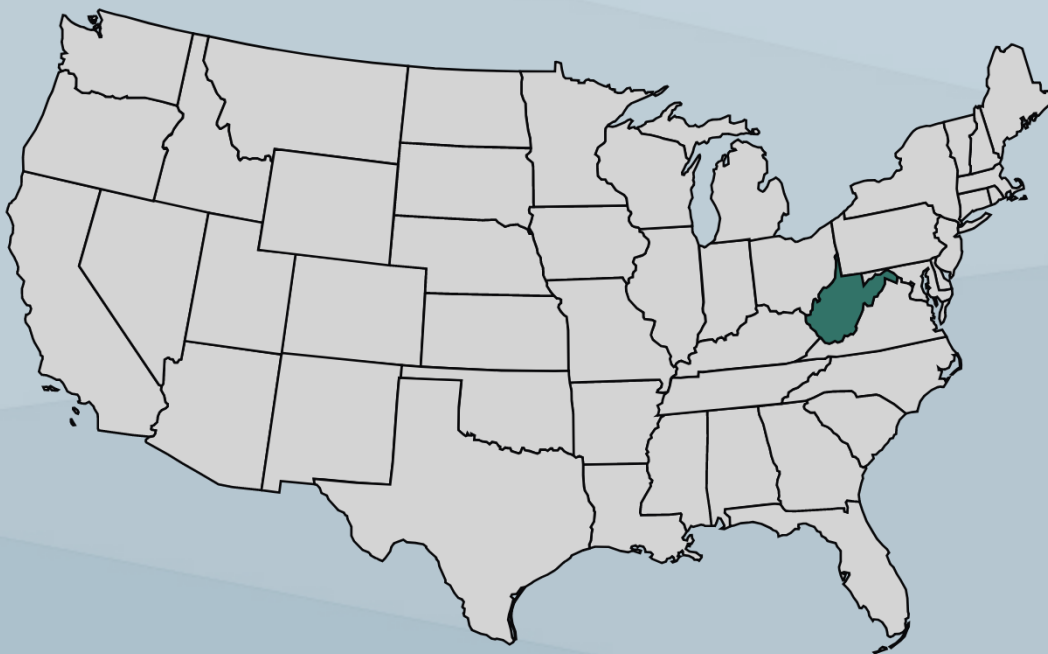


# West Virginia Hepatitis A Toolkit

Procedures, Resources, and Educational Materials

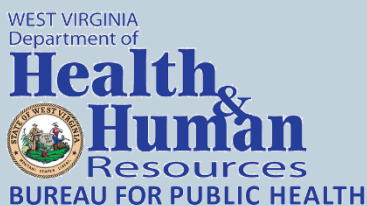


July 2018



HepAwareWV

Click the icon above  
to visit the WV DHHR  
Hepatitis A Outbreak  
webpage



CDC HAV

Click the icon above to  
visit the CDC Hepatitis  
A webpage

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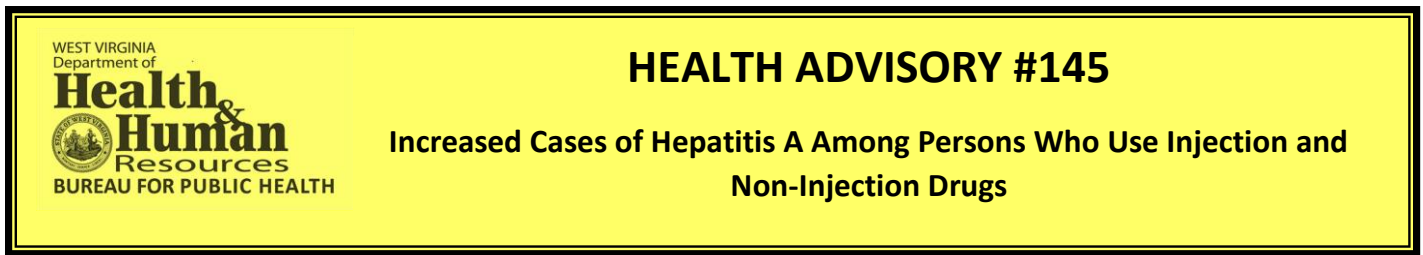


**July 2018**

**Dear Local Health Partners:**

Since March 2018, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health, has seen an increase in the number of confirmed cases of acute hepatitis A virus (HAV). Viral sequencing has linked several cases with outbreaks in Kentucky, Michigan, and California. As of July 20, 2018, 626 cases have been reported in West Virginia.

The following toolkit was designed to provide quick access to information regarding HAV investigation and reporting procedures, requesting assistance, and educational materials for local partners. The most current information regarding the ongoing hepatitis A outbreak in West Virginia can be found on the Division of Infectious Disease Epidemiology's website or by clicking the following link, [www.hepawarewv.org](http://www.hepawarewv.org). Thank you for the work you do to keep West Virginia healthy.



**TO:** West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities

**FROM:** Rahul Gupta, MD, MPH, FACP, Commissioner and State Health Officer  
WVDHHR, Bureau for Public Health

**DATE:** April 20, 2018

**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

West Virginia is reporting an increase in hepatitis A virus (HAV) cases in some counties, namely Kanawha and Putnam. Several have been molecularly linked to the multi-state outbreak in which genotype 1B is the HAV strain of concern; other cases have been epidemiologically-linked to cases from Kentucky.

To date, 17 West Virginia cases have been hospitalized at four area hospitals. Cases are highly mobile, and many have been discharged against medical advice making it challenging for public health to follow-up with appropriate surveillance and prevention actions. Coinfections with hepatitis B (HBV) and hepatitis C (HCV) are prevalent. Methamphetamine and illicit drug use generally have been documented in many cases.

Because many states are experiencing large HAV outbreaks, increased demand for vaccine that has resulted in restricted distribution. The West Virginia Bureau for Public Health (WVBPH) is working with the Centers for Disease Control and Prevention (CDC) to provide HAV vaccine to affected counties. Requests for vaccine must go through the Division of Infectious Disease Epidemiology (DIDE). Vaccination campaigns should target contacts of HAV cases, homeless persons, and persons who use injection and non-injection drugs.

Healthcare providers who suspect HAV in patients are recommended to:

- Conduct a complete HAV, HBV, and HCV serology panel on symptomatic patients.
- Report suspected cases to the local health department **immediately**.
- Inform patients that someone from the local health department will contact them for follow-up.
- Offer HAV vaccine to persons who are homeless and/or use injection and non-injection drugs.
- Retain serum specimens for confirmatory testing and possible molecular testing at CDC.

The WVBPH is seeking collaboration with various partners including substance use treatment facilities, homeless shelters, harm reduction programs, free clinics, and correctional facilities to disseminate information to high risk populations. Information about the HAV and the current outbreak can be found at: [https://dhr.wv.gov/oeps/disease/viral-hepatitis/pages/hepA\\_outbreak.aspx](https://dhr.wv.gov/oeps/disease/viral-hepatitis/pages/hepA_outbreak.aspx).

For additional information contact DIDE at: (304) 558-5358, extension 1; (800) 423-1271, extension 1; or the answering service: (304) 925-9946.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert 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.

## Emergency Operations Plans and Surge Capacity Support through Memorandum Of Understanding and/or DHHR's Bureau for Public Health (BPH)

### Background

During an event response, the West Virginia Department of Health and Human Resources (DHHR) provides support to local health departments (LHDs) when local capacity has been exceeded and/or multiple jurisdictions are involved. In an event, DHHR is responsible for the overall coordination of the health and medical response. This includes public health threat investigation and evaluation, coordination of disaster relief services, resource allocation and tracking, provision of laboratory services, and coordination of key public messages. LHD responsibilities include investigation and notification of outbreaks, pre-establishment and activation of MOUs, assurance of mass vaccination capabilities, coordination and dissemination of public information and health education, and inspection of affected water supplies, food facilities, and shelters.

### Activation of Emergency Response Plans

Public Health Emergency Preparedness (PHEP) grant funding is provided to LHDs to assist with advance planning and preparation for public health disasters. LHD Emergency Operations Plans (All-Hazards and Medical Countermeasure Plans) will offer a roadmap and assist with providing guidance for response coordination and activities. Medical Countermeasure Plans for Points of Dispensing sites (PODs) can be utilized and implemented for mass vaccination clinics. Establishment of an incident command structure will enhance the coordination, sharing and streamlining of information with critical stakeholders, and reduce duplicative efforts. DHHR's Center for Threat Preparedness is always available to provide technical assistance and resource support if needed.

### Regional Memorandum of Understanding to Provide Mutual Aid

PHEP grant guidance requires all LHDs to establish and maintain regional MOU to provide mutual aid during an incident or planned event. When local response activities reach surge capacity within a LHDs jurisdiction, these regional MOUs should be utilized to augment capabilities. The regional MOUs should be established within the eight [Public Health Preparedness Regions](#) in the state. However, this does not limit separate regions from assisting each other. Once surge capacity is reached with the support of the regional MOU, the state will assist with resource and overall response coordination to restore normal operations.

### Request Assistance from a Regional Epidemiologist

LHDs in need of assistance should contact their regional epidemiologist. Regional epidemiologists can be reached by viewing the map located in the [regional map section of the toolkit](#). LHDs in the Kanawha Region requesting assistance should contact the State using the following information:

Division of Infectious Disease Epidemiology  
Phone: (304) 558-5358, extension 1  
Toll-free in WV: (800) 423-1271, extension 1  
Answering Service: (304) 925-9946

### Request Staffing Support for Environmental Health Services

LHDs in need of assistance from DHHR's Office of Environmental Health Services (OEHS) may request the OEHS to provide:

- Technical assistance;
- On-the-job training;
- District Sanitarian county visits; and

- Assistance to perform routine duties and respond to environmental public health emergencies (disasters, outbreaks, etc.) by providing personnel, equipment, supplies and/or services, including conducting inspections and investigations.

When requesting for assistance to perform routine duties, a formal request for assistance must be made from LHDs. Please visit the following link, [OEHS LHD Request for Staffing Support Policy](#), for information on how to request assistance for the above bulleted services.

## West Virginia Responder Emergency Deployment Information System (WV REDI)

### Background

The West Virginia Responder Emergency Deployment Information (WV REDI) web-based system facilitates health and medical response through identification, credentialing and deployment of West Virginians willing to serve in an emergency. The WV REDI system is linked to professional licensing boards enabling rapid confirmation of valid state licenses to practice medicine, nursing, pharmacy, and other health professions.

### WV REDI in Response to the Hepatitis A Outbreak

As the hepatitis A outbreak expands, local health departments (LHD) in impacted counties may hold mass vaccination clinics to issue hepatitis A vaccines to the at-risk population. If volunteers are needed, for whatever reason, the LHD volunteer coordinator and/or back-up coordinator should create a mission through WV REDI to request and deploy volunteers. In instances where additional volunteers are needed, the coordinator may contact WV REDI regional coordinators for assistance. A map of the WV REDI regional coordinators is in the [regional map section](#) of the toolkit.



### Background

The West Virginia Legislature appropriates funds for basic public health services each year that are distributed to local boards of health by DHHR's Center for Local Health. *W.Va. Code § 64-67-5* authorizes the Commissioner of the Bureau for Public Health (BPH) to withhold up to two percent of basic public health funds, prior to applying the funding formula, to be set aside in an emergency fund. *W.Va. Code § 64-67-5* defines the use of the emergency fund by the Commissioner to assist local boards of health to meet unanticipated financial emergencies. The emergency fund must be used to support the provision of basic public health services *W.Va. Code § 16-1-2(a)*.

### Requesting Emergency Funds in Response to the Hepatitis A Outbreak

Hepatitis A cases in West Virginia continue to increase. As the outbreak evolves, local health departments (LHD) may experience increased demands related to reportable disease prevention and control. Basic public health services related to this outbreak include disease surveillance, case investigation and follow-up, and outbreak investigation, as defined in *W.Va. Code § 16-2-11(a)*. In the event that a LHD exceeds its surge capacity and identifies a need for additional capacity in delivering these basic public health services, an application for the local board of health emergency fund should be considered.

### Guidance for Completing an Emergency Fund Application

Guidance for completing an emergency fund application can be found [here](#). In addition, the application should be submitted through the LHD SharePoint and can be found [here](#).





## Quick Guide to Local Health Department Responsibilities for the Hepatitis A Outbreak

During the ongoing outbreak of hepatitis A, local health departments (LHD) should be prepared to respond appropriately to control disease and prevent further transmission. Below is an overview of LHD responsibilities specific to this outbreak, as well as links to helpful materials, who to contact for technical assistance, and guidance for fulfilling these responsibilities. This document is a supplement to the Hepatitis A Surveillance Protocol, which is available at [https://dhhr.wv.gov/oeps/disease/viral-hepatitis/Documents/Hep\\_A\\_protocol.pdf](https://dhhr.wv.gov/oeps/disease/viral-hepatitis/Documents/Hep_A_protocol.pdf) and should be reviewed alongside the responsibilities outlined below.

1. Obtain and record complete case information using the Acute Hepatitis A Case Investigation Form	
<p><b>Materials available</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Acute Hepatitis A Case Investigation Form</a></li> <li>• <a href="#">Modified Case Investigation Instructions</a></li> </ul>	<p><b>Assistance available:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Regional epidemiologist</a></li> <li>• Infection preventionist at reporting hospital</li> <li>• Division of Infectious Disease Epidemiology: (304) 558-5358 ext. 1</li> </ul>
<p><b>Guidance:</b> Healthcare providers and laboratories must report all cases of hepatitis A to their LHD within 24 hours. Healthcare providers may include a completed Case Investigation Form. If the information is incomplete, or the Case Investigation Form was not completed, the LHD should conduct case interviews to obtain the missing information.</p> <p><b>Laboratory Specimen Information:</b> When cases of hepatitis are first identified in a county, specimens from all cases should be sent to OLS for genotyping at CDC. Once the presence of the IB strain is confirmed in a county, specimens will no longer be requested from that county. If an individual is determined not to have any reported risk factors we ask that specimens be sent for genotyping to rule out other clusters of hepatitis A that may not necessarily be associated with this outbreak.</p>	
2. Enter case information into WVEDSS	
<p><b>Materials available:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">WVEDSS webpage</a></li> <li>• <a href="#">Acute Hepatitis A Case Investigation Form</a></li> </ul>	<p><b>Assistance available:</b></p> <ul style="list-style-type: none"> <li>• Division of Infectious Disease Epidemiology: (304) 558-5358 ext.1</li> <li>• Primary WVEDSS contact: <a href="#">Ashley Simmons</a></li> <li>• Backup WVEDSS contacts: <a href="#">Brett Armstrong</a>, <a href="#">Suzanne Wilson</a></li> </ul>

**Guidance:** Contact the provider who ordered the test for hepatitis A to find out the reason for testing. If the person is not experiencing symptoms, there is no need for further investigation. Enter the information into WVEDSS and submit as “not a case.” If the person is experiencing symptoms of acute hepatitis, enter the following information into WVEDSS:

- Date of onset of symptoms (date of jaundice is considered the most reliable sign) and type of symptoms
- Liver function tests (ALT and AST)
- IgM antibody to hepatitis A (anti-HAV IgM)
- High risk occupation (food handler)
- Travel history
- Risk factors: illicit drug use, homelessness, recent incarceration, and recent contact with a hepatitis A-positive individual
- Household, sexual, and other close contacts

### 3. Create and maintain a current line list of cases

**Materials available:**

- Hepatitis A Line List (An Excel version is available for download [here](#))
- [Acute Hepatitis A Case Investigation Form](#)

**Assistance available:**

- [Regional epidemiologist](#)
- Division of Infectious Disease Epidemiology: (304) 558-5358 ext. 1

**Guidance:** For each reported case, create an entry in the line list and fill out the information as completely as possible. The line list should be sent to the Division of Infectious Disease Epidemiology weekly. Line lists can be emailed to [Melissa Scott](#) or faxed to (304) 558-8736.

### 4. Trace case contacts and advise post-exposure prophylaxis (PEP) when appropriate

**Materials available:**

- [Hepatitis A Contact Tracing Form](#) (An Excel version is available for download [here](#))
- [Hepatitis A Surveillance Protocol](#)
- [WVSIS](#)

**Assistance available:**

- [Regional epidemiologist](#)
- Division of Infectious Disease Epidemiology: (304) 558-5358 ext. 1
- WVSIS: (877) 408-8930
- State Viral Hepatitis Disease Intervention Specialist: [Kenya Burton](#) (304) 767-0842

**Guidance:** Maintain a log of persons who were in close contact with a case during his or her infectious period (two weeks prior to symptom onset until one week after symptom onset). If the contact’s last exposure to the case was within the previous two weeks, determine vaccination status. Asymptomatic unvaccinated individuals should be advised to receive the vaccine as post-exposure prophylaxis as soon as possible. If the contact is experiencing symptoms, advise him or her to visit their healthcare provider as soon as possible for testing.

**5. Provide education/consultation regarding hepatitis A prevention and control to cases, contacts, and local health partners**

**Materials available:**

- [Hepatitis A FAQ](#)
- [Hospital Guidance](#)
- [Communities at Risk](#)
- [Information for Schools and Parents](#)
- [Information for Correctional Facilities](#)
- [Disinfection for Food Facilities](#)
- [Food Facility Manager Guidance for Hepatitis A](#)

To stay up to date on additional materials and guidance as they are made available, visit <http://www.hepawarewv.org/>

**Assistance available:**

- Division of Infectious Disease Epidemiology: (304) 558-5358 ext. 1
- [Division of Public Health Sanitation](#)
- [District Sanitarians](#)

**Guidance:** Education should be provided to all cases and case contacts. Additional information should be shared with local partners as appropriate.

**6. Assure vaccine (for prevention and post-exposure prophylaxis) is available to case contacts and high-risk individuals**

**Materials available:**

- [Hepatitis A Vaccine Algorithm](#)
- [Vaccine Request Form](#)
- [CDC Vaccine Administration Guidance](#)
- [Local Board of Health Emergency Fund Application Guidance](#)
- [LBOH Emergency Fund Application](#)
- [WVSIIS](#)

**Assistance available:**

- Division of Infectious Disease Epidemiology: (304) 558-5358 ext. 1
- Division of Immunization Services (for vaccine usage and ordering questions): (304) 558-2188
- WVSIIS (for immunization reporting issues): (877) 408-8930
- Center for Local Health: (304) 558-8870

**Guidance:** The Bureau for Public Health has obtained hepatitis A vaccine for uninsured high-risk individuals. LHDs can request an allotment of this vaccine for this population by completing a vaccine request form. LHDs may assess their eligibility for state-funded vaccine by reviewing the Hepatitis A Vaccine Algorithm (linked in the *Materials Available* section above). The Division of Infectious Disease Epidemiology will make final determinations regarding distribution of state-funded vaccines. LHDs may also consider purchasing private stock vaccine and may use state aid funds to do so. Health departments can apply for emergency funds to purchase these vaccines.

Any hepatitis A vaccine administered should be recorded in WVSIIS. State-funded vaccines that have been administered must also be recorded and reported to the Division of Infectious Disease Epidemiology weekly. This log of administered state-funded vaccine can be submitted via email to [Lindsey Mason](#) or faxed to (304) 558-8736.

## Hepatitis A Vaccine Recommendations and Persons at Increased Risk for Hepatitis A Infection

Complete recommendations of the CDC Advisory Committee on Immunization Practices (ACIP): Prevention of Hepatitis A through Active or Passive Immunization may be found at: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm).

### Route of Administration, Vaccination Schedule and Dosage

Vaccine	Vaccine Information	Vaccination Schedule	Dosage	Recommended for Outbreak
HAVRIX	Currently the only brand of monovalent hepatitis A vaccine available	Pediatric Formulation is for persons aged 12 months – 18 years	720 EL.U. per dose in a 2- dose schedule	Yes
		Adult formulation is for persons aged > 18 years	1,440 EL.U. per dose in a 2-dose schedule	
TWINRIX	<p>A combined hepatitis A and hepatitis B vaccine.</p> <p>Licensed for use in persons aged <math>\geq</math> 18 years.</p> <p>Contains aluminum phosphate and aluminum hydroxide as adjuvant and 2-phenoxyethanol as a preservative. After 3 doses, antibody responses to both antigens are equivalent to responses seen after the single-antigen vaccines are administered separately on standard schedules.</p>	Primary immunization consists of 3 doses, administered on a 0-, 1-, and 6-month schedule, the same schedule as that commonly used for single-antigen hepatitis B vaccine	720 EL.U. of hepatitis A antigen (half of the HAVRIX adult dose) and 20 mcg of recombinant hepatitis B surface antigen protein (the same as the ENGERIX-B adult dose)	No (As of 5/25/18)
<p><b>Note:</b> Vaccines should be administered intramuscularly into the deltoid muscle. A needle length appropriate for the person's age and size should be used.</p>				

#### Immunogenicity in Adults:

All licensed vaccines are highly immunogenic in persons aged  $\geq$ 18 years when administered according to the recommended schedules. Protective antibody levels were identified in 94%--100% of adults 1 month after the first dose. After the second dose, all persons had protective levels of antibody, with high geometric mean antibody concentrations (GMCs).

#### Immunogenicity in Children and Adolescents:

Both vaccines licensed for pediatric use are highly immunogenic when administered to children and adolescents according to multiple schedules; 97%--100% of persons aged 2--18 years had protective levels of antibody 1 month after receiving the first dose, and 100% had protective levels 1 month after the second dose, with high GMCs. Children with Down syndrome responded to vaccination as well as other children and had similar levels of protective antibody.

#### Efficacy After Exposure:

Studies of chimpanzees indicate that hepatitis A vaccine can prevent HAV infection if administered shortly after exposure. Because the incubation period of hepatitis A can be 50 days, the fact that during a clinical efficacy trial, no cases of hepatitis

A occurred in vaccine recipients beginning 17 days after vaccination also suggests a possible post-exposure effect. In a limited randomized trial, investigators determined that hepatitis A vaccine was 79% efficacious in preventing IgM anti-HAV positivity after household exposure to hepatitis A compared with no treatment. However, the CI was extremely wide (7%--95%), and investigators did not assess the efficacy of the vaccine compared with IG. Results of an appropriately designed clinical trial comparing the post-exposure efficacy of vaccine with that of IG are needed to determine if hepatitis A vaccine without IG can be recommended to prevent hepatitis A after exposure.

#### **Simultaneous Administration with Other Vaccines:**

There are no contraindications to administering hepatitis A vaccine concurrently with any other vaccine. Limited data from studies conducted among adults indicate that simultaneous administration of hepatitis A vaccine with diphtheria, poliovirus (oral and inactivated), tetanus, typhoid (both oral and IM), cholera, Japanese encephalitis, rabies, or yellow fever vaccines does not decrease the immune response to either vaccine or increase the frequency of reported adverse events. Studies indicating that hepatitis B vaccine can be administered simultaneously with hepatitis A vaccine without affecting either vaccine's immunogenicity or increasing the frequency of adverse events led to the licensure of TWINRIX. Studies conducted among infants and young children aged  $\leq 18$  months have demonstrated that simultaneous administration of hepatitis A vaccine with diphtheria-tetanus-acellular pertussis (DTaP), *Haemophilus influenzae* type b (Hib), hepatitis B, MMR, or inactivated poliovirus vaccines does not affect the immunogenicity and reactogenicity of these vaccines.

#### **Contraindications and Precautions:**

Hepatitis A vaccine should not be administered to persons with a history of a severe allergic reaction to a previous dose of hepatitis A vaccine or to a vaccine component. The safety of hepatitis A vaccination during pregnancy has not been determined; however, because hepatitis A vaccine is produced from inactivated HAV, the theoretic risk to the developing fetus is expected to be low. The risk associated with vaccination should be weighed against the risk for hepatitis A in pregnant women who might be at high risk for exposure to HAV. Because hepatitis A vaccine is inactivated, no special precautions need to be taken when vaccinating immunocompromised persons.

#### **Persons Traveling to or Working in Countries that Have High or Intermediate Endemicity of Infection**

All susceptible persons traveling to or working in countries that have high or intermediate hepatitis A endemicity should be vaccinated or receive IG before departure. Hepatitis A vaccination at the age-appropriate dose is preferred. Pre-vaccination testing should be considered for older travelers or for younger persons in certain population groups (see Pre-vaccination Serologic Testing for Susceptibility).

Travelers to Australia, Canada, western Europe, Japan, or New Zealand (i.e., countries in which endemicity is low) are at no greater risk for infection than persons in the United States. Data are not available regarding the risk for hepatitis A for persons traveling to certain areas of the Caribbean, although vaccine or IG should be considered if travel to areas that have questionable sanitation is anticipated.

The first dose of hepatitis A vaccine should be administered as soon as travel is considered. Travelers who are administered vaccine can be assumed to be protected within 4 weeks after receiving the first vaccine dose. Persons administered single-antigen hepatitis A vaccine often will have detectable anti-HAV by 2 weeks after the first vaccine dose; the proportion of persons who will have detectable anti-HAV at 2 weeks might be lower when lower vaccine dosages are used (e.g., in TWINRIX). However, no data are available regarding the risk for hepatitis A among persons vaccinated 2--4 weeks before departure. Because protection might not be complete until 4 weeks after vaccination, for optimal protection, persons traveling to an area in which risk is high <4 weeks after the initial dose also may be administered IG (0.02 mL/kg), but at a different anatomic injection site. Travelers departing in <4 weeks who do not or cannot receive IG should nonetheless receive hepatitis A vaccine and be informed that they might not be optimally protected from acquiring hepatitis A in the immediate future (i.e., subsequent 2--4 weeks). Completion of the vaccine series according to the licensed schedule is necessary for long-term protection.

Travelers who are allergic to a vaccine component or who elect not to receive vaccine should receive a single dose of IG (0.02 mL/kg), which provides effective protection against hepatitis A for up to 3 months). Travelers whose travel period is >2 months should be administered IG at 0.06 mL/kg; administration must be repeated if the travel period is > 5 months.

### **Men Who Have Sex With Men (MSM):**

MSM (both adolescents and adults) should be vaccinated. Prevacination testing is not indicated for the vaccination of adolescents and young adults in this population but might be warranted for older adults (see Prevacination Serologic Testing for susceptibility). Studies have suggested that the majority of MSM would accept hepatitis A vaccination if recommended by their providers. Healthcare providers in primary care and specialty medical settings in which MSM receive care should offer hepatitis A vaccine to patients at risk. Implementation strategies to overcome barriers and increase coverage (e.g., use of standing orders) should be considered.

### **Users of Injection and Noninjection Drugs:**

Vaccination is recommended for users of injection and noninjection illicit drugs. Prevacination testing is not indicated for the vaccination of adolescent users of illicit drugs but might be warranted for certain adults. The need might depend on the particular characteristics of the population of drug users, including the type and duration of drug use. Providers should obtain a thorough history to identify patients who use or are at risk for using illicit drugs and might benefit from hepatitis A vaccination. Implementation strategies to overcome barriers and increase coverage (e.g., use of standing orders) should be considered.

### **Persons Who Have Occupational Risk for Infection:**

Persons who work with HAV-infected primates or with HAV in a research laboratory setting should be vaccinated. Studies conducted among U.S. workers exposed to raw sewage do not indicate increased risk for HAV infection. No other populations have been demonstrated to be at increased risk for HAV infection because of occupational exposure.

### **Persons with Clotting-Factor Disorders:**

Susceptible persons who are administered clotting-factor concentrates, especially solvent-detergent--treated preparations, should receive hepatitis A vaccine. Changes in clotting factor preparation practices and donor screening have greatly reduced the risk for hepatitis A for recipients of clotting factors.

### **Vaccination of Persons with Chronic Liver Disease:**

Susceptible persons with chronic liver disease should be vaccinated. Available data do not indicate a need for routine vaccination of persons with chronic HBV or HCV infections without evidence of chronic liver disease. Susceptible persons who are either awaiting or have received liver transplants should be vaccinated.

## [Important Documents Related to Reporting to WVSIS](#)

### **New User Enrollment Form**

This form must be submitted to WVSIS by anyone that will enter data into WVSIS that is not yet enrolled as a user. [https://www.wvimm.org/wvsis/pdf/enrollment\\_form.pdf](https://www.wvimm.org/wvsis/pdf/enrollment_form.pdf)

### **WVSIS HL7 Implementation Guide**

**Note:** This document lists the fields which are required to be completed for successful reporting to WVSIS on pages 7-11. Click the following link to access the document: <https://www.wvimm.org/wvsis/pdf/WV-HL7-GUIDE-July2013.pdf>.

## [Vaccine Algorithm and Request Form](#)

Click the following link to obtain the current vaccine algorithm and vaccine request form: <http://www.hepawarewv.org/>

In response to the statewide outbreak of hepatitis A virus (HAV), the Division of Infectious Disease Epidemiology (DIDE) is issuing modified guidance for hepatitis A case investigations because of the volume of cases being reported. This guidance is for when the local health department (LHD) receives notification of a positive HAV laboratory test, the investigation should begin as follows:

1. Contact the reporting facility for information about the case. Request the history and physical (H&P) for the visit or any other pertinent notes if a H&P is not available. If the testing was performed at a hospital, the Infection Preventionist (IP) is a good point of contact.
2. Using the lab report and the information provided by the reporting provider, complete as much of the [Acute Hepatitis A case report](#) form as possible.
3. Contact the patient using the phone number provided to complete the case report form interview and identify close contacts. Close contacts for HAV investigations include household, sexual, and injection or non-injection illicit drug sharing contacts. Cases that have the potential to be high profile should be given additional attention and may require additional investigation. This includes a food service employee, a person who works or attends a school or daycare, and those who live in a closed setting (e.g. group home, treatment center, long-term care facility, or incarcerated). Please notify the DIDE Epidemiologist on-call of these cases.
4. Evaluate contacts for the need for post-exposure prophylaxis (PEP) or vaccination-based date of last contact and risk factors. Notify contacts to arrange for PEP or vaccination as needed. See the [surveillance protocol](#) for PEP recommendations.
5. Review HAV education with patient:
  - 1) HAV is a highly contagious disease of the liver. It is usually a short-term illness that leaves you sick for several weeks. HAV can be very serious and can cause liver failure and death in some cases.
  - 2) HAV is usually spread when you ingest the virus from contaminated objects/surfaces you touch. These objects/surfaces are contaminated with tiny amounts of stool you cannot see from a person who is infected. HAV can also spread from close contact with an infected person through sex or caring for someone who is ill.
  - 3) You can prevent others from getting sick with HAV through vaccination. This is the best way to prevent HAV. This is why we ask for the names of your close contacts so that we can provide them vaccine to prevent them from also getting sick. Making sure you wash your hands with soap and water after using the bathroom, changing diapers, and before preparing or eating food is important so that the virus does not spread.
6. If unsuccessful in contacting the patient at the number provided, after 3 attempts and a voicemail requesting a return call (if possible), a letter should be mailed to the address on record for the patient.
7. If no return call is received, there is no additional follow up necessary and the case is considered lost to follow up.
8. The information available should be reported into West Virginia Electronic Disease Surveillance System (WVEDSS).

Additionally, lab reports with a result of borderline, equivocal, or indeterminate should be investigated to determine if the person is symptomatic, has risk factors related to the outbreak, or is a contact of a confirmed case of HAV.



# Acute Hepatitis A

## PATIENT DEMOGRAPHICS

<b>Name:</b> (last, first): _____ <b>Address</b> (mailing): _____ <b>Address</b> (physical): _____ <b>City/State/Zip:</b> _____ <b>Phone</b> (home): _____ <b>Phone(work/cell):</b> _____ <b>Alternate contact:</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other <b>Name:</b> _____ <b>Phone:</b> _____	<b>Birth date:</b> __/__/____ <b>Age:</b> ____ <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <b>Ethnicity:</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk <b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. (Mark all that apply) <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Am. Ind/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Unk
--	--

## INVESTIGATION SUMMARY

**Investigation Start Date:** \_\_/\_\_/\_\_\_\_ **Investigator:** \_\_\_\_\_ **Investigator phone:** \_\_\_\_\_

## REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

**Report Source:**  Laboratory  Hospital  Private Provider  Public Health Agency  Other – Specify \_\_\_\_\_  
**Reporter Name:** \_\_\_\_\_ **Reporter Phone:** \_\_\_\_\_  
**Earliest date reported to LHD:** \_\_/\_\_/\_\_\_\_ **Earliest date reported to State:** \_\_/\_\_/\_\_\_\_

## CLINICAL

<b>Primary HCP Name:</b> _____ <b>Y N U</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Patient hospitalized for this illness If yes, hospital name: _____ Patient Chart # _____ (if available) Admin Date: __/__/____ Discharge Date: __/__/____  <b>Place of Birth:</b> _____ <b>Reason for testing</b> (check all that apply) <input type="checkbox"/> Symptoms of acute hepatitis <input type="checkbox"/> Screening of asymptomatic patient with reported risk factors <input type="checkbox"/> Screening of asymptomatic patient with no risk factor, e.g. patient request <input type="checkbox"/> Evaluation of elevated liver enzymes <input type="checkbox"/> Follow-up testing for previous marker of viral hepatitis <input type="checkbox"/> Blood/Organ donor screening <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____ <b>Y N U</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is patient pregnant? If yes, Due Date _____ <b>Diagnosis date:</b> __/__/____	<b>Primary HCP Phone:</b> _____ <b>Clinical Findings</b> <b>Y N U</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is patient symptomatic? <b>Illness Onset date:</b> __/__/____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jaundice <b>Jaundice Onset date:</b> __/__/____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did the patient die from this illness? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nausea <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abdominal pain/right upper quadrant pain <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dark Urine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clay colored stool <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anorexia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Malaise <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headache <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fever <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diarrhea
--	--

## LABORATORY (Please submit copies of ALL Labs associated with this illness to state health department)

<b>ALT Result</b> _____ <b>Upper Limits</b> _____ <b>Date:</b> _____ <b>Y N U</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total antibody to hepatitis A virus (total anti-HAV) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IgM antibody to hepatitis A virus (IgM anti-HAV) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hepatitis B surface antigen (HBsAg) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hepatitis B 'e' antigen (HBeAg) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total antibody to hepatitis B core antigen (Total anti-HBc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IgM antibody to hepatitis B core antigen (IgM anti-HBc) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBV DNA	<b>AST Result</b> _____ <b>Upper Limits</b> _____ <b>Date:</b> _____ <b>Y N U</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Antibody to hepatitis C virus (anti-HCV) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti-HVC signal to cut-off ratio <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplemental anti-HCV assay (e.g. RIBA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HCV RNA (e.g. PCR) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Antibody to hepatitis D virus (anti-HDV) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Antibody to hepatitis E virus (anti-HEV)
--	---

## EPIDEMIOLOGIC

**Case Status:**  Confirmed  Not a Case  Unknown  
**Diagnosis:**  X Hepatitis A, Acute  Hepatitis B, Acute  Hepatitis B, Chronic  Perinatal Hepatitis B infection  
 Hepatitis C, Acute  Hepatitis C, Chronic (past or present)  Hepatitis Delta  Hepatitis E, Acute



**INFECTION TIMELINE**

*Instructions:  
Enter onset date in grey box. Count backward to determine probable exposure period*

Days from onset

Calendar dates:

Exposure period

-50 <i>(Max Incubation)</i>	-14 <i>(Min Incubation)</i>
_ / _ / _	_ / _ / _

Onset date

↓

\_ / \_ / \_

**HEPATITIS A EXPOSURES (based on the above exposure period, unless otherwise specified)**

**DURING THE 2 – 6 WEEKS PRIOR TO ONSET OF SYMPTOMS DID/WAS THE PATIENT:**

**Y N U**

- A contact of a person with confirmed Hepatitis A virus infection? If yes, type of contact
  - Babysitter of this patient
  - Child cared for by this patient
  - Household member (non-sexual)
  - Playmate
  - Other (Specify): \_\_\_\_\_
- A child or employee in a daycare center, nursery or preschool?
- A household contact of a child or employee in a daycare center nursery or preschool?
- If yes for either of these, was there an identified Hepatitis A case in the child care facility?
- incarcerated? Dates: \_\_\_\_\_
- in a treatment facility or other institutional setting?
- in as homeless shelter or other type of shelter?
- If yes for these, was there an identified Hepatitis A case in the facility?

*ASK BOTH OF THE FOLLOWING QUESTIONS REGARDLESS OF THE PATIENT'S GENDER:*

- How many male sex partners did patient have  
 0  1  2 – 5  >5  Unknown
- How many female sex partners did patient have  
 0  1  2 – 5  >5  Unknown

**Y N U**

- Inject street drugs
- Use street drugs but not inject
- Homeless or transient
- Travel outside the U.S.A. or Canada?  
If yes, where did they travel? \_\_\_\_\_

**IN THE 3 MONTHS PRIOR TO SYMPTOM ONSET:**

**Y N U**

- Did anyone in the patient's household travel outside the U.S.A or Canada?  
If yes, where did they travel? \_\_\_\_\_
- Is the patient suspected of being part of a common source outbreak? If yes, type of outbreak:
  - Foodborne-associated with infected food handler
  - Foodborne-NOT associated with infected food handler
  - Source not identified
  - Waterborne
- Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?

**VACCINE INFORMATION:**

**Y N U**

- Has the patient ever received hepatitis a vaccine? If yes:  
Number of doses:  1  2  3 or more  
Year last shot received: \_\_\_\_\_
- Has the patient ever received immune globulin?

**VACCINE RECORD:**

*Note: Vaccine record information cannot be entered in the Investigation. Go to patient's event tab to enter.*

- Date administered: \_\_\_\_\_ Age at vaccination: \_\_\_\_\_  
 Facility/Organization: \_\_\_\_\_  
 Vaccine administered: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Lot number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**PUBLIC HEALTH ISSUES/ACTIONS NOTES**

**Y N U**

- Disease/Transmission Education Provided  
\*Date: \_/ \_/ \_
- Exclude individuals in sensitive occupations (food, HCW, child care)
- Restaurant inspection

**Y N U**

- Child care inspection
- Testing of symptomatic contacts
- Contacts issued PEP
- Patient is lost to follow up

The Hepatitis A Surveillance Protocol is located under the “[Resources for Local Health Departments](#)” portion of the hepatitis A website. Please refer to the protocol for information on:

- Healthcare Provider Responsibilities
- Laboratory Responsibilities
- Local Health Department Responsibilities
- Post-Exposure Prophylaxis Recommendations
- State Health Department Responsibilities
- Disease Control Objectives
- Disease Prevention Objectives
- Disease Surveillance Objectives
- Occupational Health
- Public Health Significance
- Clinical Description
- Etiologic Agent
- Reservoir
- Mode of Transmission
- Incubation Period
- Period of Communicability
- Outbreak Recognition
- Case Definition
- Preventive Interventions
- Treatment
- Exclusion
- Surveillance Indicators



## Hepatitis A and Environmental Health

The following pages contain important information regarding hepatitis A and environmental health. For additional information, please contact the Office of Environmental Health Services at (304)-558-2981.



## Reporting Foodborne Illness Investigations Using the Environmental Health Reporting System (HealthSpace)

When conducting a foodborne illness (FBI) investigation related to hepatitis A (or any other FBI), please use the following steps to enter the environmental assessment into the Environmental Health Reporting System (EHRS).

1. Go to the facility level document in the EHERS database
2. Create: Note to File
3. For Subject: Hepatitis A Outbreak Investigation (or other name of FBI)
4. For Type: Choose ENV Assessment
5. For Date: Use Date of the Investigation
6. Attach the investigation in the comment section
  - a. Choose File
  - b. Choose Attach
  - c. Then choose location of the document (if you upload a pdf, it will not take up as much room in your database)
7. Enter any additional information you would like to include in the comments section

## Important Hepatitis A Information for Food Managers and Operators

In response to a recent outbreak of hepatitis A in West Virginia, the West Virginia Department of Health and Human Resources' Bureau for Public Health and your local health department are providing the following guidance to operators of licensed food facilities in West Virginia. Your help is needed to prevent additional illnesses and possible outbreaks in your food establishment.

**With your assistance, we can stop the spread of hepatitis A and help keep your employees and customers healthy.**

### What is hepatitis A?

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus (HAV). People infected with HAV are most contagious from two weeks before onset of symptoms to one week afterwards. Not everyone who is infected will have all the symptoms listed below. Symptoms usually start within 28 days of exposure to the virus with a range of 15-50 days. These symptoms can include:

- Dark-colored urine
- Diarrhea
- Fatigue/tired
- Fever
- Jaundice (yellowing skin and white of eyes)
- Loss of appetite
- Nausea and vomiting
- Pale or clay colored stool
- Stomach Pain

### How is HAV spread?

- HAV is usually spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with HAV, usually due to poor hygiene.
- Most infections in the U.S. are from contact with a household member or through close personal contact with a person who has HAV (e.g., sharing towels, cigarettes, toothbrushes or eating utensils; having sex with someone who is infected; or through IV drug use).
- HAV may also be spread by consuming food or drink that has been handled by an infected person.

### How is HAV treated or HAV infection prevented?

- HAV vaccine can prevent infection and is strongly recommended for food workers in the outbreak area.
- No medicines can cure the disease once symptoms appear. People with HAV symptoms should seek medical care.
- Most people get better over time but may need to be hospitalized.
- Previous infection by HAV gives immunity from future infection.
- People may be treated with vaccine or immune globulin within 14 days of exposure if they have not yet shown symptoms.

### How can you reduce the chance of HAV transmission in your food facility?

- Ensure employees know to report any illness symptoms to you, including onset of jaundice or others listed above.
- Inform employees that they need to tell you right away if they have a household member or other close contact who has been diagnosed with HAV.
- If your food establishment is within the current outbreak area, encourage employees to get HAV vaccine. Vaccine is available through most healthcare providers and pharmacies. Those without health insurance coverage should contact the local health department to check on availability of free or low-cost vaccination.

### What should you do if you find out about an infected food worker or have a worker with the symptoms listed above?

- Immediately notify your local health department and ask what to do next.
- Send the worker home immediately and ask the regulatory authority for guidance on when the employee can return to work

### What should you expect if you have an HAV positive employee?

- Operators will be asked to provide information on the employee's work schedule, duties, co-workers and possibly other records.
- Operators may need to work with the local health department or regulatory authority on employee vaccinations.
- If there is a concern for HAV transmission to consumers, especially if food safety procedures are not followed by food workers, a press release recommending consumers get immune globulin or HAV vaccine may be needed.

For more information, please visit <http://www.hepawarewv.org/>.  
Adapted with permission from the Michigan Department of Health and Human Services

Hepatitis A is a liver infection caused by the Hepatitis A virus. Highly contagious, the Hepatitis A virus is usually transmitted by the fecal-oral route, either through person-to-person contact or consumption of contaminated food or water. Contamination can occur when infected persons do not wash their hands properly after going to the bathroom and then touch other objects or food items. Surfaces that are frequently touched should be cleaned and sanitized often.

- Computer Keyboards
  - Doorknobs
  - High Chairs
  - Kitchen Surfaces
- Light Switch Plates
  - Phones
  - Railings
  - Recreation Equipment
- Remote Controls
  - Tables and Chairs
  - Toilet Room Surfaces
  - Wheelchairs and Walkers

## Effective Disinfectants

### Chlorine Bleach

Mix and use the chlorine solution promptly. Allow 1 minute of contact time and then rinse with water.

**5000 ppm:** 1 and 2/3 cups bleach in 1-gallon water. Use for stainless steel, food/mouth contact items, tile floors, nonporous surfaces, counters, sinks and toilets.

### Other Disinfectants

To determine if a product is effective against Hepatitis A, review the product label or product specification sheet and ensure it reads **“effective against Hepatitis A”** or **“effective against Feline Calicivirus.”** You may also search the product name in the Environmental Protection Agency’s registered product database at:

<https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1>

## Steps to Clean Spills of Vomit or Feces

1. Use personal protective equipment (PPE) such as gloves, masks and gowns.
2. Block-off area immediately.
3. Clean up visible debris using disposable absorbent material (paper towels or other type of disposable cloths) and minimize aerosols.
4. Discard soiled items carefully in an impervious plastic bag.
5. Thoroughly clean affected area.
6. Disinfect area and objects surrounding the contamination with an appropriate disinfectant effective against Hepatitis A. **See box to the left, “Effective Disinfectants,” for 5000 ppm sanitizing solution.**
7. Take off gloves, gown and mask, in that order, and discard before exiting contaminated clean-up area.
8. Place discarded PPE in an impervious plastic bag.
9. Re-glove and transport bag to a secure trash container; do not allow the bag to come into contact with clothing.
10. Always wash your hands after handling any contaminated material, trash or waste.

## Specific Cleaning Methods

### Wear Gloves and Protect Your Clothing

### Hard Surfaces

Disinfect surfaces with bleach or other approved disinfectant, ensuring the correct contact time is being met. If the surfaces are in a food preparation area, make sure to rinse with water after disinfecting. For surfaces that are corroded or damaged by bleach, use another product that is effective against Hepatitis A.



## Proper Handling

- Use chemicals in well-ventilated areas.
- Avoid contact between incompatible chemicals.
- Prevent chemical contact with food during cleaning.
- Handle contaminated material as little as possible and with minimal agitation to reduce aerosols.
- Manage waste safely and dispose in a secure trash container.

## Preventing the Spread of Illness

- All food employees must practice diligent handwashing and good personal hygiene (see below for handwashing procedures).
- Use utensils or gloves to eliminate bare hand contact with ready-to-eat food.
- Thoroughly and continuously disinfect the facility and food areas using the guidelines on the reverse of this document.

## Handwashing

- **Food employees shall thoroughly wash their hands and arms with soap and warm water for at least 20 seconds; thoroughly rinse with clean running water; and properly dry hands and arms.**
- **Ensure handwashing signs are posted in the appropriate locations.**
- **Employees shall wash their hands in ALL the following instances:**
  - Immediately before engaging in food preparations, including working with non-prepackaged food, cleaning equipment and utensils, and unwrapping single-use food containers and utensils.
  - After touching bare human body parts other than clean hands and exposed portions of arms.
  - After using the toilet room.
  - After caring for or handling any animal allowed in a food facility.
  - After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating or drinking.
  - After handling soiled equipment or utensils.
  - Before putting on disposable gloves to start working with food.
  - During food preparation, as often as necessary to remove dirt and contamination, and when changing tasks to prevent cross-contamination.
  - When switching between working with raw food and working with ready-to-eat food.
  - Before dispensing or serving food or handling clean tableware and serving utensils in the food service area.
  - After engaging in other activities that contaminate hands.

## Employee Health Guidelines

All food employees must be knowledgeable of the relationship between personal health, hygiene and food safety. Information on this topic can be found in the 2005 FDA Food Code Chapter 2, Part 2, incorporated by reference in WV §64 CSR 17 Food Establishments.

### The Employees are Responsible for Notifying the Person in Charge.

- Notify the person in charge if you have been diagnosed with Hepatitis A virus. Be advised that employees are also required to report the following: Salmonella Typhi, Shigella, Shiga-toxin producing Escherichia coli, Norovirus and/or the following acute gastrointestinal symptoms: diarrhea, fever, vomiting, jaundice, or sore throat with fever. History of exposure to foodborne illness, such as living in the same household with an individual diagnosed with Hepatitis A, must also be reported to the person in charge.
- Remember, you should not work if you are sick with acute gastrointestinal illness. **Acute gastrointestinal illness is diarrhea, either alone or with vomiting, fever or abdominal cramps.**

### The Person in Charge is Responsible for Meeting the Following Requirements:

- **EXCLUDE** a food employee from the food facility if diagnosed with Hepatitis A virus, Salmonella Typhi, Shigella, Shiga toxin-producing Escherichia coli, Norovirus and/or experience the following symptoms: diarrhea, fever, vomiting, or jaundice.
- **RESTRICT** a food employee from working with exposed food, clean equipment, clean linens, clean utensils and unwrapped single-service articles if experiencing:
  - Positive stool specimen if they do not report acute gastrointestinal symptoms
  - Report suffering from a sore throat with fever
  - Report an open lesion containing pus

Food establishments serving a highly susceptible population have more stringent exclusion and restriction requirements. Your local health department can provide guidance on exclusion and restriction requirements and clearing ill employees for work.

For more information on Hepatitis A or to report individuals with vomiting, diarrhea or fever associated with food consumption, contact:

Judy Vallandingham, Direct  
Public Health Sanitation Division  
Email: [Judy.e.vallandingham@wv.gov](mailto:Judy.e.vallandingham@wv.gov)  
Phone: (304) 558-2981

## Hepatitis A Environmental Assessment

Facility Name/Operator		
Name of Person Interviewed		
Title of Person Interviewed		
<p>Specific Considerations:</p> <ul style="list-style-type: none"> <li>• Review Menu to Identify RTE Food Items</li> <li>• Review Employee Health Policy</li> <li>• Review Handwashing Policy / Procedures</li> <li>• Review Food Handling Practices – No Bare Hand Contact with RTE Food</li> </ul> <p>Observations:</p> <ul style="list-style-type: none"> <li>• Handwashing by Employees</li> <li>• Food Preparation / Food Handling Practices by Employees</li> </ul>		
<b>Initial Questions for Person in Charge (PIC)</b>		
Have any other employees reported illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any employees reported household contact illness (or Hepatitis A diagnosis)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any customers reported illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>What days did the employee work (including 14 days before employee was ill)?</p> <p><b>Note:</b> Collect a work schedule or clock-in/clock-out records for employee</p>		



What tasks did the employee perform? (ex. Food handling, dish washing, cleaning, etc.)

**Note:** Obtaining and reviewing a copy of the menu may also be helpful. The menu could be used to determine how food is prepared, the types of ready-to-eat food without a heat treatment offered, and if the employee was responsible for preparing or serving any specific menu items.

--

*Several questions and observations during the assessment will focus on employee health, handwashing, and no bare hand contact with ready to eat food.*

**Employee Health**

Does the establishment have an employee health policy in place?

Yes

No

--

Is the policy posted or available upon request?

Yes

No

--

What types of symptoms, diagnoses, reporting requirements, and actions based on those items are included in the policy?

--

How are employees trained on the policy? Does training occur one time or is it repeated periodically?

--

When did the employee receive employee health policy training?		
<b>Handwashing</b>		
Is there a handwashing policy/procedure in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How and when are employee trained?		
Are hand sinks accessible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are hand sinks equipped with hand soap, paper towels, hot and cold running water and signage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were employees observed using the hand sinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did employees use proper procedures to wash hands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did employees wash hands at appropriate times (before beginning work, when changing tasks, after using the restrooms, after touching face, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional observations regarding hand washing at the establishment		

**No Bare Hand Contact with Ready to Eat (RTE) Food**

Are foods considered RTE contacted with bare hands?

Yes

No

What types of procedures and utensils are in place to prevent bare hand contact with RTE food (type of utensils, disposable gloves, etc.)?

Is there bare hand contact with food at any point?

Yes

No

If so, what type of heat treatment do those foods receive following bare hand contact?

Additional observations regarding bare hand contact with ready to eat food at the establishment

***Additional information may be helpful when conducting the assessment***

What type of sanitizer is used by the food establishment?

**Note:** Please take a photo of disinfectant / sanitizer label, collect EPA registration information, or other information that could be used to verify the product is effective against hepatitis A

What are the procedures for washing, rinsing and sanitizing food contact surfaces?

Are restrooms used by employees clean and stocked with toilet paper?

Yes

No

Do the restrooms used by the employees have accessible hand sinks?

Yes

No

Are hand sinks equipped with hand soap, paper towel (or other approved drying method), hot and cold running water, and signage?

Yes

No

**Correction Actions Required:**

**Recommendations (including risk of transmission to patrons):**

Sanitarian:

Signature:

Date:



## Public Health Sanitation Food Program Staff Contacts

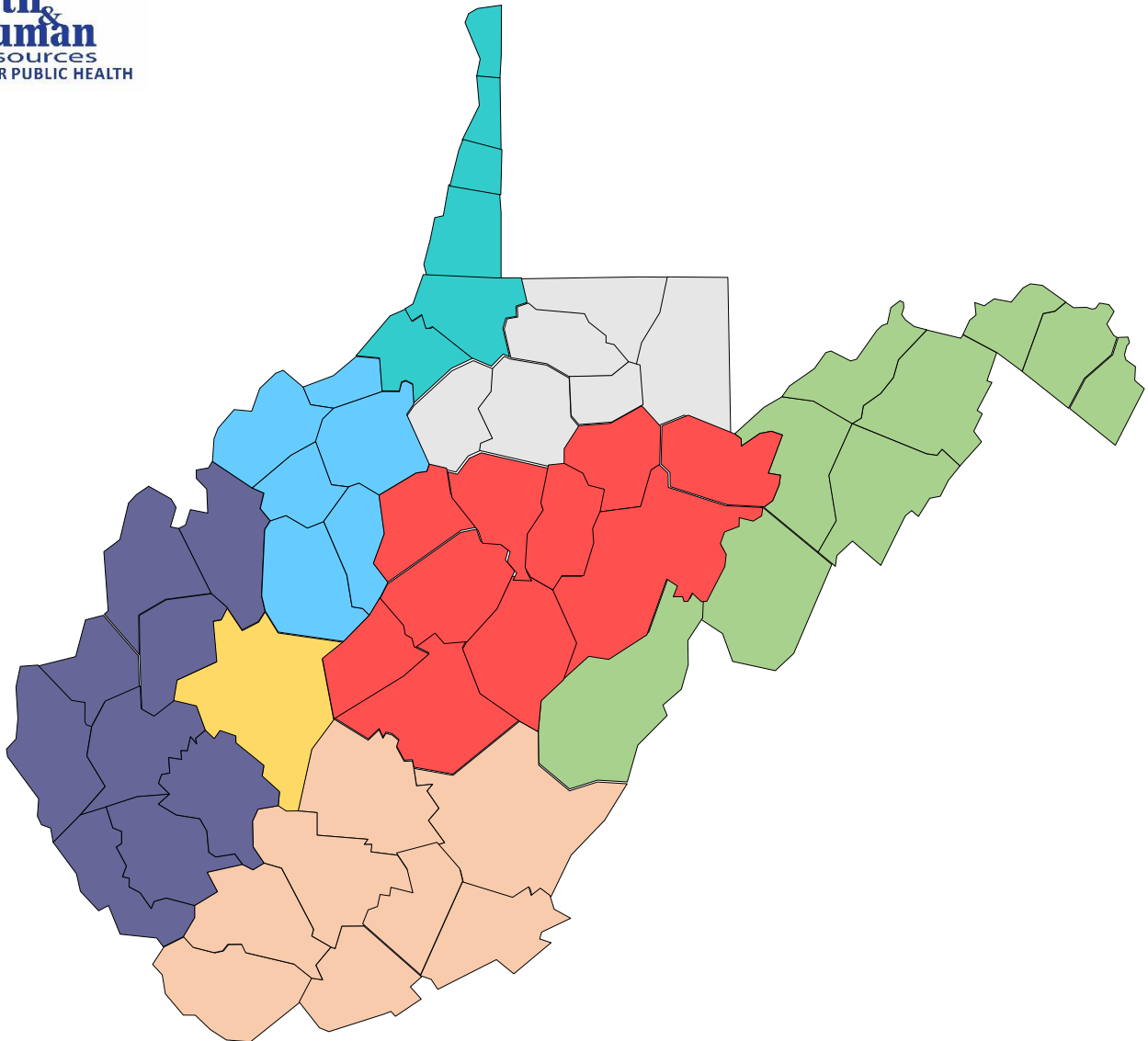
Name	Title	Office Number	Cell Number	Email
Jessica Douglas	Food Program Manager	304-356-4339	304-550-5615	<a href="mailto:Jessica.L.Douglas@wv.gov">Jessica.L.Douglas@wv.gov</a>
Wayne Powell	Food Program Assistant	304-356-4283	304-550-4943	<a href="mailto:Wayne.P.Powell@wv.gov">Wayne.P.Powell@wv.gov</a>
Stacy King	MFRPS Coordinator, Food Program	304-356-5068	304-550-5606	<a href="mailto:Stacy.E.King@wv.gov">Stacy.E.King@wv.gov</a>



## Regional Maps

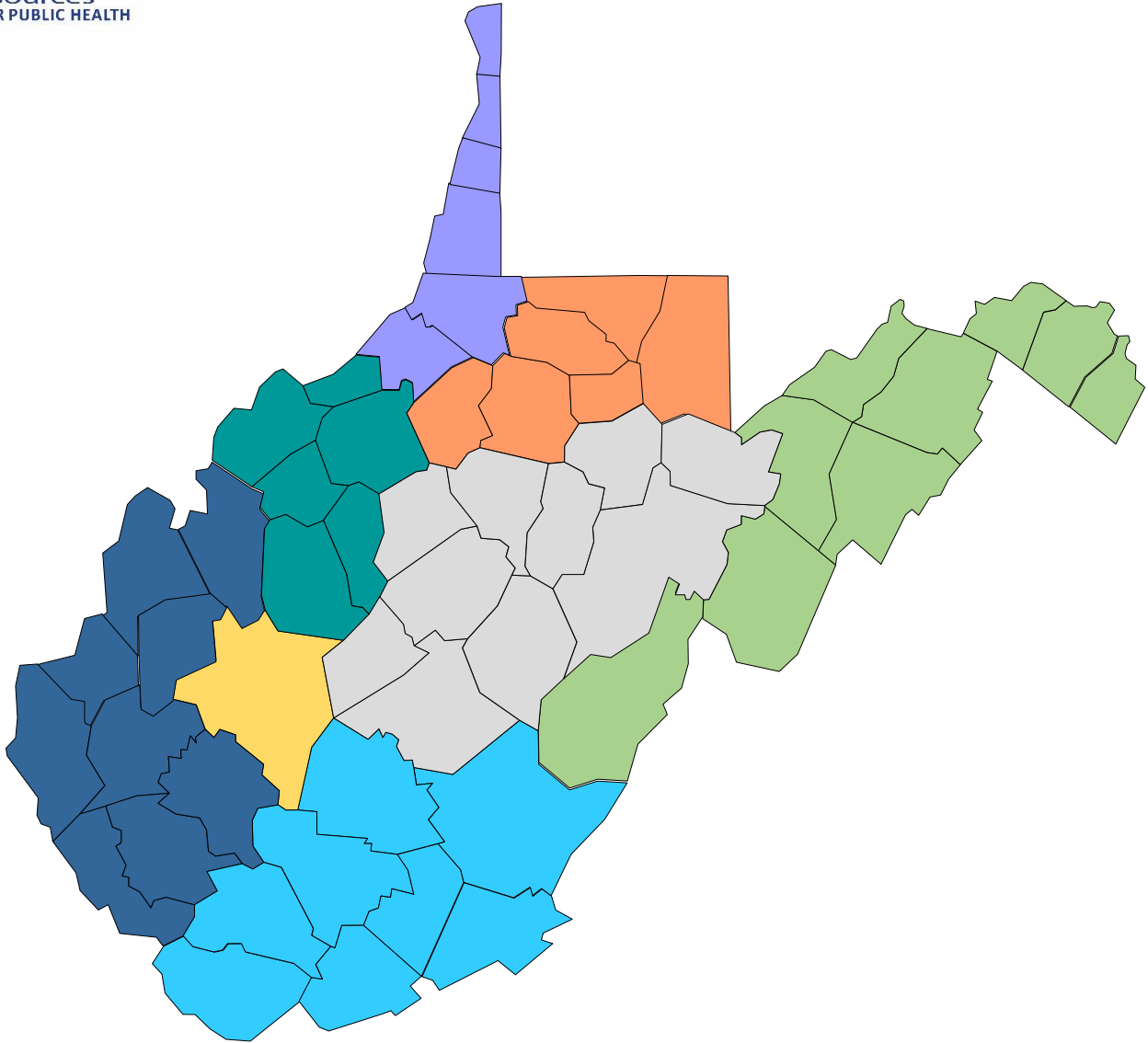
The following pages contain contact information for the WV REDI regional coordinators, Center for Threat Preparedness regional leads, Public Health Sanitation Division contacts and regional epidemiologists.

## WVREDI Regional Coordinators Contact Map



Region	Regional Coordinator	Regional Lead Email
Bundle Team	Wendy Staats	Wendy.M.Staats@wv.gov
Eastern Public Health Response Team (EPHRT)	Kimberly Kline	Kimberly.S.Kline@wv.gov
Kanawha Region	Janet Briscoe	Janet.M.Briscoe@wv.gov
Mid-Ohio Valley Region (MOV)	Kristine Green	Kristine.L.Green@wv.gov
Northern Region	Karen Cain	Karen.K.Cain@wv.gov
Preparedness Action Coalition Team (PACT)	Jamie Moore	Jamie.W.Moore@wv.gov
Shared Public Health Emergency Response Effort (SPHERE)	Mary Hamrick	Mary.K.Hamrick@wv.gov
Region One Collaboration (ROC)	Julie Mundell	Julie.R.Mundell@wv.gov

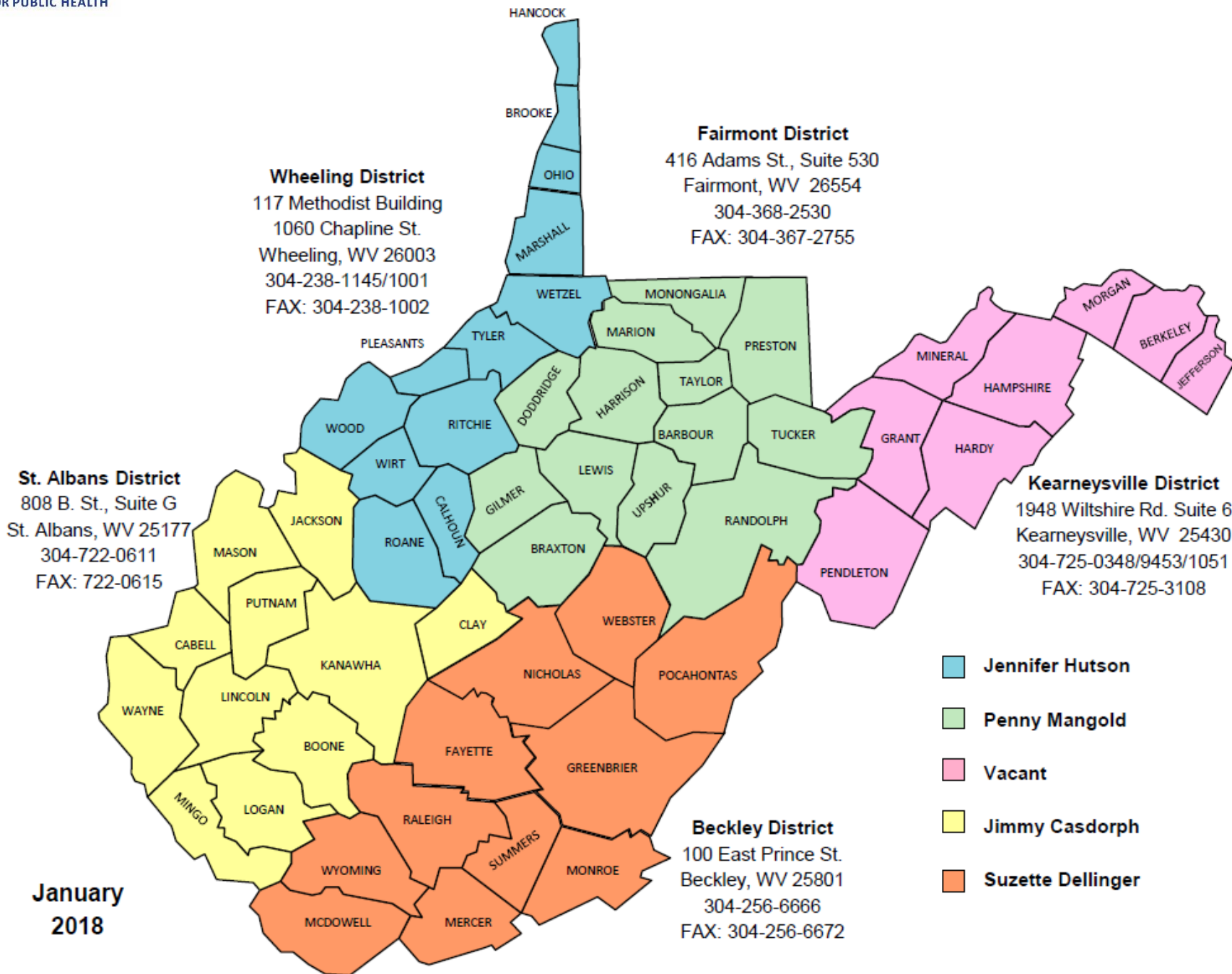
## Center for Threat Preparedness Regional Lead Contact Map



Region	Regional Lead	Regional Lead Email
Bundle Team	Wendy Staats	Wendy.M.Staats@wv.gov
Eastern Public Health Response Team (EPHRT)	A.J. Root	Andrew.J.Root@wv.gov
Kanawha Region	Janet Briscoe	Janet.M.Briscoe@wv.gov
Mid-Ohio Valley Region (MOV)	Jim Rose	Jim.A.Rose@wv.gov
Northern Region	Michael Bolen	Michael.S.Bolen@wv.gov
Preparedness Action Coalition Team (PACT)	Lee Smith	Lee.B.Smith@wv.gov
Shared Public Health Emergency Response Effort (SPHERE)	Bonnie Woodrum	Bonnie.B.Woodrum@wv.gov
Region One Collaboration (ROC)	Brian Bell	Brian.C.Bell@wv.gov



Public Health Sanitation Division Contact Map



January  
2018



The following pages contain messaging and communication resources that can be distributed throughout the community. In addition, please use the following links to access the West Virginia Department of Health and Human Resources (DHHR) social media pages to view and obtain information regarding the outbreak.

### WV DHHR Facebook

- <https://www.facebook.com/wv.dhhr>
- <https://www.facebook.com/wv.dhhr/videos/1784531924938031/> (Hepatitis A video)

### WV DHHR Twitter

- [https://twitter.com/WV\\_DHHR](https://twitter.com/WV_DHHR)
- [https://twitter.com/WV\\_DHHR/status/999349091367866368](https://twitter.com/WV_DHHR/status/999349091367866368) (Hepatitis A video)

# HEPATITIS A & INCARCERATION

## What is hepatitis?

“Hepatitis” means inflammation or swelling of the liver. The liver is an organ in the human body that aids the body in fighting germs, cleaning blood, and digesting food.

There are five types of viral hepatitis—Hepatitis A, B, C, D, E. This fact sheet focuses on Hepatitis A.

## What is Hepatitis A?

A highly contagious liver infection caused by the Hepatitis A virus.

## Nationwide Hepatitis A Outbreak

4

Since 2017, four states declared a Hepatitis A outbreak: California, Kentucky, Michigan, Utah



Since January 2018 West Virginia has seen an increase in HAV cases



Hepatitis A can be spread in US jails and prisons.

Cases in West Virginia and other states have been associated with US jails and prisons.

## What are the symptoms?

Fever ▪ Fatigue ▪ Loss of Appetite ▪ Nausea ▪ Vomiting ▪ Abdominal pain ▪ Gray-colored bowel movements ▪ Joint Pain ▪ Jaundice ▪ Dark Urine

## How is Hepatitis A spread?

Hepatitis A is usually spread when a person ingests fecal matter, including microscopic amounts. This can take place, when an infected person does not wash his/her hands properly after going to the bathroom and then touches objects or food or when someone engages in sexual activities with an infected person.

## Who is at risk in jails and prisons?

Persons who use drugs, whether injected or not

Person who had sexual contact with someone who has Hepatitis A

Men who have sexual encounters with other men

People who have come into close person-to-person contact with an infected person

## How is Hepatitis A diagnosed?

A physician can determine if a person has Hepatitis A by discussing his/her symptoms and taking a blood sample.

## Prevention

- Wash hands properly
- Do not share needles
- Get vaccinated
- Practice safe sex

## For more information

Call your health department, or go to: <http://www.hepawarewv.org/>

Reference: Centers for Disease Control and Prevention

# Hepatitis A:

## Information for Schools and Parents

### What is Hepatitis A?

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus (HAV). After an individual is infected with HAV, it can take 15-50 days before symptoms appear.

### Nationwide Hepatitis A Outbreak



Since 2017, several states across the U.S. have declared an outbreak of HAV.

Since January 2018 West Virginia has seen an increase in HAV cases. Several cases have been linked to the nationwide outbreak.

### Hepatitis A Symptoms

Jaundice (yellowing of the skin or eyes) ▪ Fever ▪ Loss of Appetite ▪ Nausea ▪ Vomiting ▪ Abdominal pain ▪ Gray-colored bowel movements ▪ Dark Urine

**Note:** Children younger than 6 years usually have few or no signs or symptoms

### How is Hepatitis A spread?

HAV is spread through contact with feces of infected persons. This generally involves an infected child contaminating his/her own fingers, then touching an object. When another child touches that object and puts his/her fingers into their mouth or the mouth of another child, they then can become infected with HAV.

### Hepatitis A Prevention

#### VACCINATION

- Hepatitis A vaccination is the most effective way to prevent HAV infection
- Hepatitis A vaccine is a recommended immunization for all children 12 months and older
- Children who have not had a 2-dose hepatitis A vaccine are encouraged to get vaccinated

#### HAND HYGIENE

Apart from vaccination, the best way to prevent HAV infection is to practice good hand hygiene. Hands should be washed with soap and running water:

- Before preparing or eating food
- After using the restroom
- After diaper changing
- Whenever they are visibly dirty

**Note:** Alcohol-based hand sanitizers are not

**If you or your child start showing symptoms of HAV, see your primary care provider as soon as possible.**

For More Information, visit:

- <http://www.hepawarewv.org/>
- [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)
- Your local health department:  
<https://dhr.wv.gov/localhealth/Pages/Map.aspx>

Reference: Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 3<sup>rd</sup> Edition

# HEPATITIS A & COMMUNITIES AT RISK

## What is Hepatitis?

“Hepatitis” means inflammation or swelling of the liver. The liver is an organ in the human body that aids the body in fighting germs, cleaning blood, and digesting food.

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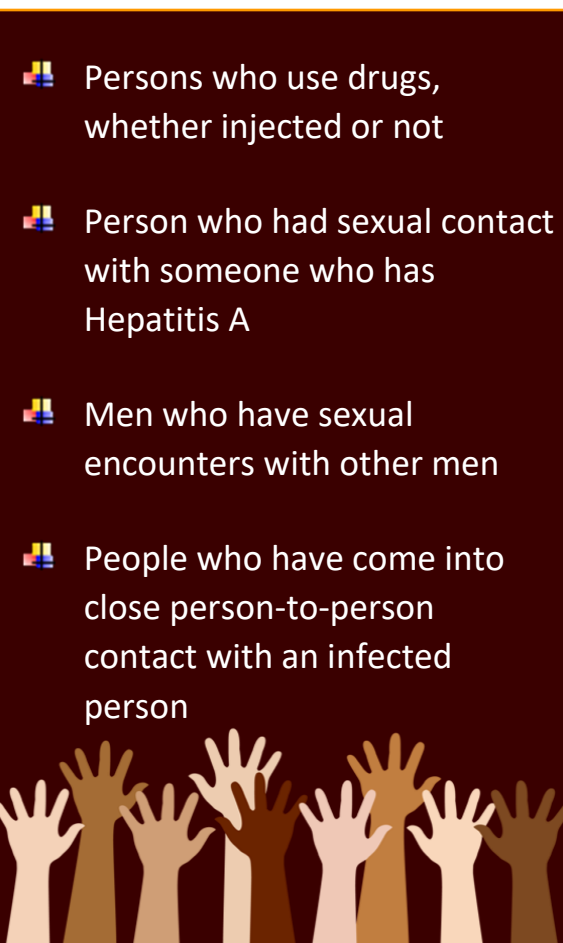
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## What are the Symptoms?

Fever ▪ Fatigue ▪ Loss of Appetite ▪ Nausea ▪ Vomiting ▪ Abdominal pain ▪ Gray-colored bowel movements ▪ Joint Pain ▪ Jaundice ▪ Dark Urine

## Who is at Risk in the Community?

A dark brown rectangular box with a thin orange border. At the bottom, there is a row of seven stylized hands in various shades of brown and tan, reaching upwards. The text inside the box is white and lists four risk factors, each preceded by a small icon of a person with a flag.

- Persons who use drugs, whether injected or not
- Person who had sexual contact with someone who has Hepatitis A
- Men who have sexual encounters with other men
- People who have come into close person-to-person contact with an infected person

## How is Hepatitis A Spread?

Hepatitis A is usually spread when a person ingests fecal matter, including microscopic amounts.

- Infected person does not wash his/her hands properly after going to the bathroom and then touches objects or food

Someone engages in sexual activities with an infected person

## How do I Prevent Hepatitis A from Spreading?



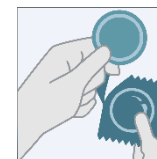
WASH HANDS PROPERLY!



DO NOT SHARE NEEDLES!



GET VACCINATED!



SAFE SEX PRACTICES!

## For More Information

- Call your health department,
- <http://www.hepawarewv.org/>
- [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

Reference: Centers for Disease Control and Prevention

July 2018



# HEPATITIS A

## Guidance for Hospital Emergency Departments

### What is Hepatitis A?

Hepatitis A is a vaccine-preventable communicable disease of the liver caused by the hepatitis A virus (HAV). Hepatitis A is transmitted person-to-person through the ingestion of food, water, or oral contact with objects contaminated with fecal matter from a hepatitis A infected person. Hepatitis A is easily spread through close sexual and household contacts, as well as persons who share injection and non-injection drugs. The incubation period of Hepatitis A can be 15-50 days, with an average of 28 days.

#### Hepatitis A Outbreak

West Virginia is currently seeing an **increase in Hepatitis A cases**, primarily in Kanawha county. Cases have been linked to a nation-wide outbreak of HAV primarily among homeless or transient individuals and those who use injection or non-injection drugs. Cases in this outbreak have had:

- Hospitalization rates of approximately 70%
- High rates of Hepatitis B and C coinfections

#### Who Should be Screened?

- Persons with a **history of substance abuse**
- Persons currently **homeless** or in **transient living**
- Person with **current or recent history of incarceration**
- Men who have sex with men
- Persons with underlying **liver disease**

### What are the Symptoms of Hepatitis A?

- Fever
- Fatigue
- Loss of appetite
- Nausea or vomiting
- Abdominal pain
- Dark urine
- Pale stool
- Jaundice (yellowing of the skin or eyes)

### What Can Providers Do?

- **Report** all confirmed or suspected hepatitis A causes to your local health department
- **Inform** patients that someone from the local health department will contact them for follow-up
- **Prevent** hepatitis A through vaccination, standard precautions, and handwashing
- **Promote** vaccination for those exposed and anyone in a risk group

### For More Information Visit:

- <http://www.hepawarewv.org/>
- [www.cdc.gov/hepatitis/hav](http://www.cdc.gov/hepatitis/hav)
- Or call your local health department, <https://dhhr.wv.gov/localhealth/Pages/Map.aspx>



## Hepatitis A: Frequently Asked Questions

West Virginia is experiencing a hepatitis A outbreak. Several cases have been molecularly linked to the multi-state outbreak in which genotype 1B is the hepatitis A strain of concern; other cases have been epidemiologically linked to cases from Kentucky.

### What is hepatitis A?

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus. It can range from a mild illness lasting a few weeks to a severe illness lasting several months. Although rare, hepatitis A can cause death.

### How is hepatitis A spread?

Hepatitis A usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected person. Hepatitis A can also spread from close personal contact with an infected person such as through sexual contact or caring for someone who is ill.

### Who is at risk for hepatitis A?

Although anyone can get hepatitis A, certain groups of people are at higher risk such as:

- Persons who use injection and non-injection drug users
- Homeless persons
- Persons who had sexual contact with someone who has hepatitis A
- Men who have sexual encounters with other men
- People who have come into close person-to-person contact with an infected person
- People with ongoing, close contact with people who are homeless or people who use injection and non-injection drugs

### What are the symptoms of hepatitis A?

- |                   |                      |                             |
|-------------------|----------------------|-----------------------------|
| •Fever            | •Vomiting            | •Joint pain                 |
| •Fatigue          | •Abdominal pain      | •Jaundice                   |
| •Loss of appetite | •Dark urine          | (yellowing of the skin/eye) |
| •Nausea           | •Clay-colored stools |                             |

### What should I do if I think I have been exposed to hepatitis A?

If you think you were exposed to hepatitis A, call or visit a health professional right away since hepatitis A can be easily spread 1 to 2 weeks before symptoms show.

### What should I do if I ate a restaurant where an employee has been diagnosed with hepatitis A?

The risk of contracting hepatitis A from eating at a restaurant is extremely low, even during outbreak situations. When a food service worker diagnosed with hepatitis A, he or she is immediately excluded from work and not allowed to return without a release from his or her medical provider. Additionally, all employees at the establishment are vaccinated, and disinfection and sanitation practices are followed.

### Can hepatitis A be prevented?

Yes. The best way to prevent hepatitis A is with the hepatitis A vaccine. Practicing good hand hygiene – including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food – plays an important role in preventing the spread of hepatitis A.





## Hepatitis A Frequently Asked Questions

### **I work with a high-risk population for hepatitis and want to obtain vaccine for a vaccination clinic. Who should I contact?**

Please contact your local health department to determine if a vaccination clinic can be arranged.

<https://dhhr.wv.gov/localhealth/Pages/Map.aspx>.

### **I am a first responder. How can I protect myself from infection?**

Use simple precautions such as washing hands after having contact with another individual and before touching or consuming food and beverages. Wear gloves according to standard contact precautions. For responders who work with individuals at risk for hepatitis A infection, vaccination can provide additional protection.

### **I work in a hospital. Do I need to be vaccinated against hepatitis A?**

Healthcare workers are not at increased risk for hepatitis A. If a patient with hepatitis A is admitted to the hospital, routine infection-control precautions will prevent transmission to hospital staff.

### **Who is at increased risk for hepatitis A infection?**

1. Persons with direct contact with persons who have hepatitis A
2. Travelers to countries where hepatitis A infections are high and native to the country
3. Men who have sex with men
4. Users of injection and non-injection drugs
5. Persons with clotting factor disorders
6. Persons working with non-human primates
7. Household members and other close personal contacts of adopted children newly arriving from countries where infections of hepatitis A is high and native to the country
8. Anyone with ongoing, close contact with people who are homeless or people who use injection and non-injection drugs

### **Who should be vaccinated against hepatitis A?**

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommends that the following persons be vaccinated against hepatitis A:

- All children at age 1 year
- Persons who are at increased risk for infection
- Persons who are at increased risk for complications from hepatitis A
- Any person wishing to obtain immunity (protection)

### **Where can I go to get vaccinated against hepatitis A?**

If you have insurance you can see your healthcare provider or many local pharmacies (e.g. Rite Aid, CVS, Walmart, etc.) carry the vaccine. Local health departments have a limited supply of vaccine for uninsured individuals and those at highest risk for hepatitis A infection. Contact your local health department with questions:

<https://dhhr.wv.gov/localhealth/Pages/Map.aspx>.

### **When can I find more information on hepatitis A?**

- <https://www.cdc.gov/hepatitis/hav/index.htm>
- <http://www.hepawarewv.org/>