

Health Alert

Hepatitis A Increases among At-Risk Persons in Philadelphia: Recommendations for Prevention and Control through Vaccination

February 20, 2024

SUMMARY POINTS

- Hepatitis A is increasing in Philadelphia among persons who use drugs and those experiencing homelessness.
- Take every opportunity to vaccinate at-risk persons.
- Consider acute HAV infection among patients presenting with compatible symptoms.
- Promptly report acute cases to PDPH.

After large outbreaks of Hepatitis A (HAV) in 2019 and 2020 and a smaller but still significant outbreak in early 2023, HAV infections are once again increasing in Philadelphia (Figure). A preliminary count of 10 confirmed, locally-acquired HAV cases have occurred since late December 2023. Current risk factors are consistent with risk factors seen over the past year. Since December 2023, 7 cases (70%) reported current injection and/or non-injection drug use including 5 cases (50%) who were also experiencing homelessness or unstable housing. Median age of the recent cases was 35 years (range: 25–62 years), and 60% were male. HAV was a contributing cause of death for one individual with recent infection. Adult HAV vaccination has declined since Fall 2023 compared with earlier in the year when activity was increased (Figure). As demonstrated during past HAV outbreaks, HAV vaccination is **the most important strategy** to prevent further increases in HAV.

HAV Prevention and Control:

Providers should use all opportunities to routinely give HAV vaccine to all children at age 12-23 months **as well as the following persons at high risk for exposure to HAV:**

- Persons who use injection or non-injection drugs
- Men who have sex with men
- Persons experiencing homelessness or unstable housing
- Persons who are or were recently incarcerated
- Persons with chronic liver disease
- Persons with HIV

Additionally, any person, regardless of risk factors, who wishes to obtain immunity should be vaccinated.

One dose of single-antigen HAV vaccine leads to a protective response in 95% of healthy individuals for up to 11 years. Two doses given at least 6 months apart provide long-lasting immunity. Vaccines for Children (VFC) and Vaccines for Adults at Risk (VFAAR) providers should continue to order HAV vaccine through the PhilaVax inventory module. If your facility does not have HAV vaccine, please encourage patients to visit a pharmacy if they have insurance. Patients should call ahead to make sure that the pharmacy has HAV vaccine. If you have questions about accessing vaccine for adults, contact the Immunization Program at vaccines@phila.gov.

Case ascertainment: Prompt recognition of HAV is also important to control transmission and allow time-sensitive administration of post-exposure prophylaxis (PEP) to exposed contacts. One dose of single antigen HAV vaccine given within 2 weeks of last exposure can prevent infection in healthy contacts aged ≥ 12 months who lack HAV immunity and have no HAV vaccine contraindications. ALL confirmed and suspected Hepatitis A cases should be promptly reported to PDPH at 215-685-6740 during regular business hours or 215-686-4514 after-hours. For further information, please see: <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>.

Coinfections: Multiple other infections are currently disproportionately affecting individuals who use drugs and individuals who are homeless in Philadelphia, including [shigellosis](#) and [Group A streptococcus infection](#). Coinfections have been identified. Ensure thorough evaluation to rule out additional causes of infection.

