

Hepatitis A Surveillance

Hepatitis A Virus (HAV) is an acute, self-limiting condition affecting the liver, primarily transmitted via direct person-to-person contact or consumption of contaminated food or water. This report provides an epidemiologic evaluation of persons diagnosed with HAV in Wisconsin.

2023 Key Points



20 cases



20% of cases
linked to
another case



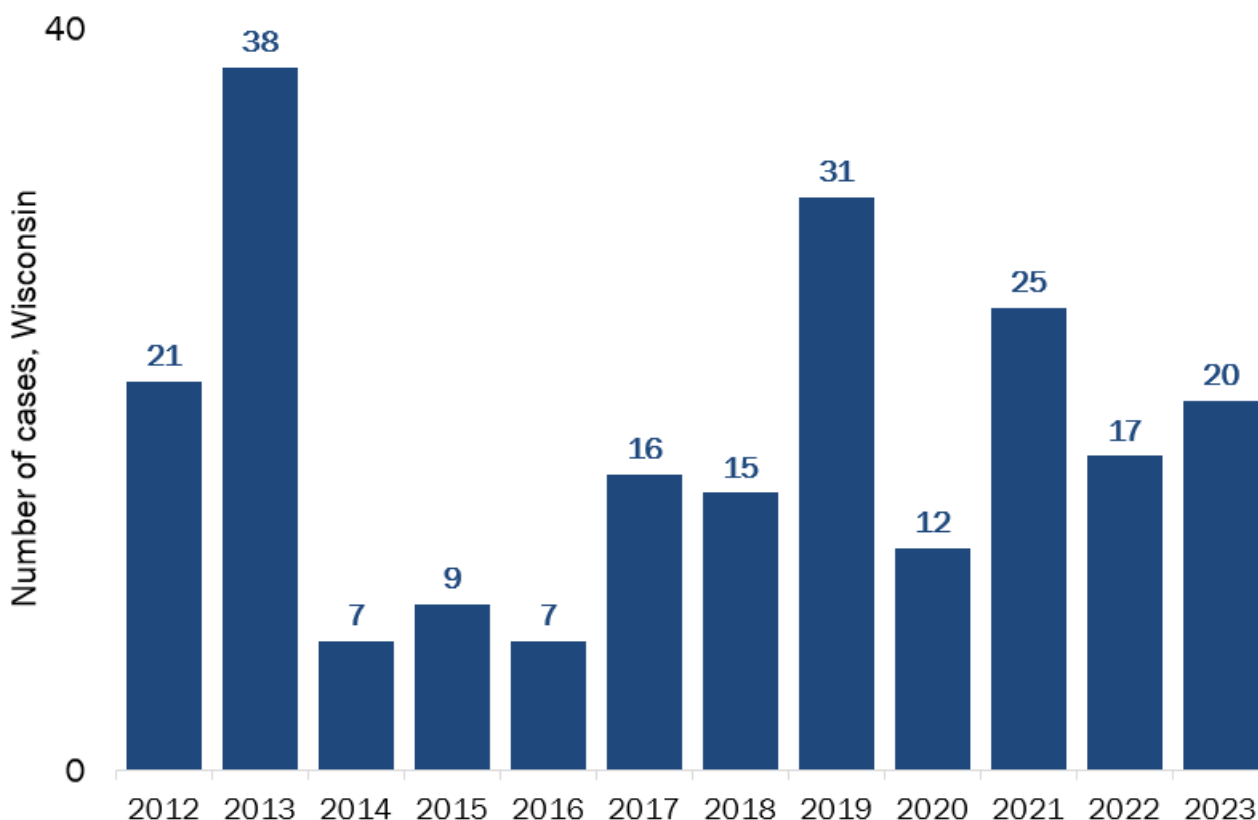
20-39 year olds
had the highest
incidence



0% of cases
vaccinated against
hepatitis B



Figure 1. In 2023, **20 hepatitis A cases** were reported in Wisconsin. From January 2012 to December 2023, 218 total hepatitis A cases have been reported.



