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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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Situation

The Division of Public Health (DPH) is alerting all health care providers to the ongoing risk for outbreaks of hepatitis A virus (HAV) infection among vulnerable communities. **We are issuing an update to all public health partners at this time because of a recent case in a Wisconsin jail, which has resulted in the exposure of numerous individuals to the virus.**

Hepatitis A outbreaks are expanding nationwide in both urban and rural areas. To date, 30 states have declared hepatitis A outbreaks, including three states that border Wisconsin (Illinois, Michigan, and Minnesota). Efforts to contain and halt 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 27,000 cases and 16,000 hospitalizations since the outbreaks began in 2016. 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

Most Wisconsin adults are not immune to HAV, making the state vulnerable to an outbreak unless HAV vaccination is scaled up widely. Because the current outbreaks of HAV are predominantly impacting communities with identifiable risk factors, including unstable housing, recent incarceration and injection drug use, targeted efforts to vaccinate high-risk individuals could substantially reduce the risk of HAV outbreaks in the state. A single dose of HAV vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% seroprotection in healthy individuals for up to 11 years.

DPH is working proactively with state and local partners to prevent an outbreak from occurring in our state. Clinicians are a critical partner with public health, and you can make an immediate impact on our ability to prevent a large statewide outbreak.

Request
We are urging 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 who are currently or were recently incarcerated
    e. Persons with chronic liver disease
    f. 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.

Alternative Locations to Receive Vaccinations
If a patient who would benefit from the vaccine is unable to receive it 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 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 illegal drugs, persons who have a clotting factor disorder, and persons with chronic liver disease.
2. Close contacts of recent international adoptees.

Contact information for local health departments 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 regular office hours (8:00 a.m. to 4:30 p.m.) 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 in one of the primary risk groups for the current national outbreaks (i.e., persons who use injection or non-injection drugs; persons experiencing homelessness; persons who are currently or were recently incarcerated; or men who have sex with men), collect and hold at your lab an extra red top tube of blood that may be submitted to the Wisconsin State Laboratory of Hygiene for confirmation and possible genotype testing at CDC, if the initial hepatitis A IgM result is positive. Please notify the Bureau of Communicable Disease of specimens that meet these criteria.

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.

Thank you for your efforts to protect your patients and your community. Additional information on hepatitis A can be found on the CDC website at https://www.cdc.gov/hepatitis/hav/index.htm.