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To: Hospitals, Hospital Administrators, Chief Medical Officers, Infection Control programs/
practitioners, EDs, Hospital nursing staff

From: Dr. Jennifer E. Layden, MD, PhD; Chief Medical Officer and State Epidemiologist

Subject: Hepatitis A Guidance for Healthcare workers and Healthcare Facilities

BACKGROUND:

Since March 2017, several states across the U.S. have experienced outbreaks of Hepatitis A Virus (HAV) among persons who use injection and non-injection drugs, persons who are homeless, incarcerated, and/or who are MSM, as well as their close contacts.

As detailed in prior [Health Alerts](#), Illinois is also witnessing a recent increase in hepatitis A cases among individuals who use illicit drugs, those who are homeless, and among men who have sex with men. As of January 16, 2019, IDPH has identified 28 cases statewide associated with this outbreak, of which 71.4% of cases have required hospitalization.

The following Illinois regions/counties have cases: Northern Illinois: Chicago (1), Suburban Cook (4) and Will (1); East-central Illinois: Champaign (3), Edgar (6), Ford (2) and Vermilion (4); Central Illinois: McLean (4) and Tazewell (1); and Southern Illinois: Union (2). For additional information on demographic and epidemiological data, click [here](#) to reference the IDPH hepatitis A outbreak page.

HAV is a highly contagious, vaccine-preventable liver infection. The infection spreads from person-to-person through ingestion of food, water, or oral contact with objects (including hands) contaminated by feces of an infected individual. Transmission occurs easily among sexual and close household contacts, and persons sharing needles and non-injection drugs. The incubation period is long (15-50 days) and people often develop symptoms of fever, fatigue, nausea, vomiting, abdominal pain, appetite loss, jaundice, dark urine, pale stools and diarrhea. HAV infection may last a few weeks to several months. Some individuals, especially if co-infected with hepatitis B or C, may develop fulminant liver failure resulting in death.

ACTIONS FOR CLINICIANS AND HEALTHCARE FACILITIES:

Clinicians and health care facilities in Illinois are critical partners with public health officials in our efforts to prevent a larger statewide outbreak. The Illinois Department of Public Health urges clinicians to take the following important steps to protect high-risk patients and mitigate the spread of illness.

1. **Vaccinate Highest Risk Individuals:** Clinicians and facilities are asked to identify and implement strategies to increase hepatitis A vaccination among the following groups:
 - a. Persons who use injection and non-injection drugs,
 - b. Persons who are homeless,
 - c. Persons who are or have been recently incarcerated,
 - d. Men who have sex with men, and
 - e. Persons with chronic liver disease, including chronic hepatitis B or C.

Effective strategies can include implementing standing orders in clinics, electronic medical record-based prompts, as well offering vaccination in emergency rooms. Please contact your local health department to discuss obtaining vaccine for these efforts.

IDPH also encourages continued efforts to vaccinate others as recommended by the Advisory Committee on Immunization Practices ([ACIP guidelines](#)). All administered vaccines should be documented in the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).

2. **Test:** Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms, and test such individuals with a serum IgM. Clinical laboratories have been advised to hold specimens of confirmed cases for 30 days.
3. **Case Reporting:** Prompt case reporting is critical for public health investigations and the timely implementation of post-exposure prophylaxis (PEP). Interviewing the patient while hospitalized is often the best opportunity for Public Health to investigate and identify contacts who may need PEP, as well as cases with sensitive occupations (e.g. food handlers) where PEP may be needed for patrons. Per Illinois code, Hepatitis A is required to be reported within 24 hours; please promptly report all cases to your [Local Health Department](#).

RECOMMENDATIONS:

- 1.) **Care precautions:** Consistent with HICPAC guidelines, IDPH recommends standard precautions during patient care to protect healthcare personnel (HCP) against hepatitis A virus (HAV). Use contact precautions, in addition to standard precautions, in the care of HAV patients who are diapered or incontinent of stool.
- 2.) **Hand hygiene:** Alcohol-based hand rubs are not always as effective against HAV. When caring for suspect/confirmed HAV cases, hand hygiene with soap and water is therefore recommended. [IDPH Hepatitis A Hand Washing Flyer](#).
- 3.) **Environmental cleaning:** Perform environmental cleaning in areas housing HAV patients with bleach products or other products effective against HAV. Please see the attached flyer for basic environmental cleaning recommendations. [IDPH Hepatitis A Infection Prevention and Control Flyer](#).
- 4.) **Vaccination of HCP against Hepatitis A*:** In general, HCP are not considered at greater risk for HAV, and the CDC and ACIP do not routinely recommend vaccination of all HCP. With the increase in cases, the following considerations should additionally be considered:
 - a. HCP meeting ACIP guidelines for HAV vaccination should be encouraged to get vaccinated.
 - b. For HCP who may have direct, prolonged, and frequent contact with at-risk populations (e.g. home health care providers), vaccination against HAV should be recommended.

- c. For HCP who may be exposed to body fluids (such as stool) without adequate time to use appropriate precautions in order to provide emergency care to sick individuals, HAV vaccine can also be considered.
- d. HCP who had direct contact with a confirmed HAV case should be recommended to get HAV vaccine as part of post-exposure prophylaxis (PEP) **IF** appropriate personal protective equipment was not used, consistent with CDC guidelines.
- e. Healthcare facilities are encouraged to review internal policies regarding HAV vaccination of HCP.

* Vaccination provided to HCP should be billed to private insurance and documented in I-CARE.

CONTACTS

For more information about this topic, please contact your local health department or the IDPH communicable disease control section at 217-782-2016. More information and recommendations about the current hepatitis A outbreak in Illinois as well as the U.S can be found on the [IDPH Hepatitis A Outbreaks website](#) or on the [CDC website](#).

REFERENCES:

- CDC Hepatitis A Questions and Answers for Health Professionals
<https://www.cdc.gov/hepatitis/hav/havfaq.htm>
- CDC Hepatitis A Vaccination: Information for Health Care Providers
<https://www.cdc.gov/vaccines/vpd/hepa/hcp/index.html>
- IDPH Web Portal Hepatitis A Outbreak Resources
<https://dph.partner.illinois.gov/communities/communicabledisease/CDAZ/Pages/Hepatitis%20A%20Outbreak%20Resources.aspx>
- IDPH Infographic – Hepatitis A Hand washing Flyer
<http://www.dph.illinois.gov/sites/default/files/publications/hepahhflyer.pdf>
- IDPH Infographic – Hepatitis A Prevention and Control
<http://www.dph.illinois.gov/sites/default/files/publications/hepatitis-prevention-and-control.pdf>
- IDPH Public Website: <http://www.dph.illinois.gov/hepatitisA>
- Centers for Disease Control and Prevention Hepatitis A outbreak website:
<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>
- Updated PEP recommendations:
https://www.cdc.gov/mmwr/volumes/67/wr/mm6743a5.htm?s_cid=mm6743a5_e