Healthcare Providers.

On June 22, 2018, the Ohio Department of Health declared a statewide outbreak of hepatitis A which is reflected in the cities and counties of southwest Ohio. In November 2017, the Kentucky Department for Public Health (DPH) identified an outbreak of acute hepatitis A.

The public health jurisdictions of SW Ohio are communicating to emergency departments, hospitals, physician offices, treatment providers and emergency medical services to have a higher level of suspicion for the RNA virus hepatitis A (genotype 1B) in four risk factor groups – those experiencing homelessness, intravenous drug use, men who have sex with men, and those who have been incarcerated in the past month or are currently incarcerated. While hepatitis A is transmitted person-to-person via a fecal-oral route, limitations on sanitation, and close proximity in some settings, may contribute to the increased risk for transmission. Mirroring the trends across the state, several jurisdictions in SW Ohio have identified cases of hepatitis A among these higher risk populations, including in the jail systems.

National Hepatitis A Outbreak Linked to Homelessness and IV Drug Use

The increase in hepatitis A cases in Ohio and Kentucky are strains genetically linked to outbreaks in California, Utah, and Michigan. In these hepatitis A outbreaks, the primary risk factors have also been homelessness and intravenous drug use. Unlike previous hepatitis A outbreaks, a contaminated food source has not been identified. Transmission appears to occur through person-to-person contact.

Hepatitis A characteristically has an abrupt onset. Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms. Infected persons shed virus in their stool from two weeks prior to onset of symptoms through the tenth day after onset. Hepatitis A symptoms usually occur 15-50 days (average 29 days) after exposure. Up to 15% percent of patients experience a relapse of symptoms during the first six months after acute illness. A chronic carrier state has not been demonstrated. Hepatitis A does not cause chronic liver disease. In this current outbreak of hepatitis A, over 60% of cases have required hospitalization.

Acute Hepatitis Panel Remains Diagnostic Test of Choice

The best laboratory test for signs or symptoms consistent with acute viral hepatitis (fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, clay-colored stools, dark urine, and jaundice) remains the “acute hepatitis panel”. The recommended test for hepatitis is an IgM which is included in the acute hepatitis panel, which includes Hep A IgM, Hep B Core Ab, IgM, Hep B S Ag, and Hep C Ab. The Centers for Disease Control and Prevention recommends testing for diagnosis in patients with clinical symptoms, even in endemic or outbreak areas. An alternative test is a nucleic acid amplification test (NAAT) for hepatitis A virus RNA positive (including PCR or genotype testing) which is typically performed at the Ohio Department of Health.

Vaccinate Individuals at Risk and Direct Contacts Within Two Weeks

Hepatitis A vaccine is licensed for use in persons 12 months of age and older. Unvaccinated individuals who are at high risk of infection should receive the hepatitis A vaccine. Contacts to a case of acute hepatitis A may be protected if administered a single dose of single-antigen hepatitis A vaccine within two weeks after exposure. Reserve HAV immune globulin (0.02 mL/kg) for immunosuppressed patients with direct exposure. A single dose of vaccine is 93% effective. An allergy to neomycin is the only contraindication to this vaccine. While it is not currently recommended that hepatitis A vaccine be
provided for healthcare workers who use universal precautions for patient care, personal protective equipment and, of course, handwashing; all opportunities to vaccinate should be encouraged.

Contact Isolation Until Ten Days After the Onset of Symptoms
Any person with hepatitis A who attends a child care center or works in a sensitive occupation (such as a health care provider, food handler, or child care center worker) shall be excluded from the child care center or work in the sensitive occupation until ten days after initial onset of symptoms. In the hospital setting, use enteric precautions until 10 days after the onset of symptoms.

Hepatitis A is a Class B Reportable Disease
Report positive laboratory results (IgM or NAAT) or suspected cases of Hepatitis A by the end of the next business day to the local public health department where the patient resides. If patient residence is unknown, report to the local public health department in which the reporting health care provider or laboratory is located. Epidemiology and disease investigation specialists investigate cases to determine common links for intervention and to identify contacts for whom prophylaxis may be appropriate.

Message to the Community – “Wash Your Hands”
The key message is “wash your hands” to reduce fecal oral transmission of hepatitis A. Sanitation plays a large part in containing this outbreak. Reinforce with your patients and constituents the need to always “wash your hands” with soap and water, and to seek care if they should develop signs or symptoms of infection.

For more information or to report cases contact your local public health agency or the after-hours infectious disease reporting line

SW Ohio Infectious Disease Reporting Line (for after hours): (877) 774-4636 (phone)

On behalf of the SW Ohio Medical Directors,

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