

Hepatitis A: What You Need to Know Webinar, 2019 – Script

1. Thank you for joining this webinar today! This webinar is being provided to you on behalf of the NH Bureau of Infectious Disease Control to provide an overview of the Hepatitis A Virus and current recommendations for NH healthcare professionals.
2. The following topics will be discussed as we progress through this webinar beginning with,
 - A brief description of “what Hepatitis A is”
 - Followed by “understanding the environmental and surface viability of HAV”
 - Potential routes in which HAV is transmitted
 - Diagnostic criteria for HAV
 - Some of the signs and symptoms associated with HAV
 - Individuals considered to be “at-risk” for contracting HAV
 - NH specific data and statistics
 - And lastly, “How we can help prevent the spread of HAV in NH”.
3. Hepatitis A is a communicable, inflammatory disease of the liver caused by the Hepatitis A Virus. This virus is highly contagious, preventable by vaccine and transmitted from person to person. Hepatitis A infection does not cause chronic liver disease and is classified as an Acute Condition. Hepatitis A is rarely fatal however may cause debilitating symptoms. The Hepatitis A virus can survive outside the body for an extended period of time.
4. One reason the Hepatitis A virus is highly transmittable, is due to its ability to survive and remain active outside of the human body. In fact, studies have found that the Hepatitis A virus can remain viable in fresh and/or salt water conditions for up to 1 year, it can survive on human hands/skin for several hours and in dried feces for up to 3 weeks! Given the hardy nature of this virus, it is recommended to use a 1 to 100 dilution of bleach to water ratio when cleaning a contaminated surface to inactivate the virus and prevent it from causing infection. To further prevent infection and to ensure this virus is inactivated, it is also recommended to cook foods to reach a temperature of 185 degrees F for 1 minute.
5. The most common route of transmission for the Hepatitis A virus is the “Fecal to Oral” route, in which trace particles of HAV contaminated feces is ingested by an individual, causing the infection to occur. Ingesting contaminated fecal matter can occur while drinking, eating, engaging in sexual and close person to person contact, and coming in contact with contaminated surfaces. More recently, HAV transmission has been associated with the sharing of injection and non-injection drug equipment as well as unsanitary environments and conditions in which people experiencing homelessness are at increased risk for encountering.
6. The presentation of an individual who is infected with the Hepatitis A virus, is largely dependent on their age. According to the CDC, 70% of children 6 years old and younger, do not experience symptoms and it is uncommon for children this age to experience jaundice. Individuals older than 6 years old however, may experience symptoms lasting 2 months, with 10-15% of those experiencing relapsing symptoms for 6-9 months! The period between exposure to the Hepatitis A Virus and the appearance of the first symptom(s) is typically 28 days, however may range anywhere from 15-50 days.
7. The clinical case definition of Hepatitis A is the discrete onset of symptoms consistent with acute viral hepatitis AND either jaundice and/or an elevated total bilirubin level OR an elevated Alanine Aminotransferase or ALT levels. Symptoms associated with acute viral hepatitis includes Nausea, Anorexia, Fever, Malaise, Abdominal Pain, Headache, Vomiting, Diarrhea, Dark Urine, Clay-Colored bowel movements and joint pain.
8. To confirm and diagnose a patient who meets the clinical case definition for Hepatitis A, a positive laboratory test for antibodies to the HAV Immunoglobulin (IgM) in serum, or Positive Nucleic Acid Amplification test (Such as Polymerase Chain Reaction (PCR) would be obtained through the public health lab if they were suspected to have hepatitis A based on presenting signs and symptoms and then had a positive IgM antibody test.

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9. Previous HAV outbreaks have been linked to contaminated food, close contact to infected individuals, occupational exposure, and travel to and from endemic countries. During the current multi-state outbreak there has been a change in risk factor to focus on people experiencing homelessness, and people who use drugs (both injection and non-injection).
10. Persons at increased risk for contracting HAV include sex contacts of persons with HAV infection, household members and caregivers of persons with HAV, travelers to regions with intermediate to high rates of HAV (which would include anywhere outside of the U.S, Western Europe, New Zealand, Australia, Canada, Japan, and Scandinavia), persons who use injection and non-injection drugs, Gay and Bisexual men, persons with clotting factor disorders, persons with occupational risks, persons experiencing homelessness, persons experiencing recent incarceration. Those who have chronic liver disease and receive clotting factor concentrates are at risk being more severely impacted by HAV.
11. Here we can see national incidence data (Incidence = number of new cases during a given time period) of HAV by year, in the United States between 2006-2016. We know that HAV is diagnosed. Can see a steady increase in the incidence of national cases starting in 2015.
12. In New Hampshire between 2010 and 2017 we had an average of about 5 cases/year. It is hard to make year-year comparison to national data with such low numbers but as you can see, there is a clear spike in number of cases in 2018.
13. The two most effective ways to prevent the spread of HAV include washing your hands and getting VACCINATED! Washing your hands is especially important after using the bathroom and before preparing food. The risk of hepatitis A infection is associated with a lack of safe water, poor sanitation and hand hygiene. It is estimated that washing hands with soap and water could reduce diarrheal disease associated deaths by up to 50%. Vaccination with the full 2 dose series of hepatitis A vaccine is the best way to prevent HAV infection. This vaccine is very safe and effective. The protective anti-hepatitis A virus antibody levels up to 95% after the 1st dose. Vaccination is very important to control community-wide outbreaks. It is most successful in small communities, when the campaign is started early and when high coverage of multiple age groups is achieved. Which is why we are working to achieve high vaccination rates here in New Hampshire, we need your help to achieve this!
14. The hepatitis A vaccine is the recommended vaccine for Proactive Outbreak Response. This vaccine is also inactivated meaning that the virus particles, bacteria, or other pathogens that have been grown in a culture medium are not alive. These vaccines cannot cause disease from infection, even in an immunodeficient person. The primary immunization schedule consists of 2 doses. Each recipient of the HAV vaccine should be given each dose at least 6-12 months apart. If dose number 2 hasn't been given within the 6-12-month period, the vaccine series does not have to be restarted. Being that we do understand the at-risk population of persons experiencing homelessness may not return to your office for their second dose we do recommend they receive their first dose to have at least one layer of protection of up to 95 %; however, the vaccine series should be completed to assure long-term protection.
15. This chart displays the two brands of monovalent (having a chemical balance of one) vaccine and its perspective dosing, schedule and volume of injection. Both are effective in preventing clinical hepatitis A.
16. The Twinrix Vaccine is a combination vaccine for hepatitis A and hepatitis B. A dose of Twinrix contains a standard dose of hepatitis B vaccine and pediatric dose of hepatitis A vaccine. Appropriate spacing of the doses must be maintained to assure long-term protection from both vaccines.
17. Here you can find the list of resources we used for our webinar today as well as helpful tools you could utilize in your offices to assist your staff.
18. Here is a list of locations offering walk-in immunizations at little or no cost.
19. We have listed the following references used in our presentation today.
20. Thank you for your time today! Please don't hesitate to reach out with any questions. We have listed all of our contact information here.