

Hepatitis A Outbreak in Southeast Michigan - Adult Vaccine Supply Management

December 8, 2017

Background

The United States (U.S.) supply of adult hepatitis A vaccine has become constrained **due to the hepatitis A outbreak among adults** in several U.S. cities resulting in substantially increased demand for adult hepatitis A vaccine. U.S. licensed manufacturers of hepatitis A vaccine for adults (GlaxoSmithKline and Merck Vaccines) report that global demand has also increased further constraining supplies.

There are, however, adequate supplies of the pediatric formulation of hepatitis A vaccine, so routine vaccination of all children is strongly encouraged to prevent transmission of hepatitis A virus (HAV) to children.

Addressing Supply Constraints

Centers for Disease Control and Prevention (CDC) staff are working directly with state public health officials to provide guidance on how to best target vaccine distribution. CDC is allocating public doses of hepatitis A vaccine to the Michigan Department of Health and Human Services (MDHHS) to assure that hepatitis A vaccination is targeting at-risk populations in the outbreak areas. U.S. licensed manufacturers of adult hepatitis A vaccine are exploring options to increase domestic supply and are working collaboratively with CDC to strategically manage public and private vaccine orders.

Vaccination Prioritization

In outbreak areas of the state the following individuals are prioritized to be vaccinated:

- Persons who are homeless.
- Persons who are incarcerated.
- Persons who use injection and non-injection illegal drugs.
- Persons who work with the at-risk populations listed above.
- Persons who have close contact, care for, or live with someone who has HAV.
- Persons who have sexual activities with someone who has HAV.
- Men who have sex with men.
- Travelers to countries with high or medium rates of HAV.
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C.*
- Persons with clotting factor disorders.

Postexposure prophylaxis should be given as soon as possible once an individual has been exposed to HAV. Hepatitis A vaccine or immune globulin (IG) must be given to ALL individuals exposed to HAV within 14 days of exposure. (Postexposure prophylaxis guidance is available on the MDHHS hepatitis A website: www.michigan.gov/hepatitisaoutbreak).

Public Vaccine Use in the At-Risk Population

Preexposure vaccination - Use of public vaccine (Adult Vaccine Program) is reserved for eligible clients: those who are 19 years and older and are uninsured or underinsured. Patients with Medicaid, Medicare, or private health insurance that covers vaccination should be vaccinated with private vaccine stock and the insurance billed. Please note, if the insurance status of an **at-risk** patient is undetermined then MDHHS recommends using public vaccine to ensure that **at-risk** patients are vaccinated.

Postexposure vaccination – Insurance status should not be a barrier to the vaccination of an individual exposed to HAV. If the individual has Medicaid, Medicare, or private/commercial insurance every effort should be made to use private vaccine stock and bill the insurance. Please note, if the insurance status of an individual exposed to HAV is undetermined then MDHHS recommends using public vaccine to ensure they vaccinated to reduce the risk of illness and spread of HAV.

Public vaccines must be recorded in MCIR. Private vaccines should also be recorded in MCIR.

Vaccination of Health Care Workers and Food Handlers

Health care worker hepatitis A vaccination should be prioritized by following the recommendations distributed by the MDHHS and are available on the hepatitis A outbreak website: [Hepatitis A Vaccination Priority Levels for Hospital Personnel in Response to the Hepatitis A SE Michigan Outbreak](#). Hepatitis A vaccinations should be managed through Occupational Health or through individual's healthcare provider. If healthcare workers have private insurance, then private hepatitis A vaccine should be utilized and insurance billed.

The Michigan Department of Agriculture and Rural Development (MDARD) has sent out information to food establishments to consider vaccination for food handlers. Because vaccine is in limited supply, MDHHS recommends that local health departments consider targeting vaccination of food handlers to restaurants in areas experiencing a high burden of hepatitis A cases, and/or to restaurants that are frequented by the at-risk populations.

Additional Considerations

Twinrix - If adult single antigen hepatitis A vaccine is not available then providers can consider using the combined hepatitis A and hepatitis B vaccine (Twinrix®) for preexposure prophylaxis of at-risk populations. Twinrix® is not recommended for postexposure prophylaxis.

Low-risk populations - Individuals who are concerned about their risk of getting hepatitis A yet have no known exposure or risk factors can be referred to their healthcare provider or the LHD for discussion and education. When vaccine supply improves revised guidance will be provided regarding vaccination of low risk populations.

Hepatitis A vaccine second dose - MDHHS is currently recommending administration of the first dose only to protect individuals against the SE Michigan outbreak. One dose of hepatitis A vaccine is 90-95% effective. MDHHS is currently deferring the second dose due to supply constraints and will provide additional guidance as the supply improves.

For more information, go to the MDHHS hepatitis A website:
www.michigan.gov/hepatitisaoutbreak