, regardless of the original presenting complaint or the type of clinical facility. In particular, the emergency department may be an individual's only interaction with the healthcare system and is an important opportunity for prevention.
- Record immunizations in the state immunization information system (registry).
- Consider hepatitis A as a diagnosis in anyone with jaundice, elevated liver enzymes, or clinically compatible symptoms. Order an acute hepatitis panel to include hepatitis A IgM on these patients.
- Rapidly report all persons diagnosed with hepatitis A to the health department to ensure timely case investigation and follow-up of contacts.

Prevention

The best way to prevent HAV infection is through vaccination with the hepatitis A vaccine. One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% protection in healthy individuals for up to 11 years. Pre-vaccination serologic testing is not required to administer hepatitis A vaccine. Vaccinations should not be postponed if vaccination history cannot be obtained or records are unavailable. If you need vaccine to vaccinate uninsured individuals, please contact the Maine Immunization Program (MIP) at 207-287-3746 or susan.greene@maine.gov.

Additionally, practicing good hand hygiene, including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food, plays an important role in preventing the spread of hepatitis A.

Risk factors for infection

The following individuals are at highest risk for hepatitis A:

- People who use drugs (injection or non-injection)
- People experiencing 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

Facilities that serve at-risk populations include:

- Federally Qualified Health Clinics (FQHC)
- Emergency departments
- Urgent, Express, or quick care clinics
- Correctional facilities, including state prisons and county jails
- Shelters and resource centers for people experiencing homelessness or housing insecurity
- Syringe Service Programs
- Medication-Assisted Treatment providers (MAT)
- Substance use disorder treatment facilities and recovery centers
- Sexually transmitted diseases (STD) clinics

Hepatitis A

Hepatitis A infection is a vaccine-preventable illness. The primary means of hepatitis A virus (HAV) transmission in the United States is typically person-to-person through the fecal-oral route (i.e., ingestion of something that has been contaminated with the feces of an infected person). Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice. Illness from hepatitis A is typically acute and self-limited; however, when this disease affects populations with already poor health (e.g., hepatitis B and C infections, chronic liver disease), infection can lead to serious outcomes, including death.

Reporting: Hepatitis A, B, C, D and E are reportable conditions in the State of Maine. Health care providers should report all cases of acute hepatitis to Maine CDC at 1-800-821-5821 immediately on recognition or strong suspicion of disease. Cases of chronic hepatitis B, C and D (conventional and rapid tests) should be reported within 48 hours of recognition or strong suspicion of disease.

For More Information

- MMWR. Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness – California, Kentucky, Michigan, and Utah, 2017.
<https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a3.htm>
- CDC’s Hepatitis A Outbreak website. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
- Outbreak specific considerations for hepatitis A vaccine administration.
<https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>
- CDC’s Hepatitis A Virus website. <https://www.cdc.gov/hepatitis/hav/index.htm>

- Hepatitis A General Information Fact Sheet.
<https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf>
- CDC's The Pink Book. Chapter 9: Hepatitis A.
<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepa.pdf>