

New Hampshire Hepatitis A Outbreak

Frequently Asked Questions for Healthcare Providers

February 25, 2019

What are the symptoms of a hepatitis A infection?

Hepatitis A is an acute viral infection of the liver that is self-limited and does not cause a chronic infection. Clinical presentation can vary widely including asymptomatic infection, which is more common in children 5 years of age and younger (70% of children in this age group don't present with symptoms). Older children, adolescents, and adults are usually symptomatic initially developing a non-specific flu-like illness that can include: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, and diarrhea. This is usually followed by onset of dark urine, pale or clay-colored stool and jaundice.

The duration of illness varies but can last several weeks to months. Most patients begin to feel better by the third week of illness.

How common is it for a person to be infected with hepatitis A, but have minimal or no symptoms?

Most older children, adolescents, and adults will have symptoms. 70% of children that are 5 years of age or younger, are more likely to have an asymptomatic infection.

How soon after someone is exposed could they develop symptoms?

The average incubation period for hepatitis A is 28 days with a range of 15 to 50 days.

How is hepatitis A transmitted?

Hepatitis A is excreted in bile and can be found in highest concentrations in the stool of an infected patient.

Person-to-person transmission of hepatitis A virus is most common in the United States through fecal-oral transmission. The hepatitis A virus can survive outside the body for months depending on environmental conditions. A person becomes exposed when they consume small amounts of the virus from contaminated surfaces, objects, food, or water that has become contaminated with the virus from stool of someone who was infected.

Can a person infected with hepatitis A who doesn't have symptoms still spread the virus?

Yes. Individuals with no symptoms or minimal symptoms can transmit infection through virus that is excreted in their stool. However, if someone is not having diarrhea and practices good sanitation and hand hygiene, the risk of transmission is likely very low.

How can hepatitis A be prevented?

Hepatitis A is a vaccine-preventable disease. The hepatitis A vaccine comes in different formulations as either a 2-dose vaccine series (Havrix[®], Vaqta[®]) or a 3-dose vaccine series (Twinrix[®]). Twinrix is an inactivated combination vaccine containing both hepatitis A virus and hepatitis B virus antigens. A single dose of the single antigen vaccine is about 95% effective at producing protective antibodies, and protection lasts for at least 10 years. Subsequent doses of the vaccine increase antibody response to near 100% and probably provide life-long immunity to infection. Practicing good hand hygiene – including thoroughly washing hands after using the bathroom, changing diapers, and before preparing or eating food – plays an important role in preventing the spread of hepatitis A.

Who should get the hepatitis A vaccine?

The Advisory Committee on Immunization Practices (ACIP) recommends that the following persons be vaccinated against hepatitis A:

- All children at age 1 year (routine childhood immunization schedule)
- People who are at increased risk for infection (see next question for list)
- People who are at increased risk of complications from hepatitis A infection, including those with chronic liver diseases, such as hepatitis B and hepatitis C
- Any person wishing to obtain immunity (protection)

Who is at increased risk for infection and should get the vaccine?

The following individuals are considered at increased risk for hepatitis A infection:

- People who use recreational drugs, including both injection and non-injection drugs (including marijuana use)
- People experiencing homelessness and with unstable housing (e.g. “couch surfing”)
- Gay and bisexual men (men who have sex with men)
- Any person with ongoing, close contact with individuals who use injection and non-injection drugs, or individuals who are experiencing homelessness
- People with direct contact to an individual diagnosed with hepatitis A
- Travelers to countries that have high rates of hepatitis A
- Persons with clotting factor disorders
- Persons working with nonhuman primates
- Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate hepatitis A endemicity

Should healthcare workers be vaccinated?

Healthcare workers are not at increased risk for hepatitis A because if a patient with hepatitis A is admitted to the hospital, routine infection-control precautions will help prevent transmission to hospital staff. Therefore, healthcare workers are not specifically recommended to receive the hepatitis A vaccine. However, if a healthcare worker wishes to obtain protection they can be vaccinated.

Should community based service workers (e.g., people who work in homeless shelters, etc.) be vaccinated?

