

**January 14, 2019**

**Health Advisory**

**Confirmed Hepatitis A Case in North Dakota**

The North Dakota Department of Health (NDDoH) recently received a report of a confirmed case of hepatitis A in Ward County, North Dakota. The case is not associated with international travel. The case recently moved from an area of the United States currently experiencing a hepatitis A outbreak occurring among homeless individuals and people using injection and non-injection drugs. The NDDoH is reminding providers to consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms. **Providers should not wait for laboratory results to report suspected hepatitis A cases to the NDDoH (701.328.2378).**

Hepatitis A is a liver infection caused by the hepatitis A virus. Symptoms of hepatitis A may include fever, fatigue, loss of appetite, nausea, abdominal discomfort, dark urine, pale stools, and jaundice. It could take up to seven weeks after an individual is exposed to the virus for symptoms to begin. Hepatitis A is highly transmissible, primarily person-to-person, through the fecal-oral route. Someone sick with hepatitis A is most likely to spread the virus during the two weeks before feeling sick and for eight days after jaundice onset, or if no jaundice, two weeks after disease onset.

Outbreaks of hepatitis A are occurring in several states across the U.S., including Indiana, Ohio, Michigan and West Virginia. As of December 21, West Virginia alone reported 2,137 cases associated with their outbreak. The outbreaks have occurred primarily among the homeless population and injection and non-injection drug users. Many factors have made these outbreaks difficult to control including: transience, economic instability, limited access to health care, distrust of public and state officials, and difficulty obtaining follow-up contact information.

People at increased risk for hepatitis A include:

- People with direct contact with individuals infected with the virus
- People who use street drugs whether they are injected or not
- People who are incarcerated
- People experiencing homelessness
- Men who have sex with men
- People who have traveled to other areas of the U.S. currently experiencing outbreaks

- Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A.

More information about hepatitis A outbreaks in the U.S. and recommendations for prevention are available in the [Centers for Disease Control and Prevention's Health Advisory](#) that was distributed in June of 2018.

### **Testing:**

The NDDoH recommends providers collect a serum sample for hepatitis A antibody (IgM) testing from all persons with suspected hepatitis A. Hepatitis A testing is available for \$26 from the NDDoH Division of Microbiology.

Providers and laboratories should save reactive serum samples for additional testing to assist the NDDoH in the investigation or transmission.

### **Patient Management:**

There is no treatment for hepatitis A aside from treating symptoms through rest, fluids and adequate nutrition.

Children can return to child care and school one week after the day their symptoms started, unless there are other circumstances in which they should be excluded. A food handler should be excluded from work until one of the following conditions is met: a) The food handler has been jaundiced for more than seven days; b) The food handler has been symptomatic with symptoms other than jaundice for more than fourteen days; c) the food handler provides to the person in charge written medical documentation from a health practitioner stating the food employee is free of a hepatitis A viral infection.

### **Contacts:**

The following individuals should receive post exposure prophylaxis within 14 days of exposure to hepatitis A:

- All household contacts of the case
- Sexual contacts of the case
- Individuals for whom the case prepared food
- Child care contacts of the case

### **Persons age 12 months and older:**

Persons age 12 months and older exposed to hepatitis A within the past 14 days and who have not previously completed the 2-dose hepatitis A vaccine series should receive

a single dose of hepatitis A vaccine as soon as possible. A second dose should be administered six months after the first dose to complete the series.

**Infants aged <12 months and persons for whom vaccine is contraindicated:**

Infants aged <12 months and persons for whom vaccine is contraindicated (persons who have had a life-threatening allergic reaction after a dose of hepatitis A vaccine, or who have a severe allergy to any component of this vaccine) should receive immune globulin (0.1 mL/kg) instead of hepatitis A vaccine, as soon as possible and within 2 weeks of exposure.

**Persons aged ≥12 months who are immunocompromised or have chronic liver disease:**

Persons who are immunocompromised or have chronic liver disease and who have been exposed to hepatitis A within the past 14 days and have not previously completed the 2-dose hepatitis A vaccination series should receive both immune globulin (0.1 mL/kg) and hepatitis A vaccine simultaneously in a different anatomic site (e.g., separate limbs) as soon as possible after exposure.

The incubation period for hepatitis A is usually 28 days but can range from 15 to 50 days. Symptomatic contacts to confirmed cases should be advised to exclude themselves from high risk activities until a lab test is done to confirm a diagnosis.

**Hepatitis A Immunization:**

Hepatitis A vaccine should be administered routinely to the following:

- All children at ages 12 – 23 months
- Persons who are at increased risk for infection:
  - Men who have sex with men
  - Homeless individuals
  - Persons who use injection and non-injection drugs
  - Persons who have occupational risk for infection
  - Persons who have chronic liver disease
  - Persons who have clotting-factor disorders
  - Household members and other close personal contacts or adopted children newly arriving from countries with high or intermediate hepatitis A endemicity
  - Persons with direct contact with persons who have hepatitis A
  - Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A

- Persons who are at increased risk for complications from hepatitis A, including people with chronic liver diseases, such as hepatitis B or hepatitis C

The NDDoH supplies hepatitis A vaccines for all Vaccines For Children (VFC) eligible children (18 and younger and either Medicaid eligible, American Indian, uninsured or underinsured). Local Public Health Units can order state-supplied hepatitis A vaccine for vaccinating homeless individuals or uninsured/underinsured adults. Please refer to the Immunization Program website at [www.ndhealth.gov/immunize](http://www.ndhealth.gov/immunize) for additional information regarding hepatitis A.

Please contact the NDDoH Division of Disease Control at 701.328.2378 or toll-free at 800.472.2180 with any questions or concerns regarding this issue.

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*Categories of Health Alert messages:*

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

*This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.*