



# Viral Hepatitis





# Person-to-person outbreaks of hepatitis A across the United States

When hearing about hepatitis A, many people think about contaminated food and water. However, in the United States, hepatitis A is more commonly spread from person to person. Since March 2017, CDC's Division of Viral Hepatitis (DVH) has been assisting multiple state and local health departments with hepatitis A outbreaks, spread through person-to-person contact.

The hepatitis A vaccine is the best way to prevent hepatitis A virus (HAV) infection

- The following groups are at highest risk for acquiring HAV infection or developing serious complications from HAV infection in these outbreaks and should be offered the hepatitis A vaccine in order to prevent or control an outbreak:
  - People who use drugs (injection or non-injection)
  - People experiencing unstable housing or homelessness
  - Men who have sex with men (MSM)
  - People who are currently or were recently incarcerated
  - People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C
- One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A.<sup>1,2</sup>
- Pre-vaccination serologic testing is not required to administer hepatitis A
  vaccine. Vaccinations should not be postponed if vaccination history cannot be
  obtained or records are unavailable.

CDC has provided outbreak-specific considerations for hepatitis A vaccine administration and has updated its overall recommendations on the prevention of hepatitis A virus infection in the United States.

Vaccination Guidance During the COVID-19 Pandemic

The risk for person-to-person transmission of hepatitis A virus (HAV) continues during the COVID-19 pandemic. The hepatitis A vaccine is the best way to prevent HAV infection. People at risk for acquiring HAV infection or developing serious complications from HAV infection during the current hepatitis A outbreaks should be prioritized to receive the hepatitis A vaccine as soon as it is possible to do so safely.

Learn more about safe administration of vaccines during the COVID-19 pandemic:

• Interim Guidance for Immunization Services During the COVID-19 Pandemic

Learn more about coadministration of COVID-19 vaccine with other vaccines:

• Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States

Since the outbreaks were first identified in 2016, 37 states have publicly reported the following as of April 7, 2023:

Cases: 44,859

Hospitalizations: 27,410 (61%)

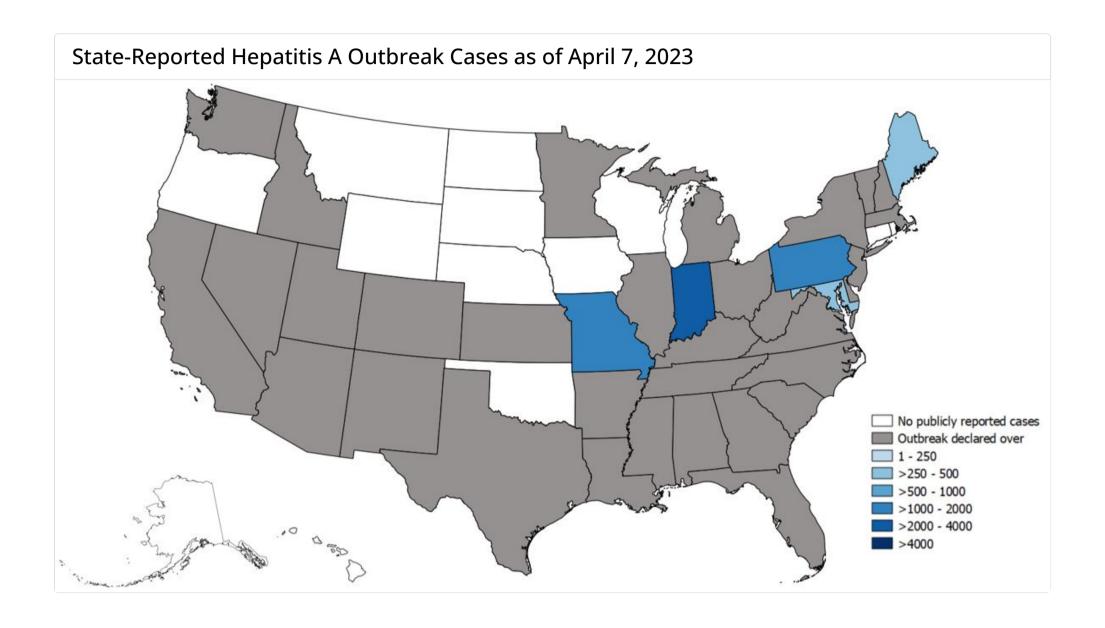
Deaths: 421

Learn how COVID-19 impacts people with viral hepatitis:

- For providers
- For patients

At least 3 out of every 4 adults are missing one or more routinely recommended vaccines. Providers can take actions to improve vaccination of adults. Learn more about the National Adult and Influenza Immunization Summit (NAIIS) Call to Action:

• Strategies for Increasing Adult Vaccination Rates



# State-Reported Hepatitis A Outbreak Cases and Clinical Outcomes

State	Case Total	Hospitalizations n (%)		Outbreak Start Date	Data Current Through
			Deaths		
Total (37 states)	44859	27410 (61%)	421		
States with an ongoing outbreak (n=5)					
Indiana	2664	1506 (57%)	14	11/1/2017	4/4/2023
Maine	290	130 (45%)	0	4/1/2019	4/7/2023
Maryland	438	312 (71%)	11	12/1/2019	4/5/2023
Missouri	1129	660 (58%)	5	9/1/2017	4/3/2023
Pennsylvania	1239	951 (77%)	17	1/1/2018	4/1/2023
States with a declared end to their outbreak (n=32)					
Alabama	1681	1177 (70%)	0	9/1/2018	8/31/2022
Arizona	598	484 (81%)	8	11/1/2018	4/16/2020
Arkansas	1345	721 (54%)	5	2/7/2018	1/11/2023
California	708	464 (66%)	21	11/1/2016	4/11/2018
Colorado	418	296 (71%)	2	10/1/2018	2/1/2021

State	Case Total	Hospitalizations n (%)	Deaths	Outbreak Start Date	Data Current Through
Delaware	38	28 (74%)	1	8/1/2019	7/27/2021
Florida	5103	3469 (68%)	77	1/1/2018	8/31/2021
Georgia	2123	1367 (64%)	8	6/1/2018	3/31/2023
Idaho	77	39 (51%)	0	1/1/2019	11/1/2020
Illinois	276	182 (66%)	1	9/1/2018	5/18/2022
Kansas	425	330 (78%)	5	5/15/2020	12/28/2021
Kentucky	5094	2468 (48%)	67	8/1/2017	12/31/2021
Louisiana	1686	1004 (60%)	7	1/1/2018	10/12/2022
Massachusetts	563	442 (79%)	9	4/1/2018	5/29/2020
Michigan	920	732 (80%)	30	8/1/2016	10/21/2022
Minnesota	128	89 (70%)	1	12/16/2018	9/28/2021
Mississippi	843	474 (56%)	3	4/1/2019	4/10/2023
Nevada	107	94 (88%)	1	11/1/2018	6/18/2020
New Hampshire	339	210 (62%)	3	11/1/2018	6/30/2020
New Jersey	892	486 (54%)	13	12/1/2018	4/9/2022
New Mexico	168	127 (76%)	2	11/8/2018	6/10/2020
New York (excluding New York City)	531	348 (66%)	0	6/1/2019	9/1/2021
North Carolina	1194	744 (62%)	16	1/1/2018	12/6/2022
Ohio	3770	2350 (62%)	16	1/1/2018	7/31/2022
South Carolina	2239	1197 (53%)	6	11/1/2018	4/30/2022
Tennessee	3160	1928 (61%)	28	12/1/2017	10/22/2022
Texas	350	295 (84%)	2	1/1/2020	9/2/2022
Utah	281	152 (54%)	3	5/8/2017	2/12/2019
Vermont	47	26 (55%)	0	1/1/2019	7/9/2022
Virginia	798	488 (61%)	7	1/1/2019	2/7/2023
Washington	465	263 (57%)	9	4/1/2019	9/30/2021
West Virginia	2732	1377 (50%)	23	3/19/2018	8/24/2020

NR: not publicly reported

- 1. "Outbreak-associated" status is currently determined at the state level in accordance with each state's respective outbreak case definition.
- 2. Outbreak-related hepatitis A deaths are defined at the state level in accordance with each state's respective hepatitis A-related death definition. Some states are reviewing death certificates on a regular basis to actively find hepatitis A-related deaths, while other states are utilizing passive surveillance.
- 3. Outbreak start date is defined at the state level and may represent the earliest onset date of an outbreak case (AR, AZ, KS, UT), the left censor date for which cases are considered part of the outbreak based on the state outbreak case definition (AL, CA, CO, DE, FL, GA, ID, IL, IN, KY, LA, ME, MD, MA, MI, MN, MO, MS, NV, NH, NJ, NC, OH, PA, SC, TN, TX, VA, WA), or when a state declared a hepatitis A outbreak (NM, WV).

# **CDC's Response**

In response to all hepatitis outbreaks, CDC provides ongoing epidemiology and laboratory support as well as support on vaccine supply and vaccine policy development. When requested, CDC sends "disease detectives" to affected areas to evaluate and assist in an outbreak response. CDC alerts other public health jurisdictions of any increases in disease. All jurisdictions are encouraged to be watchful for increases in hepatitis A cases. CDC also works with state and local health officials to ensure hepatitis A vaccine is targeted to the correct at-risk populations and that supply is adequate.

# Postexposure Prophylaxis

Postexposure prophylaxis (PEP) is recommended for unvaccinated people who have been exposed to hepatitis A virus (HAV) in the last 2 weeks; those with evidence of previous vaccination do not require PEP.

#### PEP consists of:

- Hepatitis A vaccine for people aged ≥12 months
- Hepatitis A virus-specific immunoglobulin (IG) for specific populations

#### PEP Recommendations:

- ACIP Recommendations for Use of Hepatitis A Vaccine for Postexposure Prophylaxis and for Preexposure Prophylaxis for International Travel
- Supplement 1. Provider Guidance on Risk Assessment and Clinical Decision-making for Hepatitis A Postexposure Prophylaxis

NOTE: CDC recommends that all children be vaccinated against hepatitis A at age 1 year. Parents or caregivers who are unsure if a child has been vaccinated should consult the child's health-care provider to confirm vaccination status.

## **HAV Specimen Requests**

State health departments wanting to submit specimens must contact CDC at hepaoutbreaklab@cdc.gov for approval before shipping specimens to CDC. Only specimens that that have tested positive for anti-hepatitis A IgM and meet any of the following criteria will be considered.

- Specimen from a case patient in a county that has not yet reported a hepatitis A case in an at-risk population;
- Specimen from a case patient who doesn't report any known risk factors or contact with at-risk populations (e.g., household or sexual contact, volunteering at a homeless shelter);
- Specimen from a case patient suspected to be associated with foodborne transmission;
- Archived/stored specimen from a patient who has died, and whose classification as an outbreak-related death requires nucleic acid testing beyond anti-HAV IgM-positivity; or
- Other patient specimens not meeting the above criteria that require nucleic acid testing or molecular characterization (to be discussed on a case-by-case basis).

Dear Colleague Letter [PDF – 6 MB] from CDC Division of Viral Hepatitis Director regarding Submission of Patient Specimens to CDC for Hepatitis A Testing.

#### Additional Vaccination Information

- Outbreak-specific considerations for hepatitis A vaccine administration
- MMWR The dose of GamaSTAN™ S/D has recently been changed
- Current Vaccine Shortages & Delays Information on Vaccine Supply
- For Immunization Managers Information on Vaccines Purchased with 317 Funds

### **Professional Resources**

- Hepatitis A hospitalization costs, United States, 2017. Emerg Infect Dis. 2020 May.
- Susceptibility to Hepatitis A Virus Infection in the United States, 2007-2016 🖸 . Clin Infect Dis. 2020 Mar 20
- Hepatitis A Outbreak: What Clinicians Can Do 
   [PDF 1 MB]
- Medscape Commentary: Hepatitis A: Breaking Out All Over
- Archived webinar: Preventing and Controlling Hepatitis A in Jails and Prisons from the National Institute of Corrections, BOP and CDC 🖸

- HAN: Update: Outbreaks of Hepatitis A among People Who Use Drugs and People Experiencing Homelessness across the United States March 2019
- COCA Call On-Demand Webinar for Clinicians: Hepatitis A Outbreaks in Multiple States CDC Recommendations and Guidance Nov. 2018
- HAN: Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness June 2018
- MMWR: Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness California, Kentucky, Michigan, and Utah, 2017
- Posters on how to clean up and disinfect to help prevent spread of hepatitis A virus from Water Quality & Health Council
- Updated CSTE clinical case definition for acute viral hepatitis A
- CDC guidance on viral hepatitis surveillance and case management
- CDC training on hepatitis A serology
- Hepatitis A general FAQs for Health Professionals

#### **Educational Resources**

CDC is developing educational materials to support the outbreak at the state and local levels. Most materials include an area where local information can be inserted. Your organization's contact information can be typed into the blue colored rectangle. To upload your logo, click on the white space below the blue colored rectangle. In the pop-up box, select browse and upload a PDF version of your logo.

#### **Fact Sheets**

For people who use drugs





For gay and bisexual men





For people experiencing unstable housing or homelessness





For people who are or were recently in jail or prison





Two page visual fact sheet





### **Pocket Cards**



Get Vaccinated Pocket
Card – to localize with
information where to go
to get the vaccine and
who should get
vaccinated



If You're Sick Pocket
Card – to localize with
information on where to
go for medical care and
the symptoms of
hepatitis A



English 🔼 Spanish 📙

These cards should be printed double-sided on business card templates that print six double-sided cards per page. Settings must be set to "Actual size" or "Custom Scale 100%" to ensure accurate alignment.

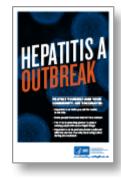
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#### **Posters**

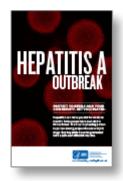
Poster for people who use drugs encouraging hepatitis A vaccination





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Poster for people who use drugs encouraging hepatitis A vaccination





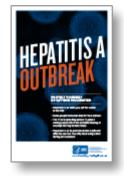
Poster for people at high risk of infection encouraging hepatitis A vaccination





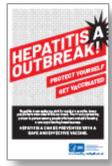
Poster for people experiencing homelessness encouraging hepatitis A vaccination





Poster for people experiencing homelessness encouraging hepatitis A vaccination





Poster for men who have sex with men (MSM) encouraging hepatitis A vaccination





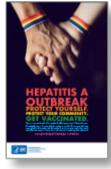
Poster for men who have sex with men (MSM) encouraging hepatitis A vaccination

English 📙



Poster for men who have sex with men (MSM) encouraging hepatitis A vaccination





Poster outlining what Emergency Departments can do to help stop the hepatitis A outbreaks





Posters on how to clean up and disinfect to help prevent spread of hepatitis A virus from Water Quality & Health Council

WQHC website



#### Digital Image

Information relating to the Hepatitis A Outbreak. To download the image, right-mouse-click on



the link below and select the "save ..." menu item to save the file to your own folder.

640 x 360 image



# Information for the Public

- Outbreaks of hepatitis A are occurring across the United States Learn more about hepatitis A and the current outbreaks
- Hepatitis A outbreak FAQs
- Hepatitis A general FAQs for the Public

## For Additional Information

If you are a state or local health department with questions about outbreak investigation, management, and/or specimens, please email DVH staff.

If you are a practicing clinician with a concern about a potential case of hepatitis A virus infection, please contact your local or state health department.

For all other inquiries, please contact CDC-INFO at 800-CDC-INFO (800-232-4636), TTY: 888-232-6348 or Email CDC-INFO

# References

- 1. Ott JJ, Wiersma ST. Single-dose administration of inactivated hepatitis A vaccination in the context of hepatitis A vaccine recommendations. Int J Infect Dis. 2013 Nov;17(11):e939-44. doi: 10.1016/j.ijid.2013.04.012. Epub 2013 Jun 21. Review. PubMed PMID: 23791857.
- 2. McMahon BJ, Beller M, Williams J, Schloss M, Tanttila H, Bulkow L. A program to control an outbreak of hepatitis A in Alaska by using an inactivated hepatitis A vaccine. Arch Pediatr Adolesc Med. 1996 Jul;150(7):733-9. PubMed PMID: 8673200.

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