CDC recommends consideration of hepatitis A vaccination for anyone with ongoing, close contact with people who use injection and non-injection drugs or people who are homeless. It may be reasonable to vaccinate some individuals who meet this criteria, including homeless shelter staff.

Is the hepatitis A vaccine safe during pregnancy?

Yes. Hepatitis A vaccine is recommended for pregnant women with indications for hepatitis A. A recent review of the Vaccine Adverse Event Reporting System (VAERS) did not identify any concerning patterns of adverse events in pregnant women or their infants after hepatitis A vaccination (HAVRIX, VAQTA) or hepatitis A and B combined vaccination (TWINRIX) during

pregnancy (*Moro et al. Reports to the Vaccine Adverse Event Reporting System after hepatitis A and hepatitis AB vaccines in pregnant women. Am J Obstet Gynecol. 2014 Jun;210(6):561.e1-6*). Pregnant women at risk for hepatitis A infection during pregnancy should also be counseled concerning all options to prevent infection.

Can the hepatitis A vaccine be given to a person who is immunocompromised?

Yes. Because hepatitis A vaccine is inactivated, no special precautions need to be taken when vaccinating immunocompromised persons.

When I do not have a patient's hepatitis A vaccine record, should I always check serology before giving vaccine to a patient?

No. Giving the hepatitis A vaccine to a person who is already immune (either from past vaccination or infection) will not harm the patient; however, waiting for blood testing prior to giving the vaccine will delay immunization and potentially miss an opportunity to protect an at-risk individual.

Should I give the first dose of the hepatitis A vaccine even if a second dose cannot be guaranteed?

Yes. It is not known exactly for how long protection from one hepatitis A vaccine dose lasts, but it has been shown to last for at least 10 years (*Ott JJ, Wiersma ST. Single-dose administration of inactivated hepatitis A vaccination in the context of hepatitis A vaccine recommendations. Int J Infect Dis. 2013 Nov;17(11):e939-44*).

How do we get state-supplied vaccine?

In certain situations, Specialty Providers may be approved to order, store, and administer state supplied vaccine to specific populations. To learn more call the New Hampshire Division of Public Health Services (DPHS) Immunization Program at 603-271-4482 and or click [here](#).

What transmission-based precautions should be used for hepatitis A-infected patients who are admitted to the hospital?

All persons hospitalized with suspect or confirmed hepatitis A should be on standard precautions. NH Department of Health and Human Services (DHHS) also recommend a private room and toilet, when available.

Besides standard precautions in a private room and toilet, any patient with suspect or confirmed hepatitis A who has fecal incontinence, is diapered (including infants and children), or having diarrhea or nausea and vomiting should also be placed on contact precautions.

Other expanded precautions should be determined by the nature of the healthcare worker-patient interaction and the extent of the anticipated blood, body fluid, or pathogen exposure.

Are there any specific recommendations for cleaning the room of a person with hepatitis A?

Hepatitis A can be inactivated by many common disinfecting chemicals containing bleach. A freshly prepared solution of 1:100 dilution of household bleach to water will also kill the hepatitis A virus. When cleaning toilets, use a toilet bowl cleaners containing quaternary ammonium formulation containing 23% HCl (found in many toilet bowl cleaners).

Why does NH DHHS request a blood specimen from someone infected with hepatitis A?

NH DHHS requests a blood samples from confirmed cases so it can be submitted to the CDC for whole genome sequencing. This is a method to distinguish strains according to genomic differences that allows investigators to track organisms locally and nationally to help control an outbreak. This is not normally requested for hepatitis A cases, but may be requested in the setting of our current outbreak.

How do I report an individual suspected/confirmed to have hepatitis A?

Any suspect or confirmed case of hepatitis A should be reported promptly to the NH DPHS (within 24 hours) by calling 603-271-4496 (after hours 603-271-5300).

For additional information please visit the NH Hepatitis A Outbreak webpage:

<https://www.dhhs.nh.gov/dphs/cdcs/hepatitisa/hepa-nh.htm>