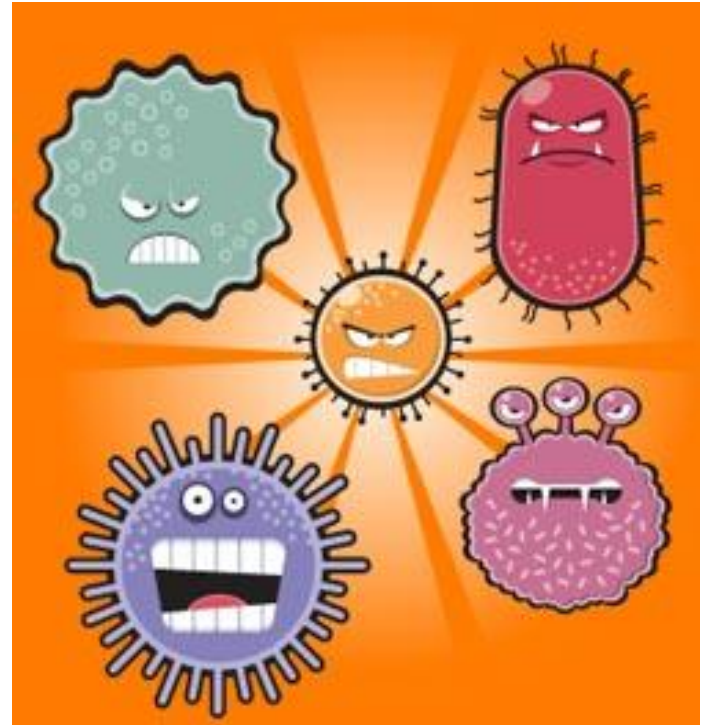


Hepatitis A

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Overview

- Testing
- Vaccine Immunogenicity
- Waning immunity in HIV+ patients

Testing

- IgM
 - Detectable 5-10 days BEFORE symptom onset
 - Persists for several months
 - Should be used in conjunction with symptomology to diagnose cases in non-outbreak settings
- IgG
 - Detectable starting around the time clinical illness appears
 - Should not be used for two-tiered testing for diagnosis
 - Should be used to assess immunity only (titer)
- Antibody Total
 - Detects IgG AND IgM
 - Should not be ordered for diagnostic purposes

Testing

- Pre-vaccination testing may be considered for some adults and older adolescents
- Post-vaccination testing is not indicated
- PCR
 - Not always recommended in non-outbreak settings
 - Useful, however, for tracing outbreaks and linking cases

Vaccine Immunogenicity

- Adults
 - 95% seropositive after one dose
 - Nearly 100% after two doses
- Children & Adolescents
 - More than 97% seropositive after one dose
 - 100% seropositive after two doses
 - Per several clinical trials

Waning Immunity in HIV+ Patients

- Possible loss of hepatitis A virus (HAV) seroprotection noted among people living with HIV (PLWH)—Michigan, 2018
 - Healthcare providers have reported that PLWH who were previously vaccinated against hepatitis A or had positive total HAV antibody testing may be susceptible and at risk for acquiring hepatitis A virus infection

Waning Immunity in PLWH

Specific Cases

- 2 hepatitis A cases had + total HAV antibody test results upon entry into care for HIV
 - They were not offered HAV vaccination previously (presumed immunity)
 - These providers have instituted re-screening patients who have not had total HAV antibody testing in the past 5 years
- Additional patients have been identified who have seroreverted from positive total HAV antibody status to negative, including those with history of HAV vaccination.

Takeaways

- Though inconclusive, these early findings are concerning for loss of seroprotection in PLWH who may be susceptible and at risk of acquiring HAV infection.
- Total HAV antibody status should be updated if testing has not been performed during the previous 5 years for patients at risk during an outbreak
 - MSM, illicit substance use, homelessness or in transient living conditