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To: Wisconsin Health Care Providers, Local Health Departments, Tribal Health Clinics, Infection Preventionists, and Clinical Laboratories

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Hepatitis A Outbreak Prevention and Response in Wisconsin: Clinician Responsibilities

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Hepatitis A outbreaks are expanding nationwide in both urban and rural areas. Many states have been affected, including Arkansas, California, Florida, Illinois, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, New Hampshire, New Mexico, North Carolina, Ohio, Tennessee, Utah, and West Virginia. In addition to the significant morbidity experienced by patients, these outbreaks have been prolonged and costly, straining both hospital systems and public health departments. The Centers for Disease Control and Prevention (CDC) has confirmed more than 10,500 cases during 2018. Cases have occurred primarily among three risk groups:

1. Persons who use injection or non-injection drugs
2. Persons experiencing homelessness
3. Men who have sex with men

Wisconsin is not currently experiencing a hepatitis A outbreak. However, the Wisconsin Department of Health Services, Division of Public Health is working proactively with state and local partners to prevent an outbreak from occurring in Wisconsin. Clinicians are a critical partner with public health, and you can make an immediate impact on our ability to prevent a large statewide outbreak.

Hepatitis A Vaccinations

The Division of Public Health urges clinicians to take the following important steps now to protect high risk patients.

1. Identify and implement strategies to increase hepatitis A vaccinations among the following primary risk groups:
 - a. Persons who use injection and non-injection drugs
 - b. Persons experiencing homelessness
 - c. Men who have sex with men
 - d. Persons with chronic liver disease
 - e. Persons infected with hepatitis B or C
2. Consider vaccinating others for whom hepatitis A vaccine is routinely recommended:
 - a. All children (beginning at age 1 year)
 - b. Persons at increased risk for infection with or complications of hepatitis A

- c. Any other person wishing to obtain immunity
3. Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms.

Recommended vaccine coverage groups can be found at:

<https://www.cdc.gov/hepatitis/hav/havfaq.htm#B1>.

Providers should ensure their clinic has hepatitis A vaccine on hand, so as not to miss opportunities to vaccinate high-risk individuals and, as supply allows, routinely offer hepatitis A vaccine to individuals who present to the clinic and are eligible for vaccination.

Additional Locations to Receive Vaccinations

If a patient who would benefit from the vaccine is unable to receive the vaccine at your clinic due to financial constraints, there are locations in the state where the hepatitis A vaccine can be obtained at low or no cost. Please refer such patients to one of the resources listed below.

Local health departments and tribal health clinics are able to vaccinate any uninsured or underinsured adult aged 19 years and older who meets one of the following recommended coverage groups:

1. Patients with hepatitis B or C, men who have sex with men, persons who use drugs, persons who have a clotting factor disorder, and persons with chronic liver disease.
2. Close contacts of recent international adoptees.

The Advisory Committee on Immunization Practices (ACIP) voted recently to include homelessness as a risk group for hepatitis A vaccine; it was published in the February 15, 2019 edition of the [MMWR](#). The Policy and Procedure manual for local health departments and tribes is in the process of being updated to include individuals in this high risk category. The updated document will soon be available on Sharepoint/PCA Portal.

The local health departments and tribal health clinics are able to vaccinate children who are eligible for the Vaccines for Children (VFC) program which includes those who are uninsured, have medical assistance, and are either American Indian or Alaskan Native.

Please call the local health department or tribal health clinic for vaccine availability and clinic hours.

The local health department contact information can be found here:

<https://www.dhs.wisconsin.gov/lh-depts/counties.htm>

Vaccinations may also be available at federally-qualified health centers or rural health clinics, a list of which can be found here: https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/wi/

Case Reporting

Wisconsin law requires physicians to report suspected cases of hepatitis A to their local health department within 24 hours by telephone or electronic reporting. Questions and consultations after hours can be directed to the Bureau of Communicable Diseases epidemiologist on call at 608-258-0099 (available 24/7). Post-exposure prophylaxis with vaccine or immune globulin can protect at-risk contacts if administered within two weeks of their exposure.

Laboratory Testing

If hepatitis A is suspected in a person who is considered high-risk (i.e., persons who use injection or non-injection drugs; persons experiencing homelessness; or men who have sex with men), collect and hold at your lab an extra red top tube of blood. If the initial hepatitis A IgM result is positive, this additional specimen should be submitted to the Wisconsin State Laboratory of Hygiene (WSLH) for confirmation and possible genotype testing at the Centers for Disease Control and Prevention (CDC). Please notify the Bureau of Communicable Diseases epidemiologist of specimens that meet these criteria by calling 608-267-9003 during normal business hours.

Do not test people without signs of acute hepatitis. False-positive IgM results can occur in persons without acute clinical hepatitis illness, especially in the elderly.

Additional information on hepatitis A can be found on the CDC website at <https://www.cdc.gov/hepatitis/hav/index.htm>.

Providers are encouraged to share this information with staff to ensure all are aware of the recommendations.

Thank you for your efforts to protect your patients and your community.