

Widespread Outbreaks of Hepatitis A among People Who Use Drugs and People Experiencing Homelessness across the United States: Louisiana Update

Summary

Multiple states across the country, including Louisiana, 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 (57%) hospitalizations, and 140 deaths as a result of hepatitis A virus (HAV) infection have been reported nationally. Hospitalization rates have been higher than typically associated with HAV infection.^{1, 2} Severe complications have also been reported, sometimes leading to liver transplantation or death; at least 140 deaths have occurred nationwide. This Health Alert Network (HAN) update recommends that all healthcare facilities, partners and programs providing services to affected populations vaccinate at-risk groups against hepatitis A, applying the updated recommendations of the Advisory Committee on Immunization Practices (ACIP).

Background

HAV is highly transmissible from person-to-person by the fecal-oral route. States experiencing large-scale outbreaks have reported widespread transmission soon after their jurisdictions first recognized hepatitis A cases among populations affected by these outbreaks. For many states, this has resulted in an unprecedented number of hepatitis A cases among unvaccinated adults and has led to prolonged community outbreaks that have been challenging and costly to control. Hepatitis A is a vaccine preventable disease. This vaccine became available in 1996.

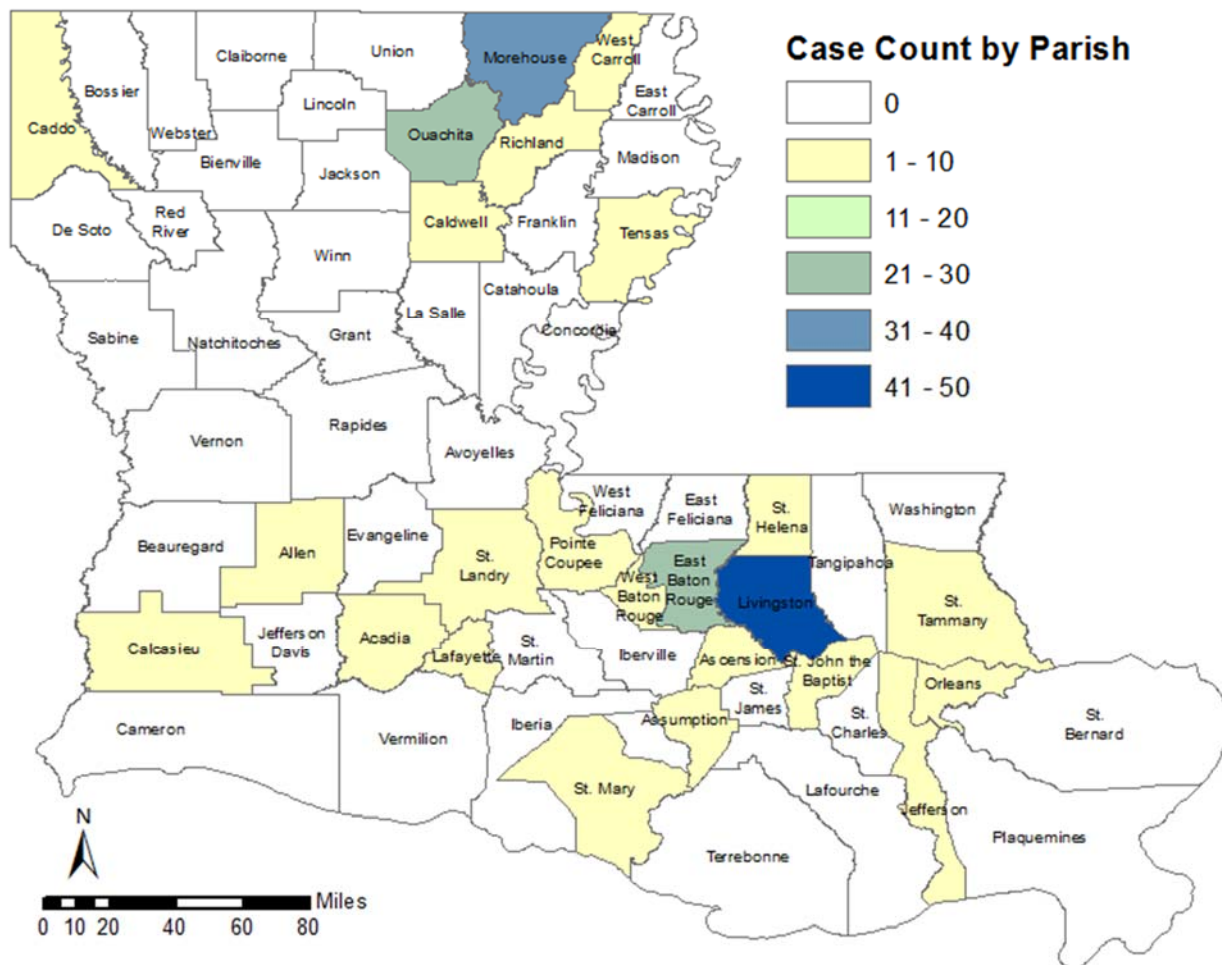
CDC recommends that healthcare providers including emergency departments and urgent care centers, and other partners serving affected populations launch a rapid and effective public health response with the following strategies.

