Hepatitis A Outbreak Response

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Objectives

- Describe the epidemiology of hepatitis A virus infections in the United States
- Discuss best practices to prevent and respond to current outbreaks
- Describe CDC’s role in the response and opportunities to engage with states
Hepatitis A Virus Endemicity in the United States

- The United States is a low endemicity country
- The number of reported cases in the pre-vaccine era was ≥ 21,000 infections annually
- In the pre-vaccine era, cyclical increases occurred every 10–15 years
Hepatitis A Virus Outbreaks, United States, 2016-2018

- CDC has assisted in multiple HAV outbreaks since July 1, 2016
- >17,500 outbreak-associated cases reported since July 1, 2016
Epidemiology of Hepatitis A Infections

- **Shifting epidemiology**
  - Past outbreaks associated with asymptomatic children
  - Recent outbreaks primarily affecting adults, causing severe disease
    - Coinfection with hepatitis B, hepatitis C
    - 9,900 (57%) hospitalizations; 175 deaths
    - Estimated millions of dollars in healthcare costs

- Many cases among persons who use drugs or experiencing homelessness
  - Person-to-person contact
  - Crowding, poor hygiene
Hepatitis A Incidence – United States, 2015

Hepatitis A incidence rate per 100,000 population

Data Sources: NNDSS, US Census Bureau
Hepatitis A Incidence – United States, 2018*

*Data are preliminary

Data Sources: NNDSS, US Census Bureau
Hepatitis A Vaccination for Outbreak Control

- Vaccination is the cornerstone for control of community outbreaks

- Post-exposure prophylaxis alone may not effectively control outbreaks

- Targeted vaccination to the groups at highest risk are the best way to control disease spread

Vaccination of Persons At-Risk

- **Syringe Service Programs, Homeless Shelters, and Substance Abuse Treatment Centers**
  - Important for engaging individuals at-risk
  - Providing prevention efforts early
  - Vaccination on site increases initiation and completion

- **Jails**
  - Many report drug use
  - Can vaccinate a large number of individuals
  - Vaccinations can be tracked

Vaccination of Persons At-Risk

- Peer Mentors
  - Helps overcome mistrust
  - Successful in approaching peers
  - Usually recognized as leaders
  - Effective communicators/educators
RESPONSE ACTIVITIES
CDC Hepatitis A Outbreak Response Objectives

- Maintain national situational awareness through epidemiologic, programmatic, and laboratory surveillance
- Establish guidance to assist state and local health departments contain outbreaks
- Cultivate communication and coordination between internal and external partners
- Facilitate sharing of best practices among health departments
- Supplement state/local resources to maintain robust outbreak response activities
State Engagement

- **Bi-weekly regional calls with impacted states**
  - Review state-level epidemiology
  - Provide guidance about hepatitis A virus and laboratory testing
  - Discuss best practices for vaccine ordering, storage, and administration issues

- **Outreach to state health leaders/ policy makers**

- **Technical assistance**
  - Epidemiologic assistance
  - Support vaccination outreach efforts
Vaccination of Persons At-Risk

- Support vaccine supply and distribution
  - Working closely with Immunization Services Division at CDC
  - Coordinating requests for additional vaccine supply
  - Addressing challenges in vaccine administration (e.g., 317 vaccine)

- Provide technical support in vaccinating “hard-to-reach” populations:
  - Non-traditional approaches to bring vaccine to persons at-risk:
    • Mobile teams, syringe service programs, homeless shelters, substance abuse centers, jails, emergency departments
Educational Materials to Support the Response

- Public education materials
  - Pocket cards
  - Fact sheets
  - Posters

- Professional education materials
  - Poster for EDs
  - Vaccine guidance
  - FAQs

www.cdc.gov/hepatitis/HepAOutbreak
THANK YOU!!