

September 13, 2017

Hepatitis A Vaccination Recommendations and Updated Guidance

Outbreaks of hepatitis A among the homeless and/or illicit drug using population are ongoing in two California Counties. Since November 2016, 421 cases including 16 deaths have been reported in San Diego County (as of September 12, 2017). In Santa Cruz County, 68 cases have been reported since April 2017 with no deaths. Cases with similar strains of HAV have also been reported in Arizona and Utah. There is currently no HAV outbreak occurring in Long Beach. However in an effort to prevent cases from occurring among high-risk populations in Long Beach, the Long Beach Department of Health and Human Services (LBDHHS) is making the following recommendations:

Offer HAV vaccine to persons who are homeless or might be using illicit injection or non-injection drugs.

Offer HAV vaccine to persons who have frequent close contact with persons who are homeless or using illicit drugs (e.g., in homeless shelters, rescue missions, jails, food pantries, drug rehabilitation programs, etc.).

HAV vaccine is routinely recommended for:

- Persons with chronic liver disease, including those with hepatitis B or C virus (HBV or HCV) infection
- Users of injection and non-injection illicit drugs
- Men who have sex with men
- Persons traveling to or working in countries that have high or intermediate levels of HAV transmission
- Any person wishing to obtain immunity to HAV
- Persons who have been exposed to HAV in the prior 2 weeks and are not known to be immune (immune globulin is an alternative to vaccine or given in addition to vaccine in some instances).

Reporting and Testing

- Healthcare providers must contact the LBDHHS Epidemiology Program immediately at 562.570.4302 during business hours (8am-5pm. M-F) to report suspected hepatitis A infection in patients who are homeless and/or use injection or non-injection illicit drugs, while the patient is still in the facility, as this may be the only opportunity for public health to interview the patient.
- Healthcare providers should not test asymptomatic persons for hepatitis A infection.

- The clinical case definition for acute viral hepatitis is 1) discrete onset of symptoms (e.g., nausea, anorexia, fever, malaise, or abdominal pain) and 2) jaundice or elevated serum aminotransferase levels. Because the clinical characteristics are the same for all types of acute viral hepatitis, Hepatitis A diagnosis must be confirmed by a positive serologic test for immunoglobulin M (IgM) antibody to Hepatitis A virus, or the case must meet the clinical case definition and occur in a person who has an epidemiologic link with a person who has laboratory-confirmed Hepatitis A (i.e., household or sexual contact with an infected person during the 15–50 days before the onset of symptoms).
- Hospitals should promptly report all confirmed HAV cases to the LBDHHS Epidemiology Program and save the blood (serum and EDTA or citrate plasma) for hepatitis A serological testing. Contact the LBDHHS Public Health Laboratory at 562.570.4080 for information.

If you have questions or need additional information, contact the LBDHHS Epidemiology Program at 562.570.4302 or at LBepi@longbeach.gov.