

DATE:	05/04/2022
TO:	Health Alert Network
FROM:	Denise A. Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT:	Updated Hepatitis A and Hepatitis B Vaccine Recommendations
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, INFECTION CONTROL, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE; LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP

Summary

- Since 2017, multiple states including Pennsylvania have experienced large, ongoing hepatitis A outbreaks affecting people who use drugs and/or people who have experienced homelessness.
- **DOH is encouraging hepatitis A vaccination for persons experiencing homelessness, persons who report drug use, and men who have sex with men (MSM).**
- Provide hepatitis A vaccination for close or sexual contacts of known cases.
- **As of March 2022, CDC now recommends all adults aged 18 to 59 years receive hepatitis B vaccine.** CDC continues to recommend hepatitis B vaccination for all infants and unvaccinated children under age 19. CDC also recommends hepatitis B vaccine for anyone with known risk factors for hepatitis B.
- Please report any suspected clusters of hepatitis A or B by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department. Additionally, all cases of acute hepatitis A should be reported via PA-NEDSS.

Hepatitis A

Hepatitis A is a highly contagious, vaccine-preventable, liver infection caused by the hepatitis A virus (HAV) ranging in severity from mild infection lasting a few weeks to severe disease lasting several months and even death. Hepatitis A usually spreads when a person unknowingly ingests the virus from objects, food, or drinks contaminated by small, undetected amounts of stool from an infected person. Hepatitis A can also spread from close personal contact with an infected person such as through sex or caring for someone who is ill. Populations at particular risk include persons who use injection and non-injection drugs, and/or persons who are homeless, as well as men who have sex with men (MSM), and the close direct contacts of these at-risk populations.

Pennsylvania experienced an increase of hepatitis A cases from 2018 to 2019 with over 650 cases reported in 2019. Since then, hepatitis A cases decreased substantially in 2020, but trends in 2021 and 2022 show an increase in cases, particularly in northeastern and southeastern areas of the state and among persons who use drugs or have experienced homelessness. The majority of cases reside in southeast PA. The Philadelphia Department of Public Health (PDPH) released a hepatitis A [Health Alert](#)

in 2021 describing hepatitis A case counts increasing among people who use drugs and/or people who are homeless.

Hepatitis A Recommendations for Health Care Providers

1. Consider hepatitis A as a diagnosis in anyone with jaundice or elevated liver enzymes and clinically compatible symptoms of acute hepatitis.
2. Confirm a hepatitis A diagnosis by testing serum for presence of immunoglobulin M (IgM) antibodies to hepatitis A virus.
3. Encourage persons who have been exposed recently to HAV and who have not been vaccinated to be administered one dose of single-antigen hepatitis A vaccine or immune globulin (IG) as soon as possible, **within 2 weeks after exposure**. Guidelines vary by age and health status (please see <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm> for additional information).
4. Consider saving serum samples for additional testing to assist public health officials in the investigation of transmission (i.e., confirmation of antibody test, HAV RNA test, genotyping, and sequencing). Contact DOH or your local county or municipal health department for assistance with submitting specimens for molecular characterization.
5. Ensure all persons diagnosed with hepatitis A are reported to the DOH web-based electronic disease surveillance system, PA-NEDSS: <https://www.nedss.state.pa.us/nedss/default.aspx>
6. CDC recommends the following groups be vaccinated against hepatitis A:
 - a. All children at age 1 year
 - b. Persons who are at increased risk for infection:
 - i. Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A ([Destinations | Travelers' Health | CDC](#));
 - ii. Men who have sex with men;
 - iii. Persons who use injection and non-injection drugs;
 - iv. Persons who have occupational risk for infection;
 - v. Persons who have chronic liver disease;
 - vi. Persons who have clotting-factor disorders;
 - vii. Household members and other close personal contacts or adopted children newly arriving from countries with high or intermediate hepatitis A endemicity; and
 - viii. Persons with direct contact with persons who have hepatitis A.
 - ix. **Patients aged 12 months and older who are currently homeless or who have had periods of homelessness in the past (newly approved Advisory Committee on Immunization Practices' (ACIP) recommendation).**
 - c. Persons who are at increased risk for complications from hepatitis A, including people with chronic liver diseases, such as hepatitis B or hepatitis C.
 - d. Any person wishing to obtain immunity.
7. Please report any suspected clusters of Hepatitis A by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Hepatitis B

