



To: CAHAN San Diego Participants
Date: September 12, 2017
From: Public Health Services, Epidemiology and Immunizations Services Branch

Update #6: Hepatitis A Virus Outbreak in San Diego County

On September 1, 2017, the San Diego County Public Health Officer declared a local public health emergency due to the ongoing hepatitis A virus (HAV) outbreak in the county. The County Board of Supervisors [ratified](#) this declaration on September 6, 2017. This health advisory updates local healthcare providers about the outbreak and provides updated recommendations and resources on HAV.

Key messages:

- 421 cases, including 16 deaths, have been reported since November 2016.
- The outbreak is being transmitted person-to-person through close contact or through a fecally-contaminated environment, and is primarily affecting homeless people, injection and non-injection illicit drug users, and individuals in dense living conditions with shared restrooms.
- Vaccination and soap and water hand hygiene are the best prevention against HAV.
- HAV vaccine should be provided immediately to homeless individuals, illicit drug users, patients with chronic liver diseases, men who have sex with men (MSM), and other at-risk people who are not already immunized, and **to any individual who desires immunity to HAV.**
- The San Diego County Public Health Officer strongly recommends HAV vaccination for all food handlers in the county and anyone having close contact with persons who are homeless and/or are using illicit drugs.
- Suspect cases should be reported to public health while the patient is still at the treatment facility so individuals can be interviewed and are not lost to follow up.
- Any patient who is potentially contagious with HAV should be instructed on preventing the spread of the disease and should not be discharged to the street.
- Appropriate post-exposure prophylaxis (PEP) should be given to close contacts of known cases. Immune globulin dosing for PEP has increased to 0.1 mL/kg.

Situation

As of September 11, 2017, 421 confirmed or probable HAV cases have been reported in an ongoing local outbreak in San Diego County. The cases had symptom onsets between November 22, 2016 and September 8, 2017. Two hundred and ninety-two (69%) of the cases have been hospitalized, and 16 patients (4%) have died. The cases range in age from 5 to 87 years (median = 44 years), and 286 (68%) are male, with two (0.5%) self-identifying as MSM. The only pediatric case is an unimmunized 5-year-old who was exposed by an ill family member.

One hundred and forty-eight (36%) of the HAV cases are homeless and reported injection or non-injection illicit drug use, 71 (17%) were homeless only, 52 (12%) were illicit drug users only, 96 (23%) were neither homeless nor drug users, and 54 (13%) had an unknown status for homelessness and drug use. Of the 325 cases with test results available for review, 64 (20%) have chronic hepatitis C infection, and 17 (5%) have chronic hepatitis B infection.

Despite the fact that the majority of the cases in this outbreak had a [known indication](#) for HAV immunization, none had been fully vaccinated prior to becoming ill. A small minority of patients had potentially prolonged exposure periods to individuals with HAV and became ill after receiving HAV vaccination as post-exposure prophylaxis.

Most outbreak cases have been from downtown San Diego and from El Cajon, Santee, La Mesa, and the adjacent unincorporated areas, however cases have been confirmed in all parts of the county. There are several clusters of epidemiologically associated cases, although no specific common food, beverage, or drug sources have been identified. Case clusters have been reported in individuals who have used the same homeless services providers and in the following locations with shared restrooms: jails, single room occupancy hotels, residential drug treatment facilities, group homes, and assisted living facilities. Four healthcare workers have contracted HAV in this outbreak, as have six food handlers, although no secondary cases have resulted from the individuals working in these sensitive occupations.

