

# *epi*TRENDS

Epidemiology and Public Health Practice in WA

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## Hepatitis A Outbreaks

Outbreaks of hepatitis A occur in various risk groups. Controlling hepatitis A outbreaks can result in considerable demands on public health agencies.

### *Hepatitis A Virus Infection*

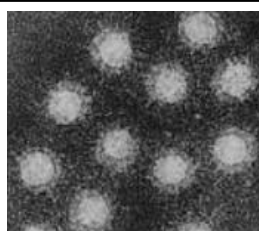
The incubation period for the hepatitis A virus is 15 to 50 days. Infection ranges from asymptomatic to moderately severe disease lasting weeks to months. There are rare fatalities, particularly with comorbidities.

Humans are the only reservoir for the virus, with fecal-oral transmission occurring in various ways. There can be direct contact, as through oral sex; fomites like fecally-contaminated toys in childcare or environmental surfaces in shared living areas; or fecal material in water or food. The infectious dose is very small, so even minimal contamination is a risk.

Members of certain groups have higher risk for exposure. Hepatitis A transmission has occurred in childcare settings, in correctional facilities, from restaurant meals, through imported produce items, and following consumption of contaminated food, beverages, or water during international travel. Persons living unsheltered and without access to hygiene facilities are at risk, as are those using illicit drugs and those having oral sex with multiple partners.

### *Hepatitis A Outbreaks*

In the years before the hepatitis A vaccine was available, hepatitis A outbreaks were commonly associated with childcare settings. In 1989 there were over 3000 cases (70/100,000) identified in the state. Targeted pediatric vaccination began in the late 1990s in the counties most affected, and starting in 2000, Vaccines for Children supported universal pediatric hepatitis A vaccination. By 2006, rates had fallen under 1/100,000 and remained in that range for a decade and a half.



Hepatitis A virus  
[www.cdc.gov](http://www.cdc.gov) 2739



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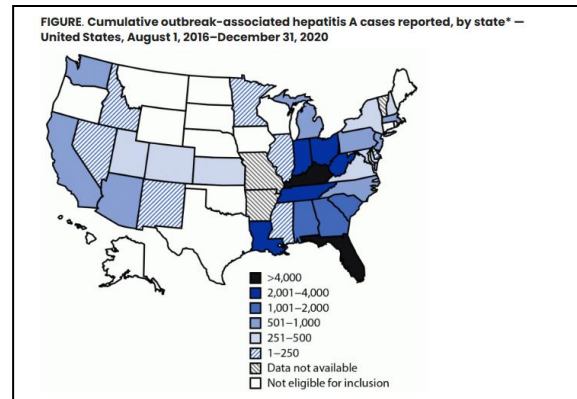
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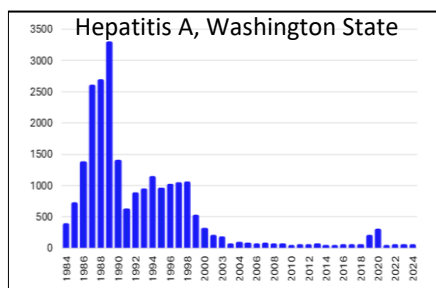
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Beginning in 2016, hepatitis A outbreaks were reported to the Centers for Disease Control and Prevention from multiple states. Groups at risk varied by state and could include persons living homeless, persons using illicit drugs, and men having sex with men. Genomic analysis showed that outbreaks in the country were not due to a single viral strain. By 2020 there were 33 states reporting a total of over 37,000 outbreak-related cases. Two affected states, Florida and Kentucky, each had over 5000 reported cases (Figure 1).



In these outbreaks 56% of case patients reported drug use and 14% reported homelessness. Hospitalization rates were high at 61%, which could reflect both medically vulnerable populations (e.g., higher morbidity and mortality due to chronic hepatitis B or hepatitis C infection) and also indicate that reported cases were incomplete; the populations affected might have reduced access to healthcare services so that individuals with symptoms did not necessarily have diagnostic testing done.



