



STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

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### **Hepatitis A Outbreak Alert for Community Clinics and Pharmacies**

Washington State Department of Health (DOH) announced an outbreak of hepatitis A (HAV) within Washington state on July 30, 2019. Multiple states across the country have reported outbreaks of HAV, primarily among persons experiencing homelessness and persons who use drugs. Since the outbreaks were first identified nationally in 2016, 30 states have publicly reported over 24,950 cases and 14,984 hospitalizations. Rates of hospitalization are higher than typical for HAV infections, and severe complications have been reported. At least 244 deaths have occurred nationwide. In Washington state, the hepatitis A outbreak is affecting people in multiple counties (King, Pend Oreille, Snohomish and Spokane) and is consistent with the national outbreak demographics.

The Washington state case count is updated regularly on the DOH website at [www.doh.wa.gov/hepatitisA2019](http://www.doh.wa.gov/hepatitisA2019), where you can also find educational resources and guidelines for prevention. Learn more at [www.cdc.gov/hepatitis/HepAOutbreak](http://www.cdc.gov/hepatitis/HepAOutbreak).

You are receiving this letter to remind you of the importance of giving hepatitis A vaccines to at-risk groups. People experiencing homelessness and/or users of injection and non-injection drugs are at increased risk of infection in the current outbreak due to lack of access to sanitation and should be offered vaccine if susceptible. People who have frequent, ongoing contact with the above populations are also recommended for hepatitis A vaccination. People with chronic liver conditions, such as hepatitis B or C, should get the hepatitis A vaccine because of an increased risk for severe disease.

Hepatitis A vaccination is recommended for travelers to countries with high or intermediate endemic rates; gay and bisexual men; people with clotting factor disorders; and any person wishing to obtain immunity. This latter recommendation is intended to facilitate vaccination of at-risk persons who may not wish to disclose their at-risk behaviors, not to encourage vaccination of the general public. Additional recommendations by the Advisory Committee on Immunization Practices (ACIP) for hepatitis A can be found at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>.

For any questions related to possible hepatitis A cases, contact your local health jurisdiction ([www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions](http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions)). For questions about hepatitis A vaccine or vaccine recommendations, email DOH at [oiqp@doh.wa.gov](mailto:oiqp@doh.wa.gov). We appreciate your partnership in preventing hepatitis A infection.

Sincerely,

Scott Lindquist, MD, MPH  
State Epidemiologist for Communicable Diseases

## Additional information

### **In response to this outbreak, DOH recommends:**

- Health care providers should offer hepatitis A vaccines to all patients who are homeless, users of injection or non-injection illicit drugs, infected with hepatitis B or hepatitis C, or have other liver disease, e.g., alcoholic cirrhosis.
- Serologic screening for immunity before vaccination is not necessary; however, prior doses of the vaccine may be recorded in the Washington State Immunization Information System (WA IIS).
- Use standing orders/order sets to ensure vaccination of the at-risk population.
- Record vaccine doses administered in your electronic medical record (EMR) or WA IIS.
- Ensure all vaccines are stored and handled appropriately.
- Health care clinics in outbreak jurisdictions should consider:
  - Offering the hepatitis A vaccine to health care personnel who have frequent close contact with patients who are homeless and/or use injection or non-injection illicit drugs.
  - Ensuring appropriate cleaning of restrooms frequented by persons who are homeless and/or use injection or non-injection illicit drugs, using methods similar to those for norovirus.

### **Additional information about the vaccine**

- One dose of single-antigen hepatitis A vaccine provides better protection than one dose of combined hepatitis A/hepatitis B (Twinrix®) vaccine. For this reason, only single-antigen hepatitis A vaccine should be used for post-exposure prophylaxis.
- Providers should consider short-term risks of exposure to HAV, the likelihood of follow-up to complete multi-dose immunization and the need for protection from hepatitis B when selecting vaccines for those at risk. Do not delay vaccination to obtain a different formulation of vaccine.
- Persons who have been exposed to HAV in the prior 2 weeks who are not known to be immune should receive single-antigen hepatitis A vaccine and/or immune globulin.
- Persons injecting drugs who are not known to be immune should receive a full hepatitis B series.
- CDC provides additional outbreak-specific considerations for hepatitis A vaccine administration: <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm>

### **Medicaid Billing Information**

Medicaid fee-for-service (FFS) and Medicaid managed care plans (Amerigroup, Community Health Plan of Washington, Coordinated Care, Molina and UnitedHealth Care) cover hepatitis A vaccination and all other CDC recommended vaccines.

- For FFS billing questions, refer to the appropriate Provider Billing Guide ([www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules](http://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules)) or call the Medicaid Customer Service Center at 800-562-3022.
- For Managed Care billing questions, contact the individual plan for instructions on how to submit claims.

### **HAV vaccine is routinely recommended for adults who:**

- Want to be protected from hepatitis A
- Are traveling to countries that have high or intermediate levels of hepatitis A transmission (i.e., all except the U.S., Canada, Japan, Australia, New Zealand, and Western Europe).
- Are male and have sex with other males
- Use street drugs (injection and non-injection)

- Have a diagnosis of chronic liver disease, including hepatitis B and C
- Have a diagnosis of a clotting-factor disorder, such as hemophilia
- Anticipate close personal contact with an international adoptee from a country of high or intermediate endemicity during the first 60 days after the adoptee's arrival in the United States.
- Are employed in a research laboratory requiring work with hepatitis A virus or hepatitis A-infected primates.

### **Vaccine Storage and Handling Information**

- Hepatitis A vaccine should be maintained at refrigerator temperature between 36°F and 46°F (2°C and 8°C). Manufacturer package inserts contain additional information.
- Monitor vaccine temperatures twice daily, paying close attention to CURRENT temperature (unit's temperature now), as well as MIN/MAX temperatures (the coldest and warmest temperatures in the refrigerator since the last reading/thermometer reset).
- Temperatures outside the recommended range may result in vaccine damage or loss of potency.
- Liquid vaccines with an aluminum adjuvant, such as hepatitis A vaccine, can lose all potency when exposed to a single freezing event (0°C [32°F] or colder), regardless of exposure time. Immediate action is needed to prevent any use of vaccine that was exposed to an out of range temperature until the vaccine manufacturer determines vaccine viability.
- Advisory Committee on Immunization Practices' General Recommendations on Immunization indicate a dose of vaccine exposed to inappropriate temperatures should be repeated.
- For complete information on best practices and recommendations for vaccine storage, please refer to Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Recommendations and Guidelines and Vaccine Storage and Handling Toolkit.

### **Helpful Links**

- Washington State DOH hepatitis A outbreak webpage  
[www.doh.wa.gov/hepatitisA2019](http://www.doh.wa.gov/hepatitisA2019)
- Emergency department evaluation and management of patients at high risk for hepatitis A (PDF) (Flowchart from MDHHS)  
[www.michigan.gov/documents/mdhhs/Hep\\_A\\_flowchart\\_609341\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Hep_A_flowchart_609341_7.pdf)
- Hepatitis A Questions and Answers for Health Professionals  
[www.cdc.gov/hepatitis/hav/havfaq.htm#general](http://www.cdc.gov/hepatitis/hav/havfaq.htm#general)
- Vaccine Recommendations and Guidelines of the ACIP  
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>
- Healthcare Providers/Professionals: Vaccine Storage and Handling Recommendations and Guidelines  
[www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/storage.html)
- Standing Orders for Administering Hepatitis A Vaccine to Adults  
[www.immunize.org/catg.d/p3077.pdf](http://www.immunize.org/catg.d/p3077.pdf)