



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN UPDATE

Number of pages including cover: 8

Subject: **Update - Colorado hepatitis A outbreak update - March 26, 2019**

Message ID: 3/26/2019 1:30:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at
<http://www.tchd.org/259/Health-Alert-Network>



HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 032619 12:00

FROM: CO-CDPHE

SUBJECT: HAN Update: Colorado hepatitis A outbreak update

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies –forward to healthcare providers and share with the following organizations in your jurisdiction: city/ county jails, city/ county law enforcement, organizations that work with people experiencing homelessness and/ or substance use issues. Please also note the CDC HAN about hepatitis A.

HEALTH Update | Colorado hepatitis A outbreak update | March 26, 2019

Health care providers: Please distribute widely in your office

Key points.

- Outbreak update: From Oct. 24, 2018, through Mar. 24, 2019, 23 outbreak-associated cases of hepatitis A have been reported in Colorado. Nineteen cases in El Paso County and two cases in Fremont County have occurred in people experiencing homelessness and/ or substance use issues; a case in Pueblo county was a contact to an El Paso case, and a second Pueblo case spent time in a state currently experiencing an outbreak among these risk groups.
 - Since Mar. 1, 2019, six cases have been reported in El Paso County residents; two of those cases are currently or recently incarcerated in the El Paso County Criminal Justice Center in Colorado Springs.
- Vaccination: Hepatitis A is a vaccine-preventable disease. Health care providers are encouraged to vaccinate high-risk populations including people experiencing homelessness and people with substance use issues, especially use of injection and non-injection drugs. People who are currently or recently incarcerated often have these risk factors and should be vaccinated as well.
- Disease Reporting: Promptly report suspected cases to public health so a timely investigation can occur, especially if there are concerns that the patient may be hard to locate after hospital discharge (i.e., the patient is experiencing homelessness). Report cases to a local public health agency or CDPHE (303-692-2700 or after hours 303-370-9395).

Background information

Among the 23 outbreak-associated hepatitis A cases, illness onset dates range from Oct. 16, 2018 through Mar. 12, 2019. The age range of cases is 24 years to 66 years (median 37 years); 17 (74 percent) of cases are male. Fifteen (65 percent) cases have been hospitalized, and all cases have survived. Fifteen (65 percent) cases report experiencing homelessness, and 19 (83 percent) cases report substance use issues, including injection and non-injection of methamphetamine and/ or heroin. Two recently reported cases spent time in the El Paso County Criminal Justice

Center. Inmates and staff are being vaccinated in an effort to prevent hepatitis A transmission within the El Paso County Criminal Justice Center and transmission in the community when potentially exposed inmates are released.

Hepatitis A information

For information about hepatitis A please visit: <https://www.cdc.gov/hepatitis/hav>

Recommendations / guidance

Health care providers should provide hepatitis A vaccine to individuals at increased risk of infection who have not been vaccinated or do not know their vaccination status, especially people experiencing homelessness and/ or substance use issues. People who are currently or recently incarcerated often have these risk factors and should be vaccinated as well. For additional information about recommended groups for vaccination visit:

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>

Vaccine information for providers

The vaccine series consists of two doses 6 to 12 months apart. Three hepatitis A vaccines are licensed in the United States: Vaqta® (Merck), Haverix® (GSK), and Twinrix® (GSK). Twinrix® is a combination hepatitis A and hepatitis B vaccine that consists of three doses. The single antigen hepatitis A vaccine is administered intramuscularly; the adult formulation, for people 19 years of age and older, is 1.0 mL. Pediatric formulation (0.5 mL) should be used for people 1 through 18 years of age. Hepatitis A vaccine is an inactivated vaccine. It is well tolerated and has an excellent safety profile. Seroconversion after the first dose is estimated at greater than 95 percent and at nearly 100 percent after the second dose. Hepatitis A vaccine may be given to people who are immunocompromised. Evidence suggests vaccination should provide immunity for at least 25 years; pre- and post-vaccination serologic testing is not recommended.

