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New Hampshire in Early Stages of Hepatitis A Outbreak

Key Points and Recommendations:

- 1. There have been 13 new cases of acute hepatitis A infections reported in the last three months in New Hampshire (NH). This is marked increase over the annual average of 6-7 cases (range: 1-10 cases from 2013-2017). Most of these individuals have reported either experiencing homelessness or recreational drug use (injection and non-injection), and have resided across the southern part of our State in the counties of Hillsborough (5), Rockingham (3), Strafford (3), Cheshire (1), and Merrimack (1).
- 2. There are large outbreaks of hepatitis A occurring across the country in at least 16 different states: https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm.
- 3. These outbreaks have often started in individuals experiencing homelessness and those with substance use disorder, and then transmission has spread to the general population. More than 70% of individuals have required hospitalization:

 https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a3.htm.
- 4. Clinicians should consider hepatitis A infection in anybody presenting with jaundice and/or a clinically compatible illness. For more information, review the prior HAN sent June 2018: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/hepatitis-a.pdf.
- 5. Hepatitis A is preventable with administration of the hepatitis A vaccine. More than 95% of individuals will develop protective antibodies after a single dose of the monovalent hepatitis A vaccine; nearly 100% will develop protective antibodies after a 2-dose series. Protection lasts at least 10-years and probably longer. The hepatitis A vaccine also comes in a formulation combined with hepatitis B vaccine called Twinrix®, which is licensed for individuals >18 years of age and requires a 3-dose series; about 94% of individuals will develop protective antibodies to hepatitis A after a single dose of Twinrix® (but only 31% will develop antibodies against hepatitis B after a single dose): https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm.
- 6. The following individuals should be vaccinated against hepatitis A:
 - a. All children beginning at age 1 year (routine childhood immunization schedule)
 - b. Individuals who are at increased risk of hepatitis A infection, including:
 - People who use recreational drugs, including both injection and non-injection drugs (including marijuana use)
 - People experiencing homelessness and with unstable housing (e.g. "couch surfing")
 - Gay and bisexual men (men who have sex with men)
 - Any person with ongoing, close contact with individuals who use injection and non-injection drugs, or individuals who are experiencing homelessness
 - People with direct contact to an individual diagnosed with hepatitis A

- Travelers to countries that have high rates of hepatitis A
- c. People who are at increased risk of complications from hepatitis A infection, including those with chronic liver diseases, such as hepatitis B and hepatitis C
- d. Any person wishing to obtain immunity
- 7. Pediatricians should prioritize and promote routine hepatitis A vaccination in children: all children should receive a 2-dose vaccine series against hepatitis A beginning at 12 months of age with the two doses separated by at least 6 months. In New Hampshire, only about 65% of children entering school have completed their hepatitis A vaccine series (compared to 94% for hepatitis B vaccine series).
- 8. To prevent further spread of hepatitis A, we recommend the following actions:
 - a. Triage at emergency departments and urgent care facilities should evaluate for homelessness or a history of recreational injection or non-injection drug use (including marijuana use), and implement a standing order protocol for administration of hepatitis A vaccine, even if the second dose cannot be guaranteed. There does not need to first be a lab test for immunity.
 - b. Any hospitalized patient identified with a history of homelessness or recreational injection or non-injection drug use (including marijuana use), should receive a single dose of hepatitis A vaccine prior to discharge, even if the second dose cannot be guaranteed.
 - c. Pediatric providers and practices should review hepatitis A immunization status on all children and adolescents, and recommend hepatitis A vaccine to any patients that are eligible and have not completed the series.
 - d. Adult primary care providers and practices should routinely review patient social histories and recommend hepatitis A vaccine to any individual with risk factors for hepatitis A; other patients without risk factors can/should be offered vaccine.
 - e. The following should immediately develop plans to provide hepatitis A vaccine to their eligible patients and service populations:
 - Providers and facilities that deliver medication assisted therapy (MAT) for substance use disorder, including the integrated delivery networks (IDNs).
 - Providers and facilities serving people experiencing homelessness (including homeless shelters).
 - f. Prisons and jails should offer hepatitis A vaccine to all new patients at intake and consider strategies for broader hepatitis A implementation throughout the prison/jail population in the case of an outbreak (which has occurred with the national multi-state outbreaks). Developing plans for administering a follow-up dose of hepatitis A vaccination would be helpful, but a single dose will be beneficial even if a second dose cannot be guaranteed.
- 9. Any facility that would like assistance obtaining and administering vaccinations can contact the New Hampshire Immunization Program within the NH Division of Public Health Services (DPHS) at: (603) 271-4482.
- 10. Any suspect or confirmed case of hepatitis A should be reported promptly to the NH DPHS (Within 24 hours) by calling 603-271-4496 (after hours 603-271-5300).

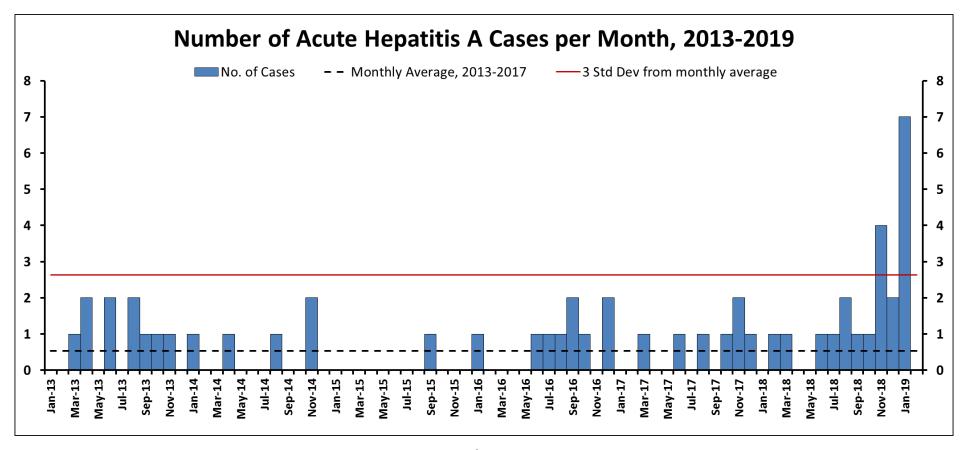
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Situation:

For more information and background, please review our prior HAN sent in June 2018: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/hepatitis-a.pdf.

Please visit our NH DPHS hepatitis A virus resource page for routine updates and information: www.dhhs.nh.gov/dphs/cdcs/hepatitisa/index.htm

The graph below shows the number of acute hepatitis A cases in New Hampshire per month from January 2013 through January 2019 (blue bars). The black dotted line represents the baseline monthly average during 2013-2017. The red solid line shows the three standard deviation limit from that monthly average.



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- For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 1-800-852-3345 ext.5300).
- To change your contact information in the NH Health Alert Network, contact Adnela Alic at 603-271-4499 or Adnela.Alic@dhhs.nh.gov

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