Vaccine Recommendations

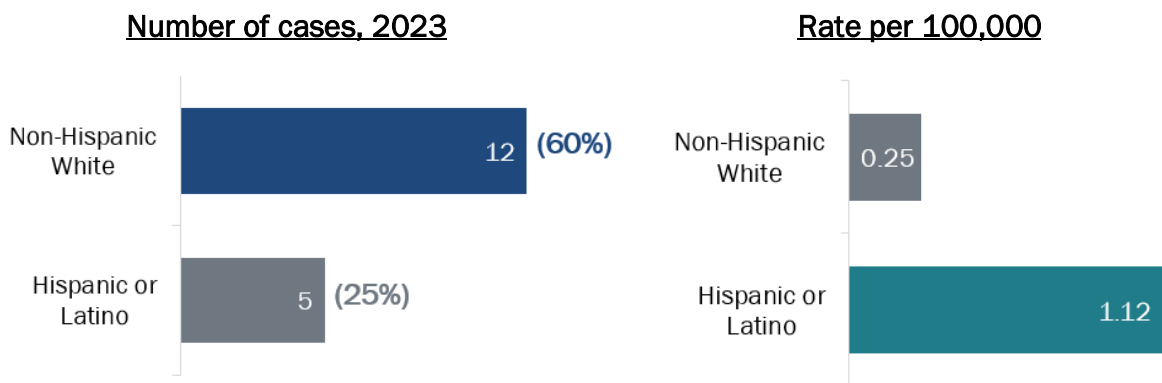
Despite being vaccine-preventable, Wisconsin continues to manage and investigate multiple cases of HAV infection annually. The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination of children aged 12–23 months, adolescents 2–18 years, adults disproportionately exposed to the virus, or any adult requesting protection against HAV. For additional vaccination recommendations, see: [Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020 | MMWR \(cdc.gov\)](#)

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Demographics

Figure 2. In 2023, most cases of hepatitis A were reported among **non-Hispanic white people**, but the rate was highest among **Hispanic and Latino people**



Notes: Racial and ethnic data are not shown for three people (15% of cases) due to data suppression rules.

Figure 3. The 20 cases identified in 2023 resided across 16 different Wisconsin counties. However, the majority of cases (n=9) resided in the **Northeastern region** of Wisconsin when they were identified.

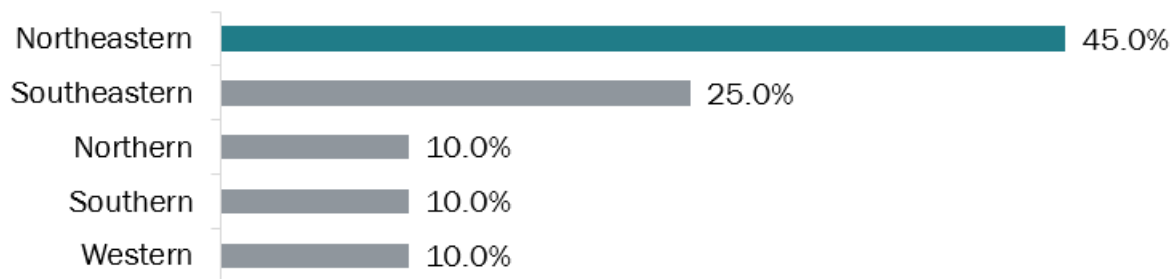
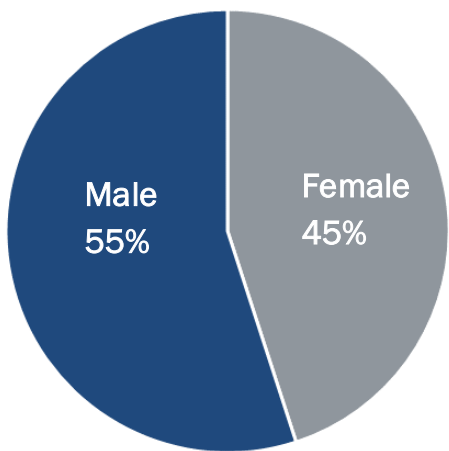


Figure 4. In 2023, among those diagnosed with hepatitis A, **55% were male**.



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In 2023, 4 cases were epidemiologically (epi) linked to another case.

Epi linked cases	Total cases
4	20

Figure 5. Among the 20 hepatitis A cases reported in 2023, 50% (n=10) had an unknown exposure, 40% (n=8) had exposures related to international travel, and 10% (n=2) had a household exposure.

