



**CABINET FOR HEALTH
DEPARTMENT**



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November 22, 2017 Clinical Advisory – Immunize to Prevent Cases and Control the Kentucky Hepatitis A Outbreak

An outbreak due to hepatitis A virus (HAV) has been identified in Kentucky due to a recent increase in the number of cases over the usual number reported in recent years, and the linkage of at least two Kentucky cases to a large HAV outbreak in California. Acute hepatitis A cases have been confirmed in several counties in Kentucky: the majority of cases were reported in or from counties around the Jefferson County/Louisville area. Several of the cases have been homeless and/or used illicit drugs. Twenty-seven cases have been reported since August 1, 2017 (year-to-date: 32 cases; 10-year average: 20 cases/year). Cases due to the same HAV strain have been identified in both Arizona and Utah. Transmission is presumed to occur person-to-person; no commercial food product has been identified as being contaminated. Based on current information, populations who are homeless or use illicit drugs are considered at risk, if exposed to HAV.

The Kentucky Department for Public Health recommends:

To prevent and control hepatitis A outbreaks, offer single-antigen hepatitis A (HepA) vaccine to persons who are homeless or who report using injection or non-injection illicit drugs.

In jurisdictions with hepatitis A outbreaks, also offer HepA vaccine to persons who have frequent close contact with persons who are homeless or using illicit drugs (e.g., in homeless shelters, jails, food pantries, drug rehabilitation programs, etc.).

HepA vaccine is routinely recommended for:

- Persons with chronic liver disease, including those with hepatitis B or C virus (HBV or HCV) infection
- Users of injection and non-injection illicit drugs
- Men who have sex with men
- Persons traveling to or working in countries that have [high or intermediate levels of HAV transmission](#)
- Any person wishing to obtain immunity to HAV
- Persons who have been exposed to HAV in the prior 2 weeks and are not known to be immune (immune globulin is an alternative to vaccine or given in addition to vaccine in some instances).

Additional information

- The first dose of single-antigen HepA vaccine appears to provide protection to more people than the first dose of the combined HepA/Hepatitis B (Twinrix®) vaccine (see [Table 3, product insert](#)). This apparent advantage disappears when the respective series are completed. Providers should consider the short-term risks of exposure to HAV, the likelihood of follow-up to complete multi-dose 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.
- Hepatitis B vaccine is also recommended for injection drug users who are not known to be immune. A complete vaccination series is needed for full protection.
- If a provider suspects acute hepatitis A based on clinical assessment, additional molecular testing for HAV is recommended. The provider should consider drawing an additional tube of blood for serum to be saved by the lab and sent in should the IgM anti-HAV test be positive, especially if the likelihood of loss to follow-up (e.g., homeless patient) is high. Contact your local health department for additional information.
- Serologic testing for HAV infection is not recommended for asymptomatic people, nor is serologic testing for HAV immunity recommended as screening before vaccination.

