

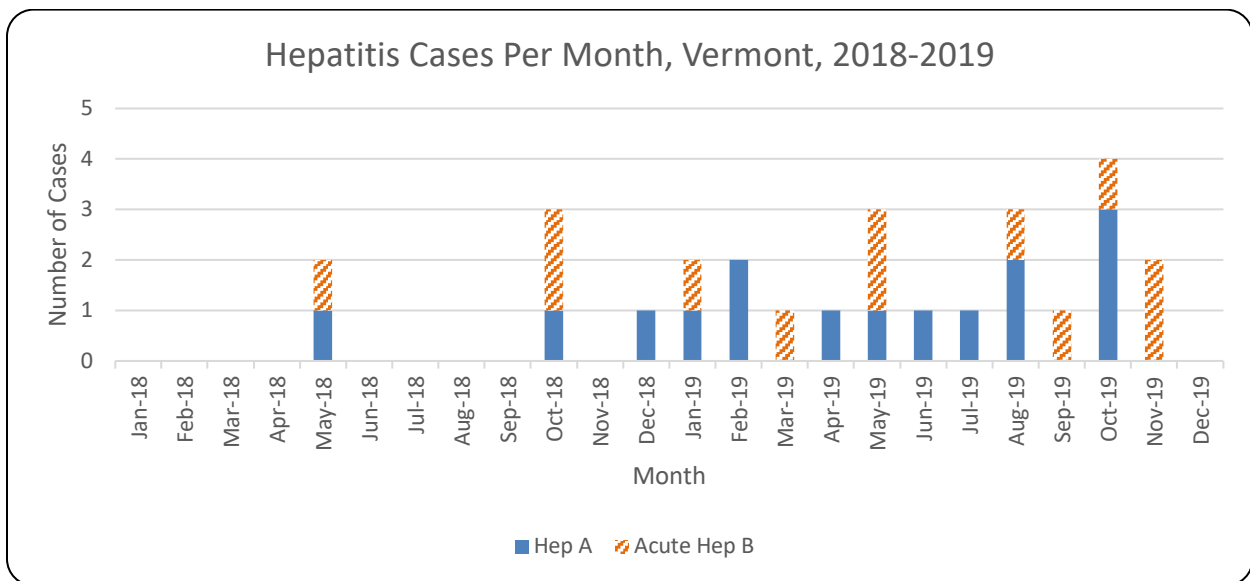
TO: Health care professionals and facilities, pharmacies, agencies providing services to at-risk populations
FROM: Patsy Kelso, PhD, State Epidemiologist

Vermont Statewide Hepatitis A and Hepatitis B Outbreaks

SUMMARY – Vermont is in the early stages of hepatitis A and B outbreaks. While a majority of cases have been in the southern part of the state, many counties have been affected and the outbreaks are expected to continue to spread. In 2019, Vermont had 12 cases of acute hepatitis A virus (HAV) infection, compared with the previous 5-year average of 3 cases per year – and 9 cases of acute hepatitis B virus (HBV) infection, compared with the previous 5-year average of fewer than 3 cases per year.

The majority of the 2019 hepatitis A and B cases were among people who had one or more of the risk factors identified in the hepatitis A outbreaks in 30 states since 2016:

- People who use drugs (injection or non-injection)
- People experiencing unstable housing or homelessness
- People who are currently or were recently incarcerated
- People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C
- Men who have sex with men (MSM)



REQUESTED ACTIONS –The Vermont Department of Health requests that health care professionals, health care facilities, and partners providing services to these populations promote and provide hepatitis A and B vaccination in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP). *Epidemiology, vaccine recommendations and requested actions are detailed in the following information.*

Background and Epidemiology

Since 2016 more than 30 states, including New Hampshire and Massachusetts, have reported HAV outbreaks. Over 29,000 cases have been reported, with a hospitalization rate of 61%. Person-to-person transmission occurs primarily through the fecal-oral route. Coinfection with hepatitis B and C, poor sanitary conditions, crowded living conditions, and certain high-risk sexual practices contribute to these outbreaks. Several of the 2019 Vermont hepatitis A and B cases had a prior history of hepatitis C infection, suggesting that opportunities to vaccinate were missed.

HAV infection typically has an abrupt onset following an incubation period of approximately 28 to 30 days (range 15 to 50 days). Individuals with HAV are infectious from two weeks before symptom onset until one week after onset. HBV infection is generally asymptomatic in otherwise healthy children age 1 to 5 years and immunosuppressed adults, whereas 30% to 50% of people 5 years and older have signs and symptoms. If symptoms occur, they begin an average of 90 days (range of 60 to 150 days) after exposure to HBV.

The best way to prevent HAV and HBV infections is through vaccination.

One dose of single-antigen hepatitis A vaccine controls outbreaks and provides up to 95% seroprotection in immunocompetent individuals. Pre-vaccination serologic testing is not required for hepatitis A vaccine. Two or three doses of HBV vaccine are required, depending upon the vaccine used, to provide protection from HBV.

New and Updated CDC Advisory Committee on Immunization Practice (ACIP)

Recommendations

- All children and adolescents age 2 through 18 years who have not previously received hepatitis A vaccine should be vaccinated (i.e. children and adolescents are recommended for catch-up vaccination).
- People experiencing homelessness should receive hepatitis A vaccine.
- Adults at risk for HBV infection, adults living in settings in which a high proportion have risk factors for HBV infection, and adults requesting protection from HBV without a specific risk factor should receive hepatitis B vaccine.

REQUESTED ACTIONS –

1. Screen patients for risk factors (e.g., drug use, homelessness, chronic liver disease) and recommend and administer hepatitis A vaccine to at-risk patients.

The emergency department may be an individual's only interaction with the health care system, and provides an important opportunity for vaccination.

2. Primary care providers should continue their efforts to vaccinate all children and teens with two doses of hepatitis A vaccine.
3. Refer uninsured individuals to Health Department Local Offices for free hepatitis A vaccination.

4. Continue to offer hepatitis B vaccine to all children and teens, and any adults who may be at risk or would like to be protected against HBV.
5. Refer uninsured individuals under 65 years of age to Health Department Local Offices for free hepatitis B vaccination.
6. Clinical and community-based agencies providing services to people experiencing homelessness and those with substance use disorders should work with Health Department [Local Offices](#) to increase hepatitis A vaccination among at-risk individuals. Public health nurses from the Local Offices can provide on-site clinics for susceptible individuals at homeless shelters, syringe services programs and other locations.
7. Check patients' vaccination status in the [Vermont Immunization Registry](#). Do not postpone vaccination if vaccination records are unavailable.
8. Enter vaccine doses administered into the [Vermont Immunization Registry](#).
9. Check patients with acute onset of symptoms of hepatitis (jaundice, fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain) for serologic evidence of infection (hepatitis A IgM, antibody to hepatitis B core antigen (IgM anti-HBc) and hepatitis B surface antigen (HbsAg)).
10. Report cases of suspected hepatitis A and/or acute hepatitis B without waiting for confirmatory laboratory results. Contact the Epidemiology Program 24/7 at 802-863-7240 to ensure timely case investigation and follow-up of contacts.

For additional information: healthvermont.gov/hepatitis

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

HAN Message Type Definitions

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.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.