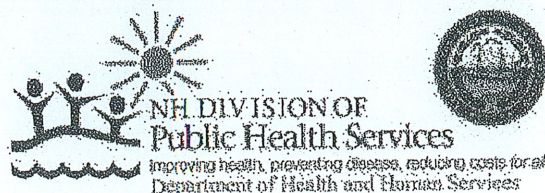


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Distributed by the NH Health Alert Network
Health.Alert@nh.gov
February 5, 2019; 1000 EDT (9:00 AM EDT)
NH-HAN 20190205



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

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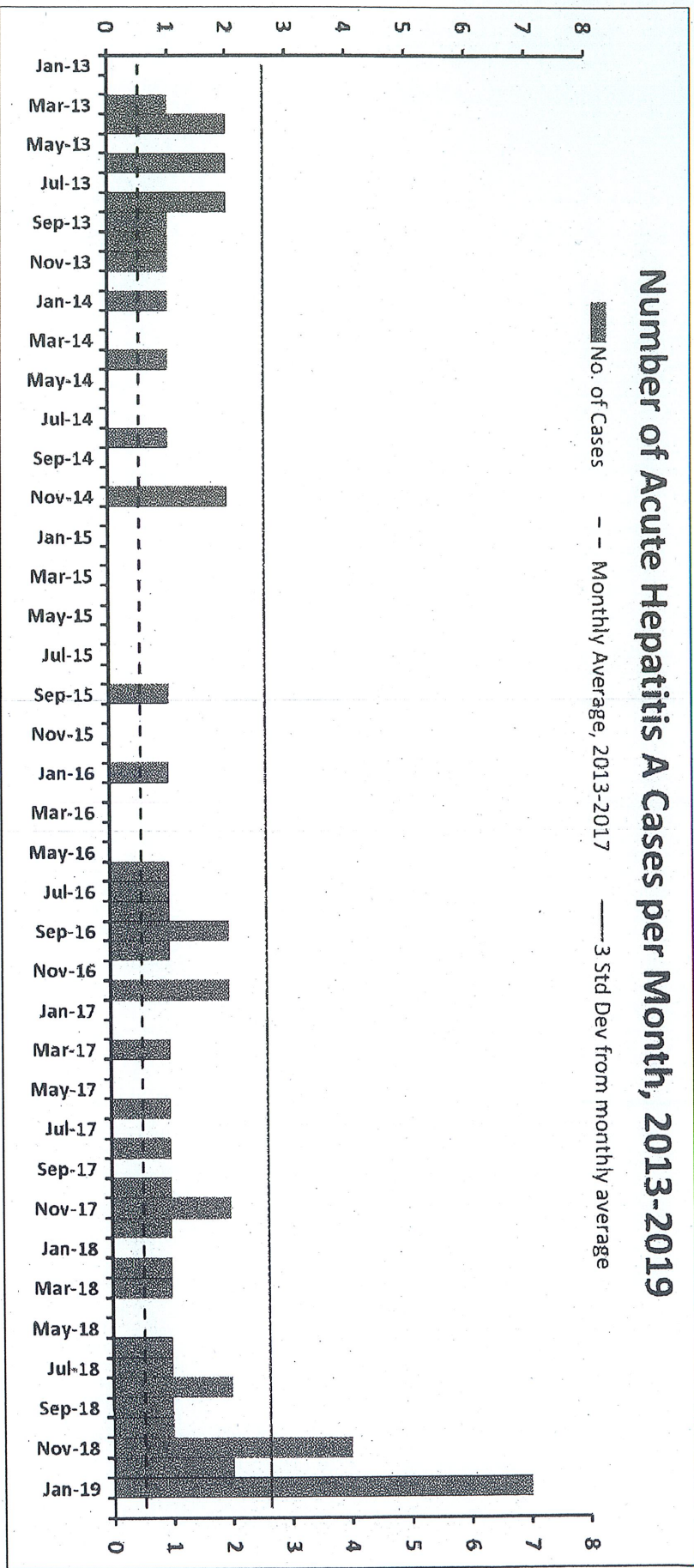
- Travelers to countries that have high rates of hepatitis A
 - c. People who are at increased risk of complications from hepatitis A infection, including those with chronic liver diseases, such as hepatitis B and hepatitis C
 - d. Any person wishing to obtain immunity
7. Pediatricians should prioritize 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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Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: None

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