

## Hepatitis A Virus Outbreak

**FRANKFORT, KY** (Nov. 21, 2017) – The Kentucky Department for Public Health (DPH) has declared an outbreak of acute hepatitis A with cases in multiple counties in Kentucky. Common risk factors of homelessness or drug use have been identified among the majority of cases in Jefferson County. No deaths have been attributed to this outbreak.

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### Recommendations for Providers

1. **Consider HAV infection** in individuals, especially the homeless, those who use illicit drugs and MSMs (Men who have Sex with Men) with discrete onset of symptoms (e.g., nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, or abdominal pain), and jaundice or elevated liver function tests.
2. **Diagnosis of hepatitis A** cannot be made on a clinical basis alone, but rather requires serologic testing. The presence of IgM antibody to HAV is diagnostic of acute HAV infection. A positive test for total anti-HAV indicates immunity to HAV infection but does not differentiate current from previous HAV infection.
3. **Treatment of patients with acute hepatitis A** usually requires only supportive care, with no restrictions in diet or activity.
4. **Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases.** Susceptible people exposed to hepatitis A virus (HAV) should receive a dose of single-antigen HAV vaccine or intramuscular (IM) immune globulin (IG) (0.1 mL/kg), within 2 weeks of exposure. Providers who do not have available vaccine may direct patients to the Louisville Metro Department of Public Health and Wellness at 400 E. Gray St.
5. **Provide HAV vaccine to the homeless, illicit drug users and MSMs (Men who have Sex with Men) who are not already immunized.**

Vaccine	Age (yrs)	Dose	Volume (mL)	Two-dose schedule (months)*
HAVRIX <sup>†</sup>	1–18	720 (EL.U.)	0.5	0 (6–12)
	>18	1,440 (EL.U.)	1.0	0 (6–12)
VAQTA <sup>§</sup>	1–18	25 (U)	0.5	0 (6–18)
	>18	50 (U)	1.0	0 (6–18)

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### Infection Prevention Measures

Patients presenting with suspected or confirmed hepatitis A should be placed into Contact-Enteric precautions. Utilize **BLEACH** to clean equipment and the environment. Utilize **hand washing with soap and water** after contact with patient/environment.

Kentucky Department of Public Health (DPH), the Louisville Metro Department of Public Health and Wellness (LMPHW), and other health departments have been working to stop the spread of Hepatitis A in the region. LMPHW has provided the questionnaire below with a goal of identifying any common exposure or epidemiological links.

If acute viral Hepatitis is suspected as a diagnosis for a patient, please complete the following questions to the best ability possible and fax to 502-574-5865. Please call the Communicable Disease office at 502-574-6677 if you have any questions. Additionally if lab results are positive for Hepatitis please report this to the fax number above.

Patient Information								
Name:			Patient ID:					
In the last 7 weeks: Number of Male sexual partners: _____			Number of Female sexual partners: _____					
Patient Interviewed? Yes / No		Date of Interview: / /		Previous Hepatitis B vaccination? Yes / No				
Reporting Provider:		Facility:		Provider Phone Number:				
	Question (Within the last 7 weeks...)		Yes	No	Unk	Comments		
Housing (if homeless)	1. Did you spend the night at any of the following places? (Select all that apply)	A. Friend's/family member's home				<ul style="list-style-type: none"> <li>Any contacts in home?</li> <li>Last stay?</li> </ul>		
		B. Shelter				<ul style="list-style-type: none"> <li>Shelter name and location:</li> <li>Date of last stay:</li> </ul>		
		C. Street				<ul style="list-style-type: none"> <li>Cross-streets, detailed location:</li> </ul>		
		D. Jail/prison				<ul style="list-style-type: none"> <li>Location and date of release:</li> </ul>		
		E. Other:				<ul style="list-style-type: none"> <li>How long did you stay?</li> </ul>		
Activity	2. Did you work for, or volunteer at a place that serves homeless persons?					<ul style="list-style-type: none"> <li>Names and locations:</li> <li>Food worker? Yes / No                             <ul style="list-style-type: none"> <li>Dates you worked there?</li> </ul> </li> </ul>		
	3. Did you or anyone you have close contact with travel outside of the United States?					<ul style="list-style-type: none"> <li>If yes, specify where travelled and travel dates:</li> </ul>		
Food Sources	4. Did you get your food from:	A. Restaurants				<ul style="list-style-type: none"> <li>Name and location:</li> </ul>		
		B. Shelter, soup kitchen, food lines, churches				<ul style="list-style-type: none"> <li>Shelter/Kitchen/Agency/Church name and location:</li> </ul>		
		C. Other				<ul style="list-style-type: none"> <li>Specify:</li> </ul>		
Contacts	5. Do you know anyone else with similar symptoms in the past few months? The health department may want to contact others who may have become ill like you. May we contact the people you've mentioned? <b>Y/N</b>					<table border="1"> <tr> <td>Name: Phone Number:</td> <td>Name: Phone Number:</td> </tr> </table>	Name: Phone Number:	Name: Phone Number:
Name: Phone Number:	Name: Phone Number:							
Drug use (if applicable)	6. Did you use any recreational drugs?					<ul style="list-style-type: none"> <li>Method of drug use (Please circle all that apply):                      Injected    smoked    snorted    ingested    other (_____)</li> </ul>		