Center for Policy, Planning and Evaluation Administration
Division of Epidemiology–Disease Surveillance and Investigation

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Health Notice for District of Columbia Health Care Providers

Guidance and Recommendations for Hepatitis A Virus Testing, Prevention and Control Measures

SUMMARY

State health departments, in conjunction with the Centers for Disease Control and Prevention (CDC), have been investigating hepatitis A outbreaks in multiple states. Persons who use drugs (injection and non-injection drugs), who are homeless, and men who have sex with men (MSM) are at increased risk for the infection. **To date, there have been no reported cases currently associated with an outbreak in the District of Columbia (DC)**. However, it is important to be vigilant given the national trend and encourage at-risk populations to get vaccinated to prevent an outbreak. The purpose of this Health Notice is to update healthcare facilities and programs providing services to these affected populations about the outbreak, and provide guidance and recommendations to assist in identifying and preventing new infections. Please share this notice with all appropriate staff at your facility.

Background

Hepatitis A infection is a vaccine-preventable illness. Hepatitis A virus (HAV) is typically transmitted from person-to-person through the ingestion of food or water, or contact with an object contaminated with feces from a person infected with HAV. Hepatitis A can also easily spread from an infected person to their sexual and household contacts, as well as among persons who share drugs (injectable and non-injectable drugs). Between January 2017 and April 2018, CDC received more than 2,500 reports of hepatitis A infections from multiple states. Of the more than 1,900 reports for which risk factors are known, more than 1,300 (68%) of the infected persons report drug use (injection and non-injection), homelessness, or both.[2-5] Symptoms of hepatitis A include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice (yellowing of the skin or eyes). The average incubation period of HAV is 28 days, but illness can occur between 15 to 50 days after exposure.

While there is no ongoing outbreak in DC, cases have been reported in neighboring jurisdictions. Urgent public health action is needed to prevent further HAV transmission in at-risk groups.

Recommendations for Healthcare Providers

- Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms, as well as people with underlying liver disease.
- Encourage vaccination in the following groups at increased risk of infection:
    - Persons who use injection and non-injection drugs
    - Men who have sex with men (MSM)
    - Persons who have occupational risk for infection
    - Persons who have chronic liver disease
    - Persons who have clotting-factor disorders
    - Persons with direct contact with persons who have hepatitis A
    - Household members and other close personal contacts or adopted children newly arriving from countries where hepatitis A is more prevalent

  - Persons traveling to or working in countries where hepatitis A is more prevalent
- Screen patients to identify those at increased risk and **encourage vaccination.**
- Encourage vaccination or administration of immune globulin (IG) **within 2 weeks after exposure** for people who have been exposed and not vaccinated. Guidelines vary by age and health status (please see https://www.cdc.gov/hepatitis/hav/havfaq.htm#E1 for additional information).
- For infected persons, encourage thorough handwashing especially after using the bathroom, changing diapers, and before preparing or eating food.
- Report all suspected and confirmed cases of hepatitis A immediately to DC Health (https://dchealth.dc.gov/service/infectious-diseases).

Diagnostic Testing

- Diagnosis of HAV is performed based on serologic testing.
- Almost all patients with hepatitis A have detectable **IgM anti-HAV**.
  - Acute HAV infection is confirmed during the acute or early convalescent phase of infection by the presence of IgM anti-HAV in serum.
  - IgM generally becomes detectable 5-10 days before the onset of symptoms and can persist for up to 6 months.
  - The antibody test for total anti-HAV measures both IgG anti-HAV and IgM anti-HAV and is **not** sufficient to diagnose acute infection – persons with positive total anti-HAV and negative IgM anti-HAV test results are considered immune.
- Consider saving serum samples for additional testing to assist public health officials in the investigation of transmission. DC Health may contact your facility's lab to retrieve those samples for further testing at the DC Public Health Laboratory (DC PHL).

Reporting

- All cases of hepatitis A are required to be reported to DC Health immediately so that we can identify and appropriately investigate cases that may be part of clusters or outbreaks and to accurately assess the burden of disease in the District.

- Cases should be reported online by submitting a Notifiable Disease and Condition Case Report Form, which can be accessed on the infectious disease website at: https://dchealth.dc.gov/service/infectious-diseases.

References

1. CDC. Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Persons Who Use Drugs and Persons Experiencing Homelessness. Health Advisory.

Resources/Additional information

1. Centers for Disease Control and Prevention. The Pink Book. Chapter 9: Hepatitis A. https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepa.pdf

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation for more information at:
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