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To: Hospital Chief Medical Officers, Emergency Department Directors, Hospital Infection Preventionists

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Request to Health Care Providers: Hepatitis A Vaccination in Emergency Health Care Settings to Prevent Outbreaks in Wisconsin

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Situation

The Division of Public Health (DPH) is alerting providers in emergency room settings to the ongoing risk for outbreaks of hepatitis A virus (HAV) infection among vulnerable communities. **We are issuing an update to all public health partners at this time because of a recent case in a Wisconsin jail, which has resulted in the exposure of numerous individuals to the virus. However, providers in emergency health care settings can play an important role in the prevention of hepatitis A outbreaks.**

Hepatitis A outbreaks are expanding nationwide in both urban and rural areas. To date, 30 states have declared hepatitis A outbreaks, including three states that border Wisconsin (Illinois, Michigan, and Minnesota). Efforts to contain and halt these outbreaks have been prolonged and costly, straining both hospital systems and public health departments. The Centers for Disease Control and Prevention (CDC) has confirmed more than 27,000 cases and 16,000 hospitalizations since the outbreaks began in 2016. Cases have occurred primarily among three risk groups:

1. Persons who use injection or non-injection drugs
2. Persons experiencing homelessness
3. Men who have sex with men

Recently, there have been multiple cases in Wisconsin among individuals who have traveled to areas with outbreaks, requiring local health departments to provide post-exposure prophylaxis to individuals who have had contact with these cases.

Most Wisconsin adults are not immune to HAV, making the state vulnerable to an outbreak unless HAV vaccination is scaled up widely. Because the current outbreaks of HAV are predominantly impacting communities with identifiable risk factors, including unstable housing, recent incarceration and injection drug use, targeted efforts to vaccinate high-risk individuals could substantially reduce the risk of HAV outbreaks in the state. **Emergency departments are a critically important partner for providing HAV vaccine to patients in need** because they provide care for many high risk individuals who do may

not seek routine preventive care elsewhere. A single dose of HAV vaccine has been shown to control outbreaks of hepatitis A and provides up to 95% seroprotection in healthy individuals for up to 11 years.

Request

Please administer HAV vaccine to all individuals with risk factors, who seek care for any reason in emergency departments and urgent care clinics. The risk factors for HAV morbidity and mortality in current outbreaks include:

- Homeless individuals, including those who are transiently housed in shelters, those in single room occupancy facilities with shared restrooms, and any person living without shelter
- People who are currently or were recently incarcerated
- Users of injection and non-injection drugs
- Men who have sex with men
- People with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C

Recommendations

1. **Check the immunization history of at risk groups:** Many individuals who are at risk of HAV have no consistent medical home. Checking their immunization history in the Wisconsin Immunization Registry or in your organization's electronic health records is a good way to make sure they are up to date on their vaccines, including HAV vaccine and flu.
2. **Provide HAV vaccine to those who are unvaccinated and at risk** in emergency departments and urgent care clinics. Providers who do not have available vaccine may direct patients to local health departments or tribal health care clinics. **Homeless individuals, injection and non-injection drug users are also at higher risk for other vaccine preventable diseases and should be brought up to date per the relevant CDC immunization schedule.** Of note, monovalent vaccine is preferred in this instance as it provides better protection with just one dose than the combination hepatitis A/B vaccine.
3. **Consider HAV infection in individuals, especially the homeless, who use illicit drugs, with discrete onset symptoms of jaundice or elevated liver function tests.** Symptoms can include nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, or abdominal pain.
4. **Promptly report all confirmed and suspect HAV cases.** Please contact [your local health department](#) by telephone **immediately** upon identification of a confirmed or suspected case and report through the [Wisconsin Electronic Disease Surveillance System \(WEDSS\)](#) within 24 hours upon recognition of a case.
5. **Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases.** Susceptible people exposed to HAV should receive a dose of single-antigen HAV vaccine or intramuscular immune globulin (0.02 mL/kg), or both, as soon as possible within two weeks of last exposure. The efficacy of combined HAV/hepatitis B virus (HBV) vaccine for PEP has not been evaluated, so it is not recommended for PEP.

6. **Ensure that all healthcare workers use standard precautions in patient care** to protect themselves against HAV. HAV, like norovirus, is a non-enveloped virus, and it may be similarly difficult to inactivate in the environment. **Alcohol-based hand rubs and typically-used surface disinfectants may not be effective.**
7. **Work with community partners for the second dose as needed.** Many local health departments and pharmacies have the second dose in the hepatitis A series. Find out where the second dose can be given so you can recommend your patient seeks out their services after they leave your care.

Further steps and guidance will be provided by the Department of Health Services as the status of hepatitis A outbreak readiness in Wisconsin changes.

Resources

Sample Standing Orders for Administering Hepatitis A Vaccine for Adults

<http://www.immunize.org/catg.d/p3077.pdf>

Hepatitis A Outbreak: What Emergency Departments Can Do

<https://www.cdc.gov/hepatitis/outbreaks/pdfs/Poster-HepAOutbreaks.pdf>

Hepatitis A: Questions and Answers

<http://www.immunize.org/catg.d/p4204.pdf>

<https://www.cdc.gov/vaccines/pubs/surv-manual/chpt03-hepa.html>

Hepatitis A Outbreak in the United States

<https://www.cdc.gov/hepatitis/outbreaks/hepatitisaoutbreaks.htm>

Hepatitis A Screening Questionnaire for Adults

<http://www.immunize.org/catg.d/p2190.pdf>

Hepatitis A Fact Sheet

<https://www.dhs.wisconsin.gov/library/P-42054.htm>

Wisconsin Department of Public Health Hepatitis A Information Page

<https://www.dhs.wisconsin.gov/viral-hepatitis/hav.htm>

Thank you for all your hard work in taking on this mission of vaccinating for HAV in your emergency departments and urgent care clinics as we work together to prevent future outbreaks. If you have identified barriers to implementing any of these opportunities, or any additional questions, please let us know so that we can assist you by calling 608-267-9959 or emailing us at dhsimmprogram@dhs.wisconsin.gov.

I would also like to thank all the emergency departments that have already implemented vaccinating in the emergency department as a part of standard protocol. With your help, we can reduce the burden of HAV infections and prevent outbreaks in Wisconsin.