Louisiana

As of May 17, 2019, Louisiana has 173 reported cases of HAV infection linked to the current outbreak, primarily occurring among drug users (injection and non-injection) and persons experiencing homelessness. These are cumulative counts since January 1, 2018.

Outbreak Cases	% Hospitalized	Deaths	Age Range	Median Age
173	64%	1	21-81 years	35 years

Outbreak cases by parish are shown below.



Case count by parish is updated on Fridays at “Hepatitis A in Louisiana” at <http://ldh.la.gov/index.cfm/page/3518>

Recommendations for Louisiana Healthcare Providers

Offer Vaccination to the Following Groups to Prevent or Control an Outbreak

The best way to prevent HAV infection is through vaccination with the hepatitis A vaccine. The following groups are at highest risk for acquiring HAV infection or developing serious complications from HAV infection in these outbreaks and should be offered the hepatitis A vaccine:

- 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**
- **Close contacts of current hepatitis A cases**

One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% seroprotection in healthy individuals for up to 11 years.^{3,4}

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.

Postexposure prophylaxis (PEP) is recommended for unvaccinated people who have been exposed to hepatitis A virus (HAV) in the last 2 weeks; those with evidence of previous vaccination do not require PEP. PEP consists of:

- Hepatitis A vaccine for people aged ≥ 12 months
- Hepatitis A virus-specific immunoglobulin (IG) for specific populations (see below)

New ACIP Recommendations since the June 2018

HAN00412 (<https://emergency.cdc.gov/han/han00412.asp>)

1. As of November 2, 2018, ACIP recommends hepatitis A vaccine for post-exposure prophylaxis (PEP) for people 12 months of age and older. Providers may also administer immunoglobulin to adults older than 40 years of age, if indicated, and persons who are immunocompromised or have chronic liver disease.⁵
2. As of February 15, 2019, ACIP recommends hepatitis A vaccination for people experiencing homelessness.⁶

Healthcare Providers

1. Screen patients for risk factors (e.g., drug use, homelessness, incarceration, MSM, and chronic liver disease).
2. 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.
3. Record immunizations in the state immunization information system (registry).
4. Consider hepatitis A as a diagnosis in anyone with jaundice or clinically compatible symptoms.
5. Recommend post-exposure prophylaxis for close contacts of cases of hepatitis A. PEP can be administered for close contacts at parish health units throughout the state.
6. Rapidly report all persons diagnosed with hepatitis A to the health department to LDH Infectious Disease Epidemiology at 800-256-2748 to ensure timely case investigation and follow-up of contacts.

For More Information

1. [Louisiana Hepatitis A Outbreak Page](#)
2. CSTE's 2019 Acute Hepatitis A Case Definition. <https://www.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2019/>
3. *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>
4. CDC's Hepatitis A Outbreak website. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
5. Outbreak specific considerations for hepatitis A vaccine administration. <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>
6. CDC's Hepatitis A Virus website. <https://www.cdc.gov/hepatitis/hav/index.htm>
7. Viral Hepatitis Surveillance – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>
8. Hepatitis A General Information Fact Sheet. <https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf>
9. CDC's The Pink Book. Chapter 9: Hepatitis A. <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/hepa.pdf>

References

1. Ly K and Klevens RM. Trends in disease and complications of hepatitis A virus infection in the United States, 1999-2011: A new concern for adults. *J Infect Dis* 2015;212:176-182.
2. Viral hepatitis surveillance, United States, 2016. Atlanta, GA: CDC. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>
3. McMahon BJ, Beller M, Williams J, Schloss M, Tanttala H, Bulkow L. A program to control an outbreak of hepatitis A in Alaska by using an inactivated hepatitis A vaccine. *Arch Pediatr Adolesc Med* 1996;150(7):733-739.
4. Ott JJ, Wiersma ST. Single-dose administration of inactivated hepatitis A vaccination in the context of hepatitis A vaccine recommendations. *Int J Infect Dis* 2013;17(11):e939-944.
5. Nelson NP, Link-Gelles R, Hofmeister MG, et al. Update: Recommendations of the Advisory Committee on Immunization Practices for use of hepatitis A vaccine for post exposure prophylaxis and for preexposure prophylaxis for international travel. *MMWR Morb Mortal Wkly Rep* 2018;67(43):1216-1220. https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm?s_cid=mm6743a5_w

Doshani M, Weng M, Moore K, Romero J, Nelson NP. Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Persons Experiencing Homelessness. *MMWR Morb Mortal Wkly Rep* 2019;68:153-156