



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

July 18, 2017

TO: Healthcare Providers
Drug Rehabilitation Service Providers
Community Organizations
Laboratory Managers
County Sheriffs
Law Enforcement Agencies

RE: HEPATITIS A OUTBREAK IN SOUTHEASTERN MICHIGAN

Local health departments (LHD) and the Michigan Department of Health and Human Services (MDHHS) are currently investigating a large outbreak of hepatitis A in Southeast Michigan. We need your help combating hepatitis A in our communities.

As of today, nearly 200 confirmed cases of hepatitis A virus (HAV) infection have been reported since August 1, 2016 in the City of Detroit and Macomb, Oakland, St. Clair, and Wayne Counties. This represents a ten-fold increase over the same time period one year ago. Nine out of ten people diagnosed with hepatitis A during the outbreak have been hospitalized and 10 have died. Cases range in age from 20 to 86 years (median 43 years), and 66% are men. Fifty percent disclosed illicit drug use and 25% are co-infected with hepatitis C. Transmission appears to be through direct person-to-person spread and illicit drug use; no common food or water source has been identified. The Centers for Disease Control and Prevention (CDC) has performed testing on select specimens and determined that several very closely related strains of hepatitis A virus genotype 1b are the cause of the outbreak.

As you may know, hepatitis A is a highly contagious, vaccine-preventable liver infection. The infection spreads from person-to-person through ingestion of food, water, or oral contact with objects (including hands) contaminated by feces of an HAV-infected individual. Transmission occurs easily among sexual and close household contacts, and persons sharing needles and non-injection drugs. The incubation period is long (15-50 days) and people often develop symptoms of fever, fatigue, nausea, vomiting, abdominal pain, appetite loss, jaundice, dark urine, pale stools and diarrhea. HAV infection may last a few weeks to several months. Some individuals, especially if co-infected with hepatitis B or C, may develop fulminant liver failure resulting in death.

In addition to good hand hygiene after using the restroom and before handling food, hepatitis A vaccination is the best way to prevent HAV infection. MDHHS is supporting the effort of LHDs to provide post-exposure prophylaxis (PEP) to exposed contacts. PEP can prevent infection in exposed persons if given within 14 days. To date, all involved LHDs have performed outreach and vaccination campaigns targeting needle exchange programs, drug rehabilitation centers, nursing homes, and county jails. Despite this significant collective effort, the outbreak persists.

– MORE –

To end this outbreak, we need your partnership to proactively increase vaccination among the highest risk individuals, including:

- People who use injection and non-injection illicit drugs
- Incarcerated individuals
- People who are homeless or who have transient housing situations
- People who participate in commercial exchange of sexual practices
- Staff of healthcare and community service centers, law enforcement agents

The Advisory Committee on Immunization Practice (ACIP) recommends routine hepatitis A vaccination of the following populations:

- Chronic liver disease patients (including hepatitis B/C and alcoholic cirrhosis)
- Recipients of clotting factor concentrates
- Men who have sex with men
- Users of injection and non-injection drugs
- Employees who work with HAV-infected primates or in a HAV research laboratory
- Travelers to countries with intermediate or high levels of endemic HAV infection

MDHHS is urging the following action items:

1. Prompt reporting of all suspect and confirmed HAV cases to the LHDs.

- ENTER case in Michigan Disease Surveillance System (MDSS) as soon as possible, within 24 hours of identification.
- If you do not have access to MDSS, please contact your LHD either by phone call or fax to report a new hepatitis A case (see attached LHD contact numbers, reportable diseases list)

2. Prompt notification of case and close contacts by LHDs

- ASSIGN case and NOTIFY case and contacts within 24 hours of reporting to initiate prompt vaccine and/or immune globulin (IG) administration.
- INTERVIEW case while still hospitalized and accessible. A significant proportion of cases are either homeless, in transition, or in transient housing situations and contact while hospitalized may be the only opportunity to investigate contacts.

3. Provide post-exposure prophylaxis (PEP) to close contacts of confirmed HAV cases.

- Susceptible contacts should receive a dose of single-antigen HAV vaccine or intramuscular IG (0.02 mL/kg), or both ASAP within 2 weeks of last exposure.
- Document vaccination of close contacts under case report in MDSS and the Michigan Care Improvement Registry (MCIR)
- Detailed information on PEP may be found in the attached guidelines and on the MDHHS website.

4. Mobile outreach vaccination campaigns targeting highest risk population by MDHHS, LHDs, MDOC, County Sheriffs, healthcare/service providers.

- While performing PEP in high risk institutions (i.e., drug rehab facility, prison, jail, homeless shelter), provide HAV vaccination to ALL residents/inmates.
- For drug rehab programs, jails, and prisons, provide HAV vaccine to ALL residents/inmates at intake on an ongoing basis
- Provide HAV vaccination to staff/employees with ongoing close contact with people who are homeless and using illicit drugs.

- Establish regular outreach vaccination clinics with homeless shelters, needle exchange programs, community service organizations, food pantries, and any other venue that high risk individuals frequent
- Document vaccines administered during outreach campaigns in MCIR
- MDHHS is working to secure adequate vaccine supply to support these efforts

5. Active case-finding and surveillance.

- For healthcare providers, maintain high index of suspicion for HAV infection in high-risk individuals with elevated LFTs and jaundice; order a complete serology panel (hepatitis A, B, C).
- For LHDs, establish twice weekly contact with clinical laboratories within jurisdiction to ensure that all confirmed HAV cases have been reported. HAV cases linked to previously unreported HAV cases have been identified.

6. Recommended infection control practices in settings with acute HAV cases

- Alcohol-based hand rubs may not be effective against HAV. Washing hands with soap and running water for at least 20 seconds after providing care for an individual with HAV is recommended.
- Use standard precautions during all patient care activities. Contact precautions are appropriate when caring for a patient with HAV who is incontinent of stool.
- Perform environmental cleaning in areas housing HAV patients with bleach products or other products effective against norovirus.

The ongoing hepatitis A outbreak presents a significant public health threat to some of our most vulnerable community members within Southeast Michigan. The success of our collective effort to end this hepatitis A outbreak is contingent on reaching high-risk individuals in a timely and effective manner.

Additional information and resources are available at <https://www.cdc.gov/hepatitis/hav/afaq.htm>. We encourage you to contact either your local health department or MDHHS at 517-335-8165 to provide updates, request support, or seek consultation during this outbreak.

Thank you for your effort to protect and improve the health of Michigan communities.

Sincerely,



Eden V. Wells, MD, MPH, FACPM
Chief Medical Executive
MDHHS

Co-Signees:

- Sarah Lyon-Callo, MS, State Epidemiologist & Director, Bureau of Epidemiology & Population Health, MDHHS
- Jim Collins, MPH, Director of Communicable Diseases Division, MDHHS
- Bob Swanson, MPH, Director, Division of Immunization, MDHHS
- Jeffrey Stieve, MD, Chief Medical Officer, Michigan Department of Corrections
- Joneigh Khaldun, MD, MPH, Medical Director & Health Officer, Detroit Health Department
- Kevin Lokar, MD, MPH, Medical Director, Macomb County Health Department
- Pamela Hackert, MD, JD, MPH, Medical Director, Oakland County Health Division
- Annette Mercatante, MD, MPH, Medical Director & Health Officer, St. Clair County Health Department
- Ruta Sharangpani, MD, MPH, Medical Director, Wayne County Department of Health, Veterans, and Community Wellness