If your patient is unsure of his or her vaccination status, consider checking the Colorado Immunization Information System (CIIS). If your practice does not currently administer hepatitis A vaccine but is interested in ordering it, please contact Merck & Co, Inc., GlaxoSmithKline, or your regular vaccine supplier.

If you are a Vaccines For Children (VFC) provider, hepatitis A vaccine is available and routinely recommended for children 12-24 months of age, with catch-up vaccine for children 2 years through 18 years who are VFC eligible.

For more information

- To report a suspected case, contact your local public health agency or CDPHE at 303-692-2700 (after hours/ weekends, 303-370-9395).
- Information about the Colorado Immunization Information System: <https://www.colorado.gov/cdphe/ciis-users>
- Information about hepatitis A or immunization recommendations for hepatitis A:
 - <https://www.cdc.gov/hepatitis/hav>
 - <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>
 - http://www.immunize.org/vis/vis_hepatitis_a.asp

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Jared Polis, Governor | Jill Hunsaker Ryan, MPH, Executive Director



This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
March 25, 2019, 13:30 ET (1:30 PM ET)
CDCHAN-00418

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

Summary

Multiple 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 (57%) hospitalizations, and 140 deaths as a result of hepatitis A virus (HAV) infection have been reported. This Health Alert Network (HAN) update recommends that public health departments, healthcare facilities, and 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).

This is an update to the Health Alert Network (HAN) advisory released on June 11, 2018 titled *Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness* (<https://emergency.cdc.gov/han/han00412.asp>).

Background

Multiple states across the country have reported outbreaks of hepatitis A, primarily among people who use drugs and people experiencing homelessness. Since these outbreaks were first identified in 2016, more than 15,000 cases and 8,500 (57%) hospitalizations have been reported. 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.

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

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

Recommendations

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**

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.

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

Health Departments

Outreach

1. Identify venues serving populations at-risk for HAV infection, including correctional facilities, syringe service programs, medication-assisted treatment (MAT) facilities, substance use disorder treatment facilities, homeless shelters, emergency departments, and sexually transmitted diseases (STD) clinics. Where ongoing relationships with these facilities and services providers do not exist, engage with partners serving these populations to promote education and vaccination efforts.
2. Employ novel approaches to improve vaccine delivery to hard-to-reach populations (e.g., Point of Dispensing sites (PODs), mobile outreach teams).
3. Include hepatitis A vaccination for ACIP-recommended risk groups in routine clinical services to increase vaccination coverage.
4. Engage multidisciplinary stakeholders (e.g., viral hepatitis or communicable disease experts, epidemiologists, immunization program staff, emergency preparedness staff, disease investigator specialists, health educators, behavioral scientists, harm reduction partners), which is critical for effective response efforts.

Case investigation, contact tracing, and outbreak response monitoring

1. Implement the new 2019 Acute Hepatitis A Case Definition from the Council of State and Territorial Epidemiologists (CSTE).⁷
2. Follow established procedures to interview cases and perform contact tracing for all new hepatitis A diagnoses.
3. Provide or encourage PEP of previously unvaccinated contacts as soon as possible, within 2 weeks after exposure.⁵
4. Track vaccine delivery and administration to at-risk populations to monitor the outbreak response efforts and improve vaccine coverage among at-risk populations.

Preventing outbreaks

1. States that are not currently experiencing hepatitis A outbreaks should remain vigilant for hepatitis A cases and proactively develop and implement prevention strategies. This includes outreach to and vaccination of ACIP-recommended risk groups, particularly people who use drugs (injection or non-injection), people experiencing homelessness, MSM, and people with chronic liver disease.^{6,8}
2. As soon as a hepatitis A case is identified in the at-risk populations, states should rapidly mobilize a response to mitigate the threat of HAV transmission.

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

For More Information

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

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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. CDC. 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, Tanttila 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
6. 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. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm>
7. National Notifiable Diseases Surveillance System. Hepatitis A, Acute 2019 Case Definition. <https://wwwn.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2019/>
8. Fiore AE, Wasley A, Bell BP; Advisory Committee on Immunization Practices (ACIP). Prevention of hepatitis A through active or passive immunization: Recommendations of the Advisory

Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2006;55(No. RR-7).
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##