



## **HEALTH ADVISORY #144**

### **Enhanced Surveillance for Hepatitis A Cases Among Homeless and Persons Who Inject Drugs**

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

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

**DATE:** March 2, 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.

Multiple state (California, Kentucky, Michigan, and Utah) and local health departments have been reporting hepatitis A virus (HAV) (genotype 1B) outbreaks among homeless persons, persons who use injection and non-injection drugs, and their close contacts since 2016. At this time, the West Virginia Bureau for Public Health (BPH) has not seen an increase in reported HAV cases.

HAV is a vaccine-preventable disease that is usually transmitted person-to-person through the fecal-oral route or consumption of contaminated food or water. People who are homeless are at particularly high-risk due to lack of access to clean toilets and handwashing facilities. HAV does not result in chronic infection and can range from a mild illness lasting a few weeks to severe illness lasting several months. Symptoms include acute onset of fever, nausea, vomiting, abdominal pain, diarrhea, dark urine, clay-colored stool, and jaundice.

Hospitalization rates have been as high as 80% in some jurisdictions; likely due to underlying liver disease and/or hepatitis comorbidities. While mortality is rare, several HAV-related deaths have been reported among cases from California and Michigan. HAV vaccination has been critical in preventing new cases and controlling current genotype 1B outbreaks and is highly effective with more than 95% of adults protected after one dose.

BPH recommends that healthcare providers and entities who work with individuals at high-risk for HAV:

- Report suspect and confirmed cases of HAV to the local health department within 24 hours.
- Report clusters or outbreaks of HAV to the local health department immediately.
- Conduct a complete serology panel for acute HAV, hepatitis B, and hepatitis C on suspected (symptomatic) HAV patients.
- Offer HAV vaccine to persons who are homeless and/or use injection and non-injection drugs.
- Consider drawing an additional serum specimen (especially among patients who are likely to be lost to follow-up) for confirmatory testing and possible genotyping at the Centers for Disease Control and Prevention (CDC). Contact your local health department for more information.

For additional information contact the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE) at (304) 558-5358, extension 1; (800) 423-1271, extension 1; or the 24/7 answering service (304) 925-9946. For more information on current HAV outbreaks visit: <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>.

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.