



# Health **Alert** Network

## Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

## HAN ADVISORY

Number of pages including cover: 4

Subject: **Advisory - Hepatitis A cases in homeless persons in Colorado**

Message ID: 9/15/2017 5:30:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

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You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

### Categories of Health Alert Network Messages:

**Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.

**Info Service/Public Health Brief:** Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at  
<http://www.tchd.org/259/Health-Alert-Network>



HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 09152017 16:00

FROM: CO-CDPHE

SUBJECT: HAN Update - Hepatitis A cases in homeless persons in Colorado

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers in your jurisdiction.

HEALTH UPDATE | Hepatitis A cases in homeless persons in Colorado | September 15, 2017

Health care providers: Please distribute widely in your office

### Key points

- Fifty-seven cases of confirmed hepatitis A infection have been reported in Colorado during 2017, which is a sharp increase from baseline rates. All cases are adults. 72 percent (41) are male. One death has occurred.
- Two Colorado cases have occurred in homeless persons exposed in southern California where there is an ongoing outbreak of hepatitis A primarily affecting homeless populations and persons who use injection and non-injection drugs. One Colorado homeless case was recently diagnosed in Colorado Springs, and the other case was diagnosed in June on the Western Slope.
- El Paso County Public Health will be working with homeless shelters in Colorado Springs to provide post-exposure prophylaxis and vaccine to contacts of the recent homeless case.
- Hepatitis A is a vaccine-preventable disease. CDPHE strongly recommends that homeless persons and people in the vaccine priority groups described below, including illicit drug users, individuals who work closely with these populations, and MSM, receive two doses of hepatitis A vaccine.

### Background information

Since Jan. 1, 2017, Colorado has seen a sharp increase in hepatitis A over baseline rates. In 2016, a total of 23 cases were reported in the state. As of September 15, 2017, 57 cases have been reported in 2017. Cases range in age from 19 to 83 years, with a median age of 42 years; 72 percent (41) are male. 49 percent of all cases have been hospitalized. One case has died. Cases have been reported from the following twelve counties: El Paso (12), Adams (9), Denver (8), Pueblo (7), Arapahoe (4), Boulder (4), Larimer (3), Douglas (3), Jefferson (2), Eagle (1), Garfield (1), Summit (1), Teller (1), and Weld (1).

Two Colorado cases have occurred in homeless persons exposed in southern California where there is an ongoing outbreak of hepatitis A primarily affecting homeless populations and persons who use injection and non-injection drugs. One Colorado homeless case was recently diagnosed in Colorado Springs, and the other case was diagnosed in June on the Western Slope. El Paso County Public Health will be working with homeless shelters in Colorado Springs to provide post-exposure prophylaxis and vaccine to contacts of the recent homeless case. As of September 12, 2017, San Diego, CA, has reported 421 cases of hepatitis A since November 2016, resulting in 16 deaths and 292 hospitalizations. This outbreak is being spread person-to-person and through contact with fecally contaminated environments.

In addition to the two homeless Colorado cases, a disproportionate number of Colorado's cases have occurred in men who have sex with men (MSM), a group for whom routine hepatitis A vaccine is recommended by ACIP. Other likely exposure sources for Colorado 2017 cases include international travel and secondary transmission within households where confirmed hepatitis A cases reside.

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## Hepatitis A information

- Incubation period: 15-50 days (average 28 days).
  - Symptoms: Acute onset of fever, gastrointestinal symptoms (vomiting, diarrhea, abdominal pain) and jaundice (yellow skin or eyes) due to liver inflammation.
  - Transmission: Fecal-oral.
    - Contaminated food or drinks.
    - Person-to-person transmission, either through sexual contact (oral, vaginal or rectal) or poor hand hygiene. Household contacts of cases are at risk for infection.
    - A person with hepatitis A is infectious (shedding virus through their stool) from two weeks before the onset of symptoms until one week after jaundice onset.
  - Diagnosis: By serological test for IgM antibody to hepatitis A virus in addition to compatible clinical signs and symptoms. Total hepatitis A antibody tests detect both IgM and IgG antibodies but does not distinguish between them and thus does not distinguish between current and past infections. Symptomatic persons with a positive hepatitis A total antibody test should have IgM specific testing performed.
  - Disease control: People with suspected or confirmed hepatitis A infection should be advised not to handle or prepare food for others and to avoid engaging in sexual activity (oral, vaginal, or rectal) until seven days after the onset of their jaundice, or 14 days after symptom onset if jaundice is not present. Cases who are food handlers or work in health care settings should be excluded from work until seven days after the onset of their jaundice, or 14 days after symptom onset if jaundice is not present. If a provider diagnoses hepatitis A in a male, inquire about sexual behaviors and not just whether the person self-identifies as MSM. Public health investigates reported cases to determine if contacts of cases are eligible for post-exposure prophylaxis (PEP) with either hepatitis A vaccine or immune globulin (IG). Household contacts of hepatitis A cases are at high risk for infection and should be offered PEP as soon as possible. CDPHE or local public health can facilitate PEP for contacts of hepatitis A cases.
  - Disease reporting: Report suspected and confirmed cases of hepatitis A to public health within one working day of detection. To report a suspected case, contact the appropriate local public health agency, or CDPHE at 303-692-2700.
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## Recommendations / guidance

CDPHE is recommending that health care providers provide hepatitis A vaccine to homeless individuals and others who are at increased risk of infection who have not been vaccinated or do not know their vaccination status. This also includes:

- Users of illicit injection and non-injection drugs.
- Individuals who have frequent, ongoing close contact with homeless individuals and illicit drug users.
- MSM.
- People traveling to countries where hepatitis A is common.
- People with chronic liver conditions, such as cirrhosis, hepatitis B or hepatitis C.
- People who expect to have close personal contact with an international adoptee from a country where hepatitis A is common.
- People who are being treated with clotting-factor concentrate.
- People with occupational exposure to hepatitis A such as in a research laboratory.
- All children at one year of age and as a catch up vaccine.
- Any person wishing to obtain immunity.

## Vaccine information for providers

The vaccine series consists of two doses 6 to 12 months apart. Three hepatitis A vaccines are licensed in the United States: Vaqta® (Merck), Haverix® (GSK), and Twinrix® (GSK), a combination hepatitis A and hepatitis B vaccine. The single antigen hepatitis A vaccine is administered intramuscularly; the adult formulation, for persons 19 years of age and older, is 1.0 mL. Pediatric formulation (0.5 mL) should be used for people 1 through 18 years of age. Hepatitis A vaccine is an inactivated vaccine. It is well-tolerated and has an excellent safety profile. Seroconversion after the first

dose is estimated at greater than 95 percent and at nearly 100 percent after the second dose. Hepatitis A vaccine may be given to people who are immunocompromised. Evidence suggests vaccination should provide immunity for at least 25 years; pre- and post-vaccination serologic testing is not recommended.

If your patient is unsure of his or her vaccination status, consider checking the Colorado Immunization Information System (CIIS). If your practice does not currently administer hepatitis A vaccine but is interested in ordering it, please contact Merck & Co, Inc., GlaxoSmithKline, or your regular vaccine supplier.

If you would like to refer a patient to be vaccinated elsewhere, contact your local health agency to find out where vaccine is available. Local public health agencies may be able to immunize uninsured or underinsured adults using a sliding fee scale.

If you are a Vaccines For Children (VFC) provider, Hepatitis A vaccine is available and routinely recommended for children 12-24 months of age, with catch-up vaccine for children 2 years through 18 years who are VFC eligible.

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## More information

- Contact Nicole Comstock or Kerri Brown at CDPHE: (303) 692-2700.
- To report a suspected case, contact the appropriate local public health agency, or CDPHE at 303-692-2700 (after hours/weekends, 303-370-9395).
- Information about the Colorado Immunization Information System: <https://www.colorado.gov/pacific/cdphe/ciis-users>
- Information about the current outbreak in Colorado: <https://www.colorado.gov/pacific/cdphe/hepa>
- Information about hepatitis A or immunization recommendations for hepatitis A:
  - <https://www.cdc.gov/hepatitis/hav>
  - <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>
  - [http://www.immunize.org/vis/vis\\_hepatitis\\_a.asp](http://www.immunize.org/vis/vis_hepatitis_a.asp)