Hepatitis B is an acute and sometimes chronic liver infection caused by the hepatitis B virus which is transmitted via activities that involve percutaneous or mucosal contact with infectious blood or bodily fluids, including sex with a partner who has hepatitis B; from mother to baby at birth; injection drug use that involves sharing needles, syringes, or drug-preparation equipment; birth to a person who has hepatitis B; contact with blood from or open sores on a person who has hepatitis B; exposures to needle sticks or sharp instruments; and sharing certain items with a person who has hepatitis B that can break the skin or mucous membranes (e.g., razors, toothbrushes, and glucose monitoring equipment), potentially resulting in exposure to blood.

On March 31, 2022, CDC recommended that all adults aged 19 through 59 years receive the hepatitis B vaccine. Adults aged 60 years and older with known risk factors for hepatitis B may also receive the

hepatitis B vaccine. CDC continues to recommend hepatitis B vaccination for all infants and unvaccinated children under the age of 19 years. The recommendation for universal hepatitis B vaccination in infancy has been in place since 1991. Since then, hepatitis B infections among adults have driven hepatitis B infections in the U.S. In 2019, PDPH released a [Health Alert](#) describing increases in acute hepatitis B infections amongst people who use drugs and people experiencing homelessness.

Hepatitis B Recommendations for Health Care Providers

1. Consider hepatitis B as a diagnosis in anyone with jaundice or elevated liver enzymes and clinically compatible symptoms of acute hepatitis.
2. Confirm a hepatitis B diagnosis through the use of a hepatitis B surface antigen test, hepatitis B surface antibody test and a total hepatitis B core antibody test to determine whether a patient:
 - a. Has acute or chronic hepatitis B and is in need of post-test counseling and linkage to care;
 - b. Is immune to hepatitis B as a result of prior infection or vaccination, or
 - c. Is susceptible to infection and in need of vaccination.
3. For detailed information about hepatitis B screening and specific serologic markers, see [Interpretation of Hepatitis B Serologic Test Results](#).
4. Encourage persons who have been exposed recently to hepatitis B and who have not been vaccinated to be administered one dose of single-antigen hepatitis B vaccine or immune globulin (HBIG) as soon as possible, preferably **within 24 hours after exposure**. For more information on postexposure prophylaxis please see [here](#).
5. Ensure all persons diagnosed with acute and/or chronic hepatitis B are reported to the DOH web-based electronic disease surveillance system, PA-NEDSS: <https://www.nedss.state.pa.us/nedss/default.aspx>
6. CDC recommends the following groups be vaccinated against hepatitis B:
 - a. All infants.
 - b. Unvaccinated children aged < 19 years.
 - c. Adults aged 19 through 59 years.
 - d. Adults aged 60 years and older with risk factors for hepatitis B as noted [here](#).
 - e. International travelers to countries with high or intermediate levels of endemic hepatitis B virus (HBV) infection (HBsAg prevalence of $\geq 2\%$) ([Destinations | Travelers' Health | CDC](#))
 - f. People with hepatitis C virus infection.
 - g. People with chronic liver disease (including, but not limited to, people with cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, and an alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal).
 - h. People with HIV infection.
 - i. People who are incarcerated.
7. Hepatitis B testing is not a requirement for vaccination, and in settings where testing is not feasible, vaccination of recommended people should proceed. However, if testing is available, testing should be performed to ensure appropriate counseling, vaccination and/or linkage to care and treatment. The first vaccine dose should be administered immediately after collection of the blood sample for serologic testing. Vaccinating people who are immune to HBV infection because of current or previous infection or vaccination is not harmful and does not increase the risk for adverse events.

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; unlikely to require immediate action.

This information is current as of May 4, 2022, but may be modified in the future.