In Washington, hepatitis A outbreak cases occurred in 2018 and 2019. Cases mainly occurred in the community, particularly among persons living homeless and persons using illicit drugs. The state's rate reached 2.4/100,000 in 2019 and 3.7/100,000 in 2020. Cases were low in 2021, likely due to a combination of public health jurisdiction actions and the impact of COVID-19. The rate for Washington has remained below 1/100,000 in the four years that followed (Figure 2).

### **Response to Hepatitis A Outbreaks**

Hepatitis A outbreaks in this country have resulted from various sources:

- International travel group
- Waterborne
- Foodborne from an inherently contaminated product
- Foodborne from a food handler
- Person-to-person in a defined setting (e.g., childcare or correctional facility)
- Person-to-person in the community

Each of the outbreak situations puts different demands on a public health system. Degree of coordination across agencies depends on the investigation. Case interviews and data entry are routine, but additional questions may be added to the interview if there is a specific suspected source. Various regulatory and responsible agencies may be involved with a response.

Waterborne exposures to hepatitis A are rare in Washington with standard drinking water treatment and disinfection of public pools. Small private wells used for drinking water could be vulnerable to sewage contamination, such as from an adjacent septic system. Owners should maintain their wells, particularly after floods that could affect a well's integrity.

If an inherently contaminated source of food or water is found, the regulatory agency can remove the source and prevent further exposure. Products may be widely distributed; in national outbreaks there may be few cases per state, so each interview is important. Recently, fresh and frozen produce items have caused several large outbreaks. Further investigations may be conducted by a state or federal agency looking for potential contamination such as salad greens affected by irrigation water, processing rinse water or ice, or workers in a processing facility. Shellfish can encounter human feces through sewage runoff, wastes from boats, or workers during processing.

Infected food handlers with even small lapses in hygiene can contaminate ready-to-eat foods. While illness is usually limited to patrons, there is the potential for secondary spread of hepatitis A within a community. Washington's policy of requiring glove use at food establishments while preparing items that will not be cooked is a measure that should greatly reduce or eliminate the risk of disease transmission including for hepatitis A. When a person is confirmed as a case of hepatitis A, the local health jurisdiction identifies close contacts as well as those potentially exposed through food handling. Timely post-exposure prophylaxis may prevent infection.

Outbreaks in defined settings can present a challenge. In a childcare setting, younger children without recognizable illness can spread hepatitis A to others. Wide vaccination is often done for susceptible contacts, including other attendees, staff, and parents and care givers. Correctional facilities present a particular challenge due to turnover in residents, potential crowding, and security issues, requiring collaboration between public health and public safety agencies.

Control of a community-wide outbreak also involves multiple agencies. Response may involve vaccine outreach, resources for sanitation, and community education. San Diego issued an after action report on its outbreak response (see Resources). Following the outbreak, San Diego County also took actions to address underlying causes such as poverty, mental health issues, and substance use which impacted the affected populations of persons living homeless or using drugs.

Although hepatitis A outbreaks have been rare in Washington recently, better data collection will help identify the risks occurring. One question will be added to the hepatitis A investigation form to distinguish whether a case is considered part of an outbreak, and if so, to indicate the source of the outbreak (e.g., associated with an inherently contaminated food item). This data element will be in concordance with information collected under national surveillance for the disease.

Universal vaccination reduces the susceptible population so that hepatitis A cannot propagate through a community as an outbreak. In addition to protecting children, adult vaccination has been recommended nationally since 2019 for anybody wanting protection. Local health jurisdictions can also reduce the risk of hepatitis A outbreaks through routine operations including restaurant inspections and public education.

## Resources

National hepatitis A outbreak surveillance:

<https://www.cdc.gov/hepatitis/outbreaks/ongoing-hepatitis-a/>

Summary of 2016-2020 US outbreaks:

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7139a1.htm>

San Diego After Action Report:

<https://www.sandiegocounty.gov/content/dam/sdc/cosd/SanDiegoHepatitisAOutbreak-2017-18-AfterActionReport.pdf>

