

From: DCHHS Acute Communicable Disease Epidemiology

To: Dallas County Homeless Service Providers

Date: April 5, 2021

HEALTH ALERT:

Hepatitis A Vaccination Reemphasis after Substantial Increase in Locally-Acquired Hepatitis A Cases

During 2020, 100 confirmed cases of hepatitis A virus (HAV) infection have been reported provisionally to Dallas County Health and Human Services (DCHHS). An additional 52 confirmed cases have been reported to date in the first 3 months of 2021. Over the past 10 years, an average of 19 cases have been reported annually in Dallas County. Almost all recent cases had not travelled internationally. While infections have occurred in all demographic groups, 74% of these cases were male and 65% were between 30 to 50 years of age. No deaths have occurred, although 75% of cases were hospitalized. Mirroring national trends noted in recent years, injection and non-injection illicit drug use and homelessness are among risk factors associated with recent cases in Dallas County.

HAV is highly transmissible to susceptible individuals by direct person-to-person contact (including after poor <a href="https://hand.ncb.nlm.

The best way to prevent hepatitis A is through vaccination. One dose of single-antigen hepatitis A (HepA) vaccine has been shown to provide up to 95% seroprotection in healthy persons for up to 11 years. Completion of the full HepA vaccine series when feasible is recommended for long-term protection, but is not required for curtailment of community transmission. Since 2007, CDC has recommended routine HepA vaccination of all US children beginning at 12 months of age.

Homeless Service Providers are requested be aware of the following <u>recommendations</u> (HAN March 2019):

- Screen new shelter members for symptoms of HAV infection (e.g. fever, jaundice, anorexia, vomiting, diarrhea, abdominal pain, dark urine and clay-colored stools).
- Recommend HepA vaccine to all at-risk individuals (ACIP Recommendations MMWR July 2020).
- ACIP recommends HepA vaccination for any person wishing to obtain immunity. This recommendation is intended to facilitate vaccination of at-risk persons who may not wish to disclose

 2377 N. Stemmons Freeway
 Office: 214-819-2004

 Dallas, Texas 75207
 Fax: 214-819-1933

their at-risk behaviors. Pre-vaccination serologic testing is not required to administer HepA vaccine, and vaccination should not be postponed if vaccination records are not available.

- In the context of the current <u>COVID-19 pandemic</u>, persons in Dallas County at risk for acquiring HAV infection or developing serious complications from HAV infection should be prioritized to receive HAV vaccine as soon as it is possible to do so safely. <u>(CDC "Vaccination guidance during pandemic," Feb 16</u>, 2021)
 - Although ideally given at least 14 days before or after a dose of mRNA COVID-19 vaccine, HepA vaccine can be administered within a shorter period if benefits of vaccination are deemed to outweigh potential unknown risks of vaccine co-administration (e.g., tetanustoxoid-containing vaccination as part of wound management, rabies vaccination for postexposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in to COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations before or upon admission or onboarding). (CDC "Interim considerations for mRNA COVID-19 vaccines," Feb 2, 2021)
 - If COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.
 - One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A. (CDC "Widespread person-to-person outbreaks of hepatitis A across the U.S.")

Additional information about hepatitis A is available at: www.cdc.gov/hepatitis/outbreaks/2017MarchHepatitisA.htm and www.cdc.gov/hepatitis/hav/havfaq.htm.

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