



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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Hepatitis A Outbreak Alert for Hospital Emergency Departments, Infection Preventionists, and Administrators

The Washington State Department of Health (DOH) announced an outbreak of hepatitis A within Washington State on July 30, 2019. The hepatitis A outbreak is affecting people in multiple counties (King, Pend Oreille, Snohomish and Spokane) who are living homeless or who use drugs.

The case count is updated regularly on the DOH website at www.doh.wa.gov/hepatitisA2019, where you can also find educational resources and guidelines for prevention. There are hepatitis A outbreaks across the United States with an increased rate of deaths. Learn more at www.cdc.gov/hepatitis/HepAOutbreak.

You are receiving this letter because it is important to screen at-risk patients for hepatitis A and vaccinate people who may be at risk. Public health departments face difficulties in providing vaccine to people experiencing homelessness or using drugs, some of whom may receive episodic health care in emergency departments. Offering hepatitis A vaccination opportunities in emergency rooms and during urgent care visits is crucial.

In addition, hospitals must contact the local health jurisdiction immediately during business hours to report suspected hepatitis A infection in patients who are experiencing homelessness and/or using drugs. Report while the patient is still in the facility, as this may be the only opportunity for public health to interview the patient, even without laboratory results. Hospitals should also promptly report all laboratory confirmed hepatitis A cases to the local health jurisdiction.

Persons who are at high risk of becoming infected should get vaccinated. Vaccination is recommended for all children starting at 1 year of age, for travelers to certain countries, and for people at high risk for infection with the virus. Hepatitis A vaccine can be obtained through healthcare providers, pharmacies, or at the local health department.

Additional information is enclosed. For any questions related to possible hepatitis A cases, contact your local health jurisdiction (www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions). For questions about hepatitis A vaccine or vaccine recommendations, email DOH at oiqp@doh.wa.gov. We appreciate your partnership in preventing hepatitis A infection.

Sincerely,

Scott Lindquist, MD, MPH
State Epidemiologist for Communicable Diseases

Additional information

In response to this outbreak, DOH recommends:

- Hospitals, particularly hospital emergency departments, should offer hepatitis A vaccines to all patients who are homeless, users of injection or non-injection illicit drugs, infected with hepatitis B or hepatitis C, or have other liver disease, e.g., alcoholic cirrhosis.
- Serologic screening for immunity before vaccination is not necessary; however, prior doses of the vaccine may be recorded in the Washington State Immunization Information System (WA IIS).
- Use standing orders/order sets to ensure vaccination of the at-risk population.
- Record vaccine doses administered in your EMR or WA IIS.
- Ensure all vaccines are stored and handled appropriately.
- Hospitals in outbreak jurisdictions should:
 - Offer the hepatitis A vaccine to health care personnel who have frequent close contact with patients who are homeless and/or use injection or non-injection illicit drugs.
 - Ensure appropriate cleaning of restrooms frequented by persons who are homeless and/or use injection or non-injection illicit drugs, using methods similar to those for norovirus.

Additional information about the vaccine

- One dose of single-antigen hepatitis A vaccine provides better protection than one dose of combined hepatitis A/hepatitis B (Twinrix®) vaccine. For this reason, only single-antigen hepatitis A vaccine should be used for post-exposure prophylaxis.
- Providers should consider short-term risks of exposure to HAV, the likelihood of follow-up to complete multi-dose immunization and the need for protection from hepatitis B when selecting vaccines for those at risk. Do not delay vaccination to obtain a different formulation of vaccine.
- Persons who have been exposed to HAV in the prior 2 weeks who are not known to be immune should receive single-antigen hepatitis A vaccine and/or immune globulin.
- Persons injecting drugs who are not known to be immune should receive a full hepatitis B series.

Medicaid Billing Information

Medicaid fee-for-service (FFS) and Medicaid managed care plans (Amerigroup, CHPW, Coordinated Care, Molina and UnitedHealth Care) cover hepatitis A vaccination and all other CDC recommended vaccines.

- For FFS billing questions, refer to the appropriate Provider Billing Guide (www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules) or call the Medicaid Customer Service Center at 800-562-3022.
- For Managed Care billing questions, contact the individual plan for instructions on how to submit claims.

HAV vaccine is routinely recommended for adults who:

- Want to be protected from hepatitis A
- Are traveling to countries that have high or intermediate levels of hepatitis A transmission (i.e., all except the U.S., Canada, Japan, Australia, New Zealand, and Western Europe).
- Are male and have sex with other males
- Use street drugs (injection and non-injection)
- Have a diagnosis of chronic liver disease, including hepatitis B and C

- Have a diagnosis of a clotting-factor disorder, such as hemophilia
- Anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the adoptee's arrival in the United States.
- Are employed in a research laboratory requiring work with hepatitis A virus or hepatitis A-infected primates.

Vaccine Storage and Handling Information

- Hepatitis A vaccine should be maintained at refrigerator temperature between 36°F and 46°F (2°C and 8°C). Manufacturer package inserts contain additional information.
- Monitor vaccine temperatures twice daily, paying close attention to CURRENT temperature (unit's temperature now), as well as MIN/MAX temperatures (the coldest and warmest temperatures in the refrigerator since the last reading/thermometer reset).
- Temperatures outside the recommended range may result in vaccine damage or loss of potency.
- Liquid vaccines with an aluminum adjuvant, such as hepatitis A vaccine, can lose all potency when exposed to a single freezing event (0°C [32°F] or colder), regardless of exposure time. Immediate action is needed to prevent any use of vaccine that was exposed to an out of range temperature until the vaccine manufacturer determines vaccine viability.
- Advisory Committee on Immunization Practices' General Recommendations on Immunization indicate a dose of vaccine exposed to inappropriate temperatures should be repeated.
- For complete information on best practices and recommendations for vaccine storage, please refer to Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Recommendations and Guidelines and Vaccine Storage and Handling Toolkit.

Helpful Links

- Washington State DOH hepatitis A outbreak webpage
www.doh.wa.gov/hepatitisA2019
- Emergency department evaluation and management of patients at high risk for hepatitis A (PDF) (Flowchart from MDHHS)
www.michigan.gov/documents/mdhhs/Hep_A_flowchart_609341_7.pdf
- Hepatitis A Questions and Answers for Health Professionals
www.cdc.gov/hepatitis/hav/havfaq.htm#general
- Vaccine Recommendations and Guidelines of the ACIP
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>
- Healthcare Providers/Professionals: Vaccine Storage and Handling Recommendations and Guidelines
www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html
- Standing Orders for Administering Hepatitis A Vaccine to Adults
www.immunize.org/catg.d/p3077.pdf