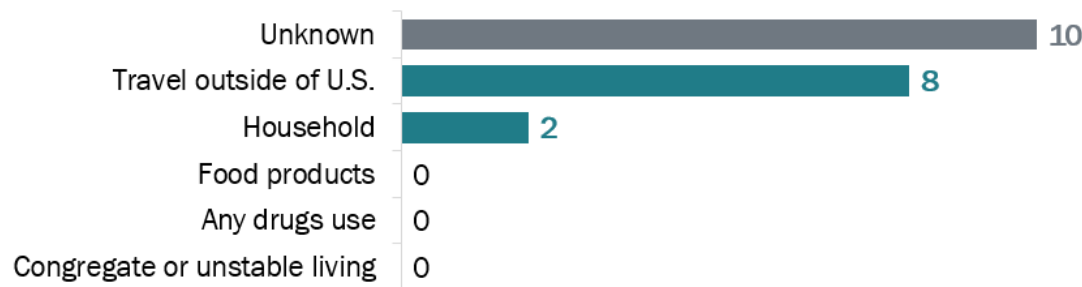


Figure 6. Since 2019, people aged 20–39 have the highest incidence among all age cohorts, but this has decreased over time. People aged 40–59 have had a consistent case count over the past three years.

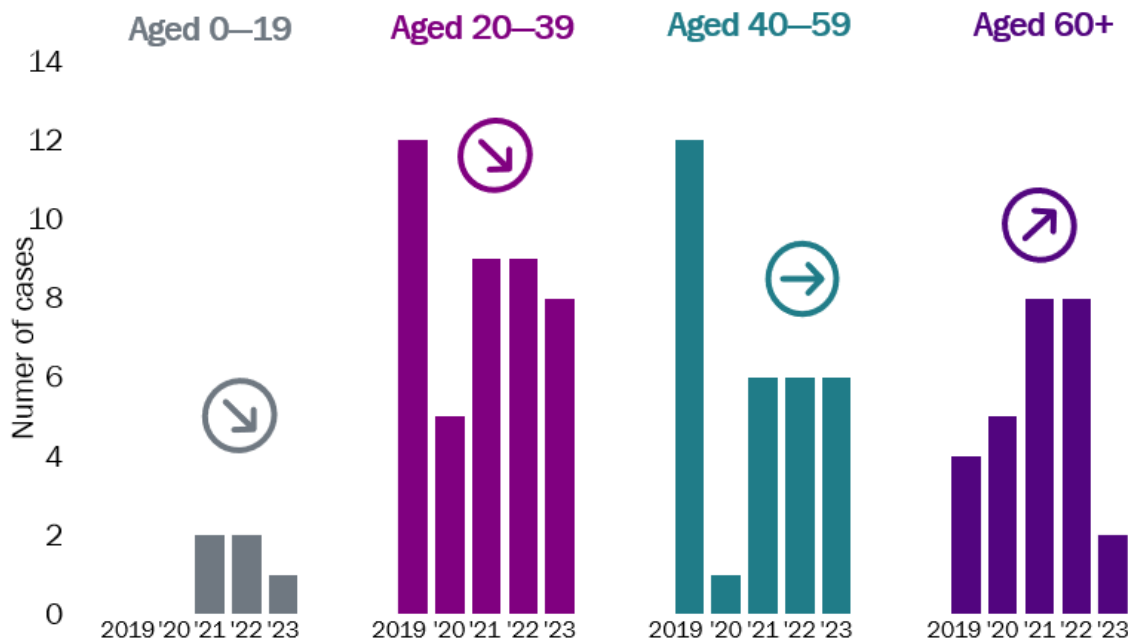
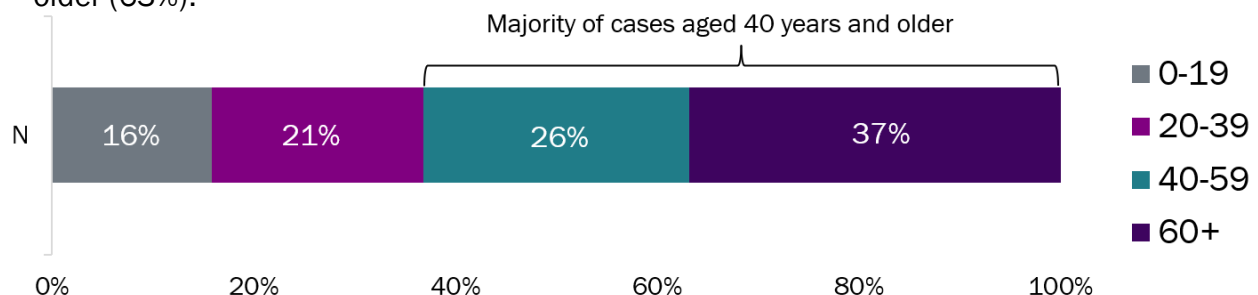


Figure 7. In 2023, the majority of hepatitis A cases were among people aged 40 years and older (63%).



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Acknowledgements

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