

This is an official
DHEC Health Advisory

Distributed via Health Alert Network
6/28/18, 06:00 PM
10414-DHA-6-28-18-HAV

Possible Hepatitis A Exposure in North Carolina and Ongoing Risk Factors for Hepatitis A Transmission

Summary

DHEC has been notified of a food handler infected with hepatitis A who potentially exposed persons at a restaurant in the Charlotte area of North Carolina. Some SC residents are seeking hepatitis A immunization for potential exposure to this restaurant. Persons who ate at the Hardee's at 2604 Little Rock Road in Charlotte, NC between June 13 and June 23, 2018 are advised to receive hepatitis A vaccination or immune globulin, as indicated by established guidelines (see Hepatitis A Postexposure Prophylaxis section below).

This exposure event coincides with multiple, ongoing hepatitis A outbreaks in other states that have occurred primarily among persons who are homeless, men who have sex with men, persons who use injection and non-injection drugs, and their close direct contacts. Information about these outbreaks is available from CDC's Division of Viral Hepatitis (DVH) at: <https://emergency.cdc.gov/han/han00412.asp>.

DHEC is advising healthcare providers to assist in providing patients who report exposure to the restaurant in NC with appropriate hepatitis A postexposure prophylaxis, via administration of vaccination or immune globulin. DHEC is also available to assist with providing hepatitis A postexposure prophylaxis.

Hepatitis A Postexposure Prophylaxis (PEP)

Persons who have recently been exposed to the hepatitis A virus (HAV) and who have not completed the 2-dose hepatitis A vaccine series should be administered one dose of single-antigen age-appropriate hepatitis A vaccine or immune globulin (IG) as soon as possible, **within 2 weeks after exposure**. The guidelines vary by age and health status:

- For healthy persons aged ≥ 12 months, single-antigen hepatitis A vaccine at the age-appropriate dose is preferred to IG because of the vaccine's advantages, including long-term protection and ease of administration, as well as the equivalent efficacy of vaccine to IG.
- For persons aged > 40 years, in addition to vaccine, IG may be administered depending on the provider's risk assessment. Factors to consider in the decision to use IG in addition to vaccine include: age, immune status and underlying conditions, exposure type (risk of transmission) and availability of IG.
- IG only should be used for children aged < 12 months and persons who are allergic to the vaccine or a vaccine component.
- Vaccine and IG should be used for persons who are immunocompromised or have chronic liver disease.

Guidance for Healthcare Providers

DHEC advises that healthcare providers consider the diagnosis of hepatitis A in patients (especially those in the high-risk groups – persons who are homeless, persons who use injection or non-injection drugs, and men who have sex with men) with clinically compatible illnesses, to perform confirmatory diagnostic testing when possible and to promptly report cases to DHEC. Symptoms of hepatitis A usually last less than 2 months, although 10%–15% of symptomatic persons have prolonged or relapsing disease for up to 6 months. Those who are older, immunosuppressed, or have chronic liver disease may be at risk of severe disease or death from hepatitis A.

Of the 2,500 cases of hepatitis A infection reported in the United States between January 2017 and April 2018, 68% were among persons who reported drug use (injection and non-injection), homelessness, or both. In response to these outbreaks, the CDC has issued guidelines to assist clinicians in identifying and preventing new infections in high-risk groups. These include:

- Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms.
- Encourage persons who have recently been exposed to HAV and who have not been vaccinated to be administered 1 dose of single-antigen hepatitis A vaccine or immune globulin (IG) as soon as possible, within 2 weeks after exposure.
- Consider submitting serum samples to the DHEC Public Health Lab for additional testing to assist in the investigation of transmission.
- Ensure all persons diagnosed with hepatitis A are reported to the health department in a timely manner, particularly for hospitalized patients that may be difficult to follow up with later, such as the homeless or those who use drugs.
- Encourage hepatitis A vaccination for homeless persons in areas where hepatitis A outbreaks are occurring.
- Encourage hepatitis A vaccination for persons who report drug use or other risk factors for hepatitis A.

Transmission and Risk Factors

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus (HAV). It can range from a mild illness lasting a few weeks to a severe illness lasting several months. Hepatitis A often occurs in the context of community wide epidemics, but outbreaks also occur among persons reporting certain behaviors (e.g., men having sex with men, illicit drug use) or exposures (e.g., food contaminated with HAV). Hepatitis A usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected person. Hepatitis A can also spread from close personal contact with an infected person such as through sex, sharing drugs or needles, or caring for someone who is ill.

The clinical case definition for acute viral hepatitis is discrete onset of symptoms consistent with hepatitis (e.g., nausea, anorexia, fever, malaise, or abdominal pain) AND either jaundice or elevated serum aminotransferase levels. The hepatitis A diagnosis must be confirmed by a positive serologic test for immunoglobulin M (IgM) antibody to HAV, or the case must meet the clinical case definition and occur in a person who has an epidemiologic link with a person who has laboratory-confirmed hepatitis A (i.e., household or sexual contact with an infected person during the 15–50 days before the onset of symptoms).

Infected persons are most likely to transmit HAV 1 to 2 weeks before the onset of illness, when HAV concentration in stool is highest. The risk then decreases and is minimal the week after the onset of jaundice.

Prevention of Hepatitis A via Active Immunization

Currently, HAV specific vaccines (Havrix and Vaqta) are available as well as a combined HAV/HBV vaccine (Twinrix) that may be used effectively for active immunization. Healthcare providers may wish to offer these vaccines as part of their office or clinic practices, or refer patients to their pharmacy for the immunizations. Select local health departments may also offer this service; call your county health department at the DHEC Appointment Line: (855) 472-3432.

For more detailed information on PEP, see CDC Reference 2, below.

Resources for Additional Information

1. Centers for Disease Control and Prevention. Division of Viral Hepatitis A Outbreak Website. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
2. Centers for Disease Control and Prevention's Hepatitis A Virus Website. <https://www.cdc.gov/hepatitis/hav/index.htm>
3. Centers for Disease Control and Prevention. Viral Hepatitis Surveillance – United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>
4. Centers for Disease Control and Prevention. Hepatitis A General Information Fact Sheet. <https://www.cdc.gov/hepatitis/hav/pdfs/hepageneralfactsheet.pdf>
5. Koenig KL, Shastry S, Burns MJ. Hepatitis A Virus: Essential Knowledge and a Novel Identify-Isolate-Inform Tool for Frontline Healthcare Providers. [West J Emerg Med](#). 2017 Oct;18(6):1000-1007. doi: 10.5811/westjem.2017.10.35983

DHEC contact information for reportable diseases and reporting requirements

Reporting of **Hepatitis A** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2018 List of Reportable Conditions available at:

<http://www.scdhec.gov/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2018			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
Lowcountry 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	Midlands 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	Pee Dee 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859	Upstate 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091 Beaufort, Colleton, Hampton, Jasper Phone: (843) 549-1516 ext. 218 Nights/Weekends: (843) 441-1091 Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091	Midlands Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046 Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046 Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046	Pee Dee Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845 Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845 Georgetown, Horry, Williamsburg Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845	Upstate Anderson, Oconee Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Abbeville, Greenwood, McCormick Phone: (864) 260-5581 Nights/Weekends: (866) 298-4442 Cherokee, Greenville, Laurens Pickens, Spartanburg, Union Phone: (864) 372-3133 Nights/Weekends: (866) 298-4442
For information on reportable conditions, see http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/		DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

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	Provides general information that is not necessarily considered to be of an emergent nature.