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PUBLIC HEALTH ADVISORY

To: All HAN Recipients
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Elevated Rates of Hepatitis A Infection Linked to Ongoing Person-to-Person Transmission**
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Elevated Rates of Hepatitis A Infection Linked to Ongoing Person-to-Person Transmission

Summary

The purpose of this advisory is to inform healthcare providers and community-based organizations that:

- Maine continues to have an outbreak of hepatitis A across the state.
- Hepatitis A vaccination is recommended for, and should be offered to, patients with risk factors for infection (persons reporting drug use, homelessness, incarceration, and men who have sex with men) or patients with severe outcomes associated with hepatitis A infection such as those with chronic liver disease.
- Providers at facilities serving at-risk populations such as syringe service programs and substance use treatment facilities should recommend and administer hepatitis A vaccine to their clients. Programs without health care providers should provide education about hepatitis A and refer to care.

Background

Cases of hepatitis A in Maine remain elevated. Since 2019, Maine CDC has identified 297 cases of hepatitis A, which is a significant increase from the annual average of 7.5 cases in previous years (2015-2018). Reported cases in 2022 have already exceeded the total reported cases in 2021. Since 2019, 95% of hepatitis A cases in Maine have been from person-to-person transmission; only 4% were associated with a known food exposure. The outbreak in Maine is linked to person-to-person transmission [across several states](#) which started in 2016. In Maine, 53% of hepatitis A cases for whom this information was available reported recreational drug use (both injection and non-injection). Data on the number of cases experiencing homelessness at time of exposure are not currently available.

Hepatitis A infection is a vaccine-preventable illness. The primary means of hepatitis A virus transmission in the U.S. is person-to-person through the fecal-oral route (ingestion of something contaminated with the feces of an infected person). Symptoms can 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-limiting, however it can lead to serious outcomes including hospitalization or death.

The current multi-state hepatitis A outbreak has led to severe outcomes, including 27,282 hospitalizations (61% of cases) and 380 associated deaths (1% of cases) across the country since the outbreak was first identified in 2016. The proportion of hospitalized cases substantially exceeds what has been previously reported. This is due in part to the older age of

patients (adults are much more likely to experience hospitalization and death from hepatitis A infection than are children) as well as high rates of coinfection with hepatitis B or hepatitis C virus.

Certain groups are at highest risk for acquiring hepatitis A including:

- People who use drugs (injection or non-injection),
- People experiencing unstable housing or homelessness,
- Men who have sex with men (MSM),
- People who are currently or were recently incarcerated,
- People planning international travel to [certain countries](#).

Reporting

Hepatitis A is a reportable condition in the State of Maine. Healthcare providers should report all cases of hepatitis A to Maine CDC at 1-800-821-5821 immediately on recognition or strong suspicion of disease.

Prevention

Pre-exposure Protection: The best way to prevent hepatitis A infection is through vaccination. A single dose of monovalent hepatitis A vaccine (such as Havrix or Vaqta) has been shown to control outbreaks of hepatitis A and provides up to 95% protection in healthy individuals¹ for up to 11 years. It is important to get the full two-dose series to ensure long-term protection. There is no recommendation for a booster dose of hepatitis A if a patient has completed the series at any age. 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 or unreliable. Vaccination is not indicated for anyone with positive hepatitis A lab results. More guidance on hepatitis A vaccination can be found [here](#).

Post-exposure Prophylaxis: People who have recently been exposed to hepatitis A virus and who have not received hepatitis A vaccine previously (and do not have immunity from a prior infection) should receive postexposure prophylaxis (PEP) as soon as possible, within 2 weeks of exposure to prevent infection. PEP consists of monovalent hepatitis A vaccine (Havrix or Vaqta) and/or immune globulin. Twinrix is not recommended for use as PEP; efficacy has not been evaluated. Providers should make every attempt to complete the hepatitis A vaccine series; however, completion of the series is not required for PEP.

Facilities and providers wishing to order hepatitis A vaccine for uninsured or underinsured patients should contact the Maine Immunization Program at 207-287-3746 or 800-867-4775 or ImmunizeME.DHHS@maine.gov.

Recommendations

Maine CDC recommends that healthcare providers, especially those providing services to populations with risk factors, vaccinate their patients to minimize risk and severity of illness and decrease the spread of hepatitis A.

Healthcare providers should:

- **Screen patients for risk factors for exposure to hepatitis A**, including persons who drug use, are experiencing homelessness, have recently been incarcerated, men who have sex with men, or are planning international travel **AND patients with risk factors for severe outcomes**, including patients with chronic liver disease such as cirrhosis, hepatitis B, or hepatitis C.
- **Recommend and administer hepatitis A vaccine to at-risk patients**, regardless of the reason for the encounter or type of facility. The emergency department may be an individual's only interaction with the healthcare system and is an important opportunity for prevention.
- **Enter administered immunizations** in the state immunization information system (ImmPact). This is only a requirement for Maine Immunization Program providers.

¹ Certain immunocompromising conditions (such as hematopoietic cell transplant recipients, patients undergoing chemotherapy, and lower CD4 counts among persons with HIV infection) may experience reduced humoral response to the hepatitis A vaccine. Consult Advisory Committee on Immunization Practices guidelines for immunization among patients with altered immunocompetence (<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html>).

- **Consider hepatitis A** as a cause of jaundice, elevated liver enzymes, or clinically compatible symptoms. Order an acute hepatitis panel that includes hepatitis A IgM.
- **Report** all persons diagnosed with hepatitis A to Maine CDC to ensure timely case investigation and follow-up of contacts (see reporting instructions above).

Facilities serving at-risk populations should stock hepatitis A vaccine including a monovalent hepatitis A vaccine product (Havrix or Vaqta). This includes:

- Emergency departments
- Federally Qualified Health Clinics
- Urgent care, express care, and quick care clinics
- Correctional facilities, including state prisons and county jails
- Syringe Service Programs
- Substance Use Treatment Facilities
- Substance use disorder treatment facilities and recovery centers
- Sexually transmitted diseases clinics

For more information

- Maine CDC: *Hepatitis*. <https://www.maine.gov/dhhs/hepatitis>.
- Nelson NP, Weng MK, Hofmeister MG, et al. *Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020*. MMWR Recomm Rep. 2020 Jul 3;69(5):1-38. <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6905a1-H.pdf>
- U.S. CDC: <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6905a1-H.pdf> *Outbreak specific considerations for hepatitis A vaccine administration*. <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>
- U.S. CDC: *Hepatitis A Virus*. <https://www.cdc.gov/hepatitis/hav/index.htm>
- U.S. CDC: *Hepatitis A - General Fact Sheet*. <https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf>.
- U.S. CDC: *Widespread person-to-person outbreaks of hepatitis A across the United States*. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>.