



To: CAHAN San Diego Participants
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From: Public Health Services, Epidemiology & Immunizations Services Branch

Hepatitis A Virus Outbreak Associated with Homelessness, Drug Use in San Diego County

This health advisory informs local healthcare providers about recent hepatitis A virus (HAV) infections disproportionately affecting homeless and illicit drug-using individuals in San Diego County. Recommendations and resources on HAV are provided.

Situation

Nineteen acute HAV infections have been confirmed in San Diego County residents with symptom onset between November 1, 2016 and March 4, 2017. Based on a prior three-year average, only seven to eight cases would have been expected during this time period. Fifteen of the 19 (79%) cases have been hospitalized and one patient (5%) died.

The age range of confirmed HAV cases was from 26 to 62 years (median = 38 years) and thirteen (68%) were male. Thirteen (68%) of the cases reported illicit drug use, and ten (53%) were homeless. Only two (11%) patients reported travel outside of the county. None of the cases were known to have been immunized against HAV. No direct close contacts have been established between any of the cases and no common food, beverage or drug sources have yet been identified. Investigations of the confirmed cases, as well as two additional suspected cases, are ongoing.

Background

The Centers for Disease Control and Prevention (CDC) notes that HAV infection rates in the United States have declined by 95% since HAV vaccine first became available in 1995. The [most recent national data](#) indicated that in 2014, a total of 1,239 cases were reported from the 50 states to CDC. In 2014, 142 HAV cases were reported in California, 15 of which were in San Diego. The California Department of Public Health (CDPH) [reported](#) that in 2015 there were 181 HAV cases in California (22 in San Diego). The preliminary data for 2016 are 222 HAV cases in California (25 in San Diego).

In the U.S., person-to-person transmission through the fecal-oral route is the primary means of HAV transmission. Most infections result from close personal contact with an infected household member or sexual partner. Common-source outbreaks and sporadic cases can also occur from exposure to fecally contaminated food or water.

Those at increased risk for HAV infection include: travelers to [countries with high or intermediate endemicity of HAV infection](#); men who have sex with men; users of injection and non-injection illegal drugs, persons with clotting factor disorders; and persons working with nonhuman primates. HAV outbreaks have been reported among the homeless, who have an increased risk of infection due to living conditions when compared with the general population. This increased risk due to homelessness [has been demonstrated](#) to be independent of other known risk factors, such as injection of illicit drugs and sexual practices. Morbidity and mortality [have been reported](#) to be higher in HAV outbreaks involving the homeless and illicit drug users.

Recommendations for Providers

- 1. Consider HAV infection** in individuals, especially the homeless and those who use illicit drugs, with discrete onset of symptoms (e.g., nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, or abdominal pain), and jaundice or elevated liver function tests.
- 2. Promptly report all confirmed and suspect HAV cases** to the Epidemiology Program by faxing a [Confidential Morbidity Report \(CMRa\)](#), or by calling 619-692-8499 (Monday-Friday 8 AM-5 PM), or 858-565-5255 (after hours, during weekends, and on County-observed holidays). Since this outbreak involves homeless individuals, providers are urged to contact the Epidemiology Program, while suspected cases are still at the healthcare facility. This action will ensure that a public health investigator can interview the patient by phone for a risk history and will facilitate serum or stool specimen submission to the San Diego County Public Health Laboratory for possible genotyping.
- 3. Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases.** Susceptible people exposed to hepatitis A virus (HAV) should receive a dose of single-antigen HAV vaccine or intramuscular (IM) immune globulin (IG) (0.02 mL/kg), or both, as soon as possible within 2 weeks of last exposure. The efficacy of combined HAV/Hepatitis B virus (HBV) vaccine for PEP has not been evaluated, so it is not recommended for PEP. Detailed information on PEP may be found on the [CDPH Hepatitis A Postexposure Prophylaxis Guidance Quicksheet](#) (updated August 2016).
- 4. Provide HAV vaccine to homeless individuals and illicit drug users who are not already immunized.** The combined HAV/HBV vaccine may be used in this group if the individual is not already immune to HBV. Providers who do not have available vaccine may direct patients to an immunization clinic at the nearest [County Public Health Center](#). Providers who care for homeless individuals may contact the [Immunization Program](#) at 619-692-5607 (Monday-Friday 8 AM-5 PM) to arrange obtaining 317-funded HAV vaccine for use during this outbreak. Homeless individuals and illicit drug users are also at higher risk for other vaccine preventable diseases and should be brought up-to-date per the relevant [CDC immunization schedule](#).

Resources

Centers for Disease Control and Prevention

[Hepatitis A for Health Professionals](#)

[Hepatitis A General Fact Sheet](#)

[Hepatitis A Q&A for the Public](#)

[Hepatitis A Vaccine Information Statement](#) (available in multiple languages)

[Viral Hepatitis Fact Sheet for Gay and Bisexual Men](#)

California Department of Public Health

[Hepatitis A Website](#)

[Quicksheet: Hepatitis A](#) (updated August 2016)

[Sample Protocol Intramuscular Immune Globulin \(Human\) USP for Hepatitis A Postexposure Prophylaxis](#)

[Viral Hepatitis Resources](#)

Thank you for your participation.

CAHAN San Diego

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