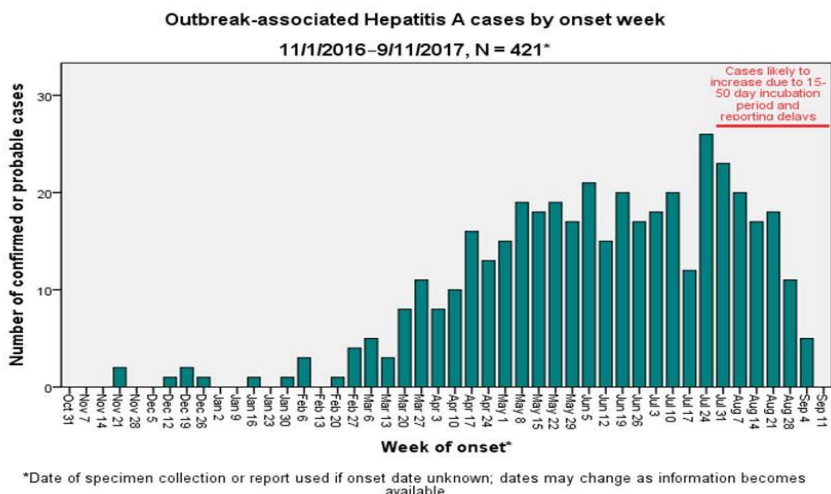
The Centers for Disease Control and Prevention (CDC) has confirmed HAV RNA in serum samples of 265 outbreak cases. Viral sequencing indicates that 13 unique, closely related strains of HAV genotype 1B are involved. These strains are different than those associated with the 1B strains in an ongoing HAV [outbreak in Southeastern Michigan](#) and the multi-state outbreaks, including California, linked to [frozen strawberries in 2016](#) and [pomegranate arils in 2013](#). The main outbreak strain in San Diego is identical to one of the strains causing an ongoing HAV [outbreak in Santa Cruz County](#).

Investigations of the confirmed and probable cases, as well as 35 suspect cases, are ongoing. Not included in the local outbreak totals are 24 HAV cases reported this year that are travel-related or have non-outbreak genotypes. Of note, one case was diagnosed with symptomatic HAV infection four weeks after a trip to Paris, and viral sequence analysis indicated that the HAV strain causing his infection is identical to the one causing an [outbreak among MSM in France](#).

Background

Person-to-person transmission through the fecal-oral route is the primary means of HAV transmission in the United States. Most infections result from close personal contact with an infected household member or sexual partner, or their fecally contaminated environment. [Contaminated hands may play a significant role](#) in the direct and indirect spread of HAV. Common-source outbreaks and sporadic cases can also occur from exposure to fecally contaminated food or water. According to CDC, individuals are infectious from up to two weeks before symptom onset to 1 week after. However some data suggest that individuals may be infectious for longer.

Individuals with increased risk for HAV infection include: travelers to [countries with high or intermediate endemicity of HAV](#), MSM, users of injection and non-injection illicit drugs, persons with clotting factor disorders, and persons working with nonhuman primates. HAV outbreaks have been reported among drug users and the homeless, who have a [higher morbidity and mortality](#), when compared with the general population, and an [increased risk of infection](#) due to poor living conditions. Individuals with chronic liver conditions, such as hepatitis B or C, are also [recommended](#) to get HAV vaccination because of their increased morbidity and mortality risks should they contract HAV.



Recommendations for Providers

1. Consider HAV infection in individuals, especially homeless individuals and those who use illicit drugs, with discrete symptom onset and jaundice or elevated liver function tests.

- Symptoms of concern include nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, and abdominal pain.
- [Relapsing hepatitis](#) can occur after apparent recovery from initial illness in up to 20% of cases. Patients experiencing relapsing hepatitis can be contagious and multiple relapses can occur up to six months after initial infection. Cholestatic hepatitis mimicking gallbladder disease can also occur up to 5% of cases.
- A complete serology panel with testing for hepatitis A, B, and C is recommended in symptomatic patients. HIV testing is also recommended for those with an undocumented HIV-status.
- Serologic testing for HAV infection is not recommended in asymptomatic individuals or as screening before vaccination.

2. Promptly report all suspected and confirmed HAV cases to the Epidemiology Program.

- Please fax [Confidential Morbidity Report \(CMRa\)](#), or call 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 specimen submission to the San Diego County Public Health Laboratory for possible genotyping.
- Patients who are potentially contagious should be discharged from a facility only after being given [clear instructions](#) on how to prevent the spread of the disease. People who are homeless should be provided temporary shelter with a restroom that is either private or shared with individuals known to be HAV immune.

3. Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases.

- Susceptible people exposed to HAV should receive a dose of single-antigen HAV vaccine intramuscular (IM) immune globulin (IG) (0.1 mL/kg), or both, as soon as possible within 2 weeks of last exposure. The PEP dosage of IG was [recently increased](#) and is higher than that noted in the package insert.
- The efficacy of combined HAV/Hepatitis B virus (HBV) vaccine (Twinrix®) 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 PEP Guidance Quicksheet](#) (updated July 2017) and the [CDPH Hepatitis A PEP IG Administration Quicksheet](#) (updated August 2017).

4. Provide HAV vaccine to homeless individuals, illicit drug users, patients with chronic liver diseases, MSM, and other at-risk people who are not already immunized, and to any individual who desires immunity to HAV.

- The first dose of single-antigen HAV vaccine (Havrix®, Vaqta®) appears to protect more persons than the first dose of the combined HAV/HBV (Twinrix®) vaccine (see [table 3 package insert](#)), but efficacy is comparable after completion of the respective series. Providers should consider short-term risks of exposure to HAV, the likelihood of follow-up to complete immunization, and the need for protection from HBV when selecting vaccines for those at risk. Immunization against HAV with existing supplies should not be delayed to obtain a different formulation of vaccine.
- Providers who do not have available vaccine may direct patients to call 2-1-1 San Diego to locate the nearest [County Public Health Center](#), clinic, or pharmacy that can provide the vaccine.
- Providers who care for homeless and/or drug-using individuals may contact the [Immunization Program](#) at 619-692-5607 (Monday-Friday, 8 AM-5 PM) to learn how to obtain 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 with recommended vaccines per the relevant [CDC immunization schedule](#).
- The Advisory Committee on Immunization Practices [routinely recommends](#) HAV vaccination for various at-risk groups and **“for any person wishing to obtain immunity.”**
- Under the [Affordable Care Act](#), HAV vaccines are covered as preventive care without a deductible or copay.

- Adult HAV vaccination is [covered by Medi-Cal](#) without prior authorization. Billing information is available [here](#) (see page 3).
- Providers should check the [San Diego Immunization Registry](#) to see if patients are already vaccinated and note any vaccinations given.

5. Provide HAV vaccination to individuals who have frequent, ongoing close contact with homeless individuals and illicit drug users, and to all food handlers in San Diego County.

- The County Public Health Officer strongly recommends HAV vaccination for individuals with ongoing, close contact with homeless and illicit drug using individuals in San Diego County. This local recommendation is being made due to the current outbreak and includes persons working in health care, public safety, sanitation, homeless shelters, and homeless and behavioral service provider agencies.
- The County Public Health Officer strongly recommends HAV vaccination for all food handlers in San Diego County. This local recommendation is being made to reduce the potential risk of an ill food handler transmitting HAV to others.

6. Encourage those who are planning an international trip to check the [CDC Travelers' Health website](#) and to obtain recommended vaccinations before travel.

- High-risk areas for HAV include parts of Africa and Asia, and moderate-risk areas include Central and South America, Eastern Europe, and parts of Asia.
- There are currently HAV outbreaks associated with MSM occurring in [New York City](#), [Colorado](#), and [Western Europe](#), notably France, Portugal, and Spain. MSM should be vaccinated against HAV, especially prior to travel, and be instructed on prevention measures for HAV and other sexually transmitted illnesses.

7. Ensure that all healthcare workers use standard precautions in patient care to protect themselves against HAV.

HAV, like norovirus, is a non-enveloped virus, and it may be similarly difficult to inactivate in the environment. Alcohol-based hand rubs and typically-used surface disinfectants [may not be effective](#). Therefore, additional precautions to take include:

- Wash hands with soap and running water for at least 20 seconds after providing care for an HAV patient.
- Use contact precautions in the care of diapered or incontinent HAV patients.
- Wash hands with soap and running water for at least 20 seconds before eating and after using a restroom.
- Use employee-designated restrooms when available, and do not touch the door handle directly when exiting a restroom.
- Do not eat in patient care areas and never share food, drink or cigarettes with patients.
- Perform environmental cleaning in areas housing HAV patients with [bleach products or other products effective against norovirus](#).
- HAV vaccine is strongly recommended for unvaccinated healthcare workers caring for HAV patients or individuals at risk for HAV. The vaccine should be available and encouraged for other unvaccinated healthcare personnel concerned about increased exposure to HAV.

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

California Department of Public Health
[All Facilities Notification 17-13 on Hepatitis A](#)
[Hepatitis A Website](#)
[Quicksheet: Hepatitis A](#)
[Viral Hepatitis Resources](#)

Thank you for your continued participation.

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