

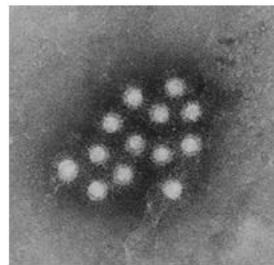
*epi*TRENDS

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Hepatitis A in Washington, 2019-2020

Hepatitis A outbreaks with person-to-person transmission have been occurring around the country since 2016. Our state declared a hepatitis A outbreak a year ago. The Washington outbreak has not yet resolved but current public health challenges are affecting the ability of local health jurisdictions to maintain their response to hepatitis A.



Hepatitis A Virus (CDC)

United States Outbreaks

The first reported US hepatitis A outbreak was in San Diego, California. Of the total 32 outbreaks in states since then, only California and Utah have declared their outbreaks over. A total of 32,312 cases have been reported in the country in the outbreak period (Figure 1) in contrast to fewer than 2,000 nationwide cases reported yearly during 2011 to 2015.

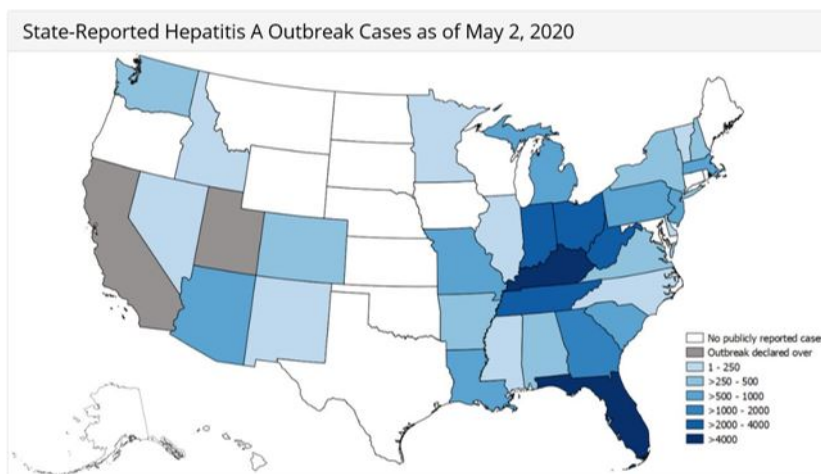


Figure 1. Centers for Disease Control and Prevention
<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>



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Several states have had particularly high numbers of hepatitis A cases, including Kentucky with 5,001 cases, Florida with 4,303 cases, and Ohio with 3,545 cases; some state rates have reached rates of over 100 per 100,000 (or 1 per 1,000) in contrast to national rates under 1 per 100,000 from 2011 to 2015 (Figure 2). Due to their outbreaks, these states have experienced massive increases in the public health workloads associated with routine case investigations and control measures, particularly supplying hepatitis A vaccine to vulnerable groups at risk for infection.

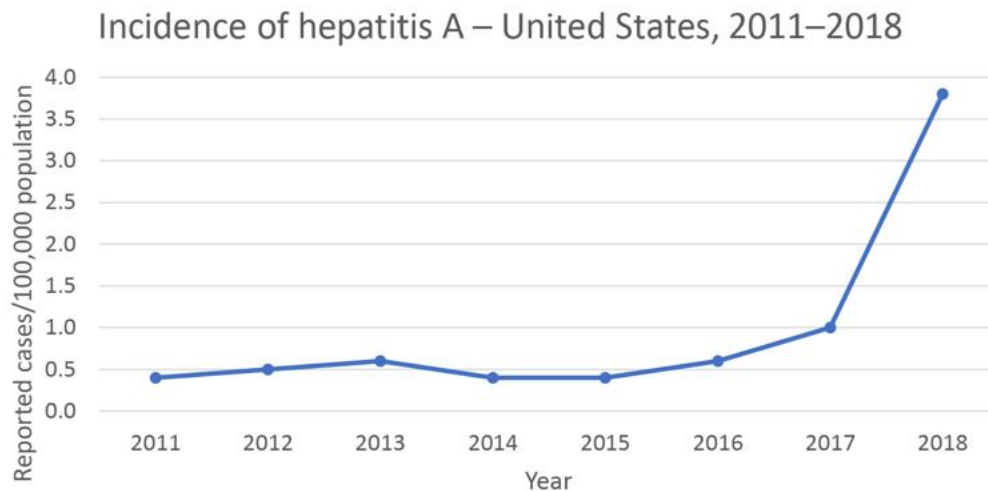


Figure 2. Centers for Disease Control and Prevention
<https://www.cdc.gov/hepatitis/hav/havfaq.htm#general>

For most of the states, risk groups in the outbreaks have been persons experiencing homelessness and persons using drugs through either injection or non-injection methods. The common risk factor is lack of access to routine hygiene, with resulting fecal-oral spread within a group. Hospitalization rates are elevated, as are case fatality rates. These rates may result from the risk groups having significant levels of comorbidities such as prior hepatitis C infections as well as having reduced access to healthcare services.

COVID-19 emerged suddenly at the end of 2019 and became established as a pandemic within a few months. All states have been affected. The public health response to COVID-19 has had considerable impact on hepatitis A investigations and reporting as public health resources have been diverted. National data for hepatitis A are posted, but many states with ongoing outbreaks have not updated their data since March.

Washington's Outbreak

Local health departments began reporting an increase in hepatitis A cases in April, 2019, and a statewide outbreak was officially declared in Washington in July, 2019. Risk groups reflected the national patterns, occurring among those experiencing homelessness or using drugs. Hepatitis A transmission has been associated with shelters, sites providing free meals, other sites where related services are provided, and correctional facilities, but many cases cannot identify a specific risk or known exposure.

From April 2019 through March, 2020 there were 311 hepatitis A cases reported in Washington. During 2014 through 2018 the state’s annual hepatitis A counts ranged from 26 to 35; the current outbreak represents a ten-fold increase in reports, similar to that experienced throughout the country. The most affected counties are those with large populations of at-risk persons but populations are mobile and infections have been caused by an exposure in one county and onset of symptoms in another county (Figure 3).

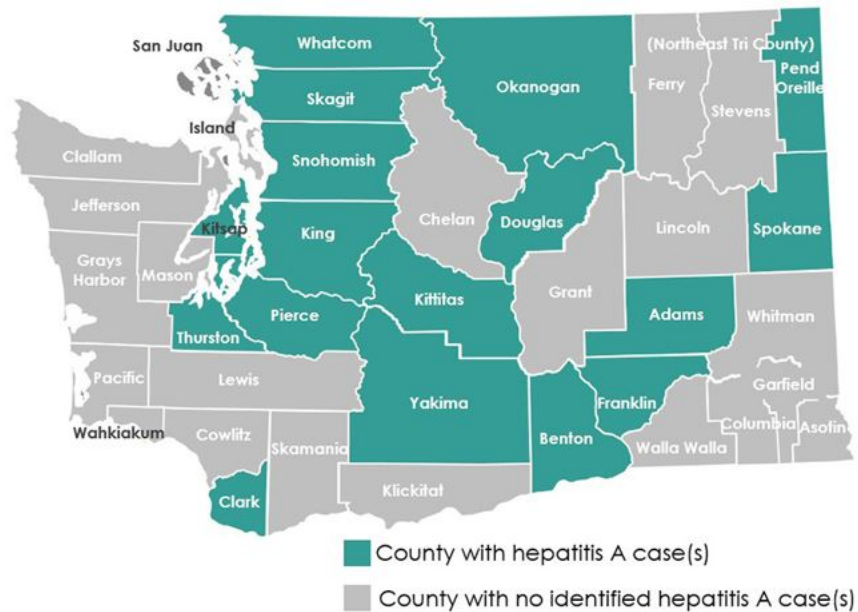


Figure 3. Hepatitis A Outbreak in Washington State (3/20/2020)
[Washington State Department of Health Hepatitis A Outbreak](#)

January 2020 had the highest monthly number for the state, reaching 56 cases (Figure 4, see next page). Monthly numbers have been lower since then, but it should be noted that the 42 cases reported in February and the 33 cases reported in March (preliminary numbers) each exceed the state’s total reports only a few years ago. In prior years about a third of reported hepatitis A cases were travel-associated. With the near-absence of international travel, those expected cases are not occurring. This factor should be considered when comparing case counts from 2020 with those from 2019.

Although reported case counts have decreased, it is not clear whether the outbreak is diminishing or if other factors have reduced the numbers of cases being detected. The Centers for Disease Control and Prevention (CDC) consider reported cases of hepatitis A to represent about half of the actual numbers of cases, reflecting considerable under-reporting. It is possible that this under-reporting has increased during the COVID-19 response. Persons symptomatic with hepatitis A may be reluctant to visit healthcare facilities including emergency departments due to concerns about COVID-19, so are not tested and diagnosed.

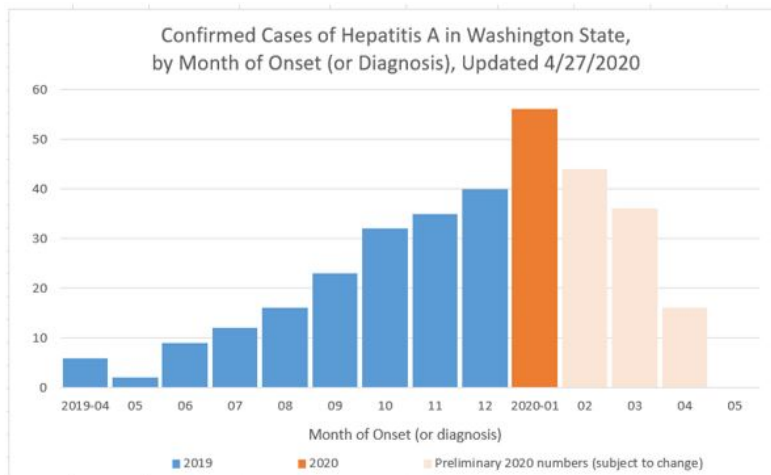


Figure 4. Washington State Department of Health
[Washington State Department of Health Hepatitis A Outbreak](#)

At the same time, social distancing measures related to COVID-19 are likely increasing the chances of hepatitis A transmission for risk groups. Closures of libraries, other government buildings, fast-food restaurants, coffee shops, and similar venues have reduced access to public toilets and handwashing sites that previously were used by persons experiencing homelessness.

Ongoing Hepatitis A Response

Vaccination is the most effective way to prevent hepatitis A. The Washington State Adult Vaccine Program, funded with 317 Federal Funding, provides vaccine for adults 19 years of age and older who are uninsured or underinsured. From the start of the outbreak through January 2020, local health departments ordered 10,440 doses of 317-funded hepatitis A vaccine, delivered at least 8,000 doses, and held over 500 vaccination opportunities statewide.

Maintaining vaccination efforts in at-risk populations is necessary to control hepatitis A outbreaks even after an outbreak ebbs. In the era of COVID-19, that presents a challenge to public health agencies. The Department of Health encourages providers and pharmacies to continue to vaccinate for hepatitis A when it can be done safely. Guidance on providing vaccinations during COVID-19 can be found in the *Resources* list below.

If a local health jurisdiction identifies a hepatitis A case without risk factors, genomic testing can be done through CDC. Contact this office with the case name and ask that the serum specimen be submitted to the Washington State Public Health Laboratories. CDC can also do diagnostic (IgM) testing on inconclusive specimens. CDC results can be expected in around six weeks, so it may be appropriate to take immediate public health interventions such as vaccination of the contact of a suspected case even without confirmation of the infection.

Quick action by local public health has greatly helped control the spread of the outbreak in Washington over the past year. Public health staff have administered vaccines in diverse settings including correctional facilities, community clinics, shelters, and via mobile foot teams. The Department of Health is grateful to all of the personnel involved in responding to the hepatitis A outbreaks in our state even during the outbreak of COVID-19.

Resources

Centers for Disease Control and Prevention hepatitis A outbreak site:

<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

Centers for Disease Control and Prevention general hepatitis A information site:

<https://www.cdc.gov/hepatitis/hav/havfaq.htm#general>

Washington State Department of Health hepatitis A outbreak site:

<https://www.doh.wa.gov/YouandYourFamily/Immunization/DiseasesandVaccines/HepatitisADisease/HepatitisAOutbreak>

Washington State Department of Health – vaccinations during COVID-19 for pharmacies:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PleaseContinuePharmacyVaccinations04202020.pdf>

Washington State Department of Health – vaccinations during COVID-19 for providers:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PleaseContinueVaccinatingPatients.pdf>