Hepatitis A Outbreak in Pennsylvania: Increase Vaccination of High Risk Patients to Prevent and Control Transmission in Philadelphia
November 29, 2018

Across the US, several states including neighboring West Virginia and Ohio continue to experience large, ongoing Hepatitis A Virus (HAV) outbreaks primarily among people who use drugs and/or are experiencing homelessness. An HAV outbreak was recently declared in Pennsylvania, as an 80% increase in reported HAV cases among persons with and without specific risk factors has occurred statewide in 2018. Allegheny County in Western Pennsylvania experienced a sudden case increase last month. In Philadelphia, HAV transmission has been elevated since July 2017, with the majority of cases (21/38, 55%) occurring among men who have sex with men (MSM).

The sudden HAV increases in Western Pennsylvania along with ongoing outbreaks across the US highlight the potential for additional HAV increases in the City due to proximity to larger outbreaks and/or expanded transmission among risk groups, especially people who use drugs and/or are homeless.

HAV Vaccination: To prevent further HAV increases in the City, area providers should increase efforts to provide HAV vaccine during healthcare encounters. In addition to routine vaccination for all children aged 12-23 months, providers should routinely screen and offer HAV to high risk children and adults, including:

- Patients aged 12 months and older who are currently homeless or who have had periods of homelessness in the past (newly approved Advisory Committee on Immunization Practices’ (ACIP) recommendation)
- Patients who use injection or non-injection drugs
- Patients who identify as MSM or who have a sex partner identifying as MSM

Safe and highly effective HAV vaccines are available for persons aged 12 months and older and should be administered in accordance with ACIP recommendations (2 doses given 6–18 months apart). Philadelphia Department of Public Health (PDPH) Vaccines for Children (VFC) and Vaccines for Adults at Risk (VFAAR) providers should continue to order HAV vaccine through the PhilaVax inventory module. When available, privately-purchased HAV vaccine should be given to insured patients; however, under the state’s HAV outbreak declaration, providers may use publicly-funded VFAAR vaccine for at-risk patients regardless of insurance status. For questions about VFAAR vaccine, contact Jillian Brown at Jillian.Brown@phila.gov.

Recognition, Diagnosis, and Case Reporting: Prompt recognition of HAV is important to control transmission and allow time-sensitive administration of post-exposure prophylaxis (PEP) to exposed contacts.

- Consider HAV for any patient, particularly if high risk, who presents with fever, fatigue and signs of liver damage: dark urine, clay colored or pale stools, jaundice, abdominal pain, nausea and vomiting.
- Test serum from suspected, symptomatic cases for HAV IgM and perform liver function tests.
- Educate HAV cases on measures to prevent transmission (i.e., handwashing, safe sex practices, etc.).
- Recommend HAV post exposure prophylaxis (PEP) for susceptible, close contacts (i.e., household members, sex partners). Updated guidance from CDC is available at: https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm?s_cid=mm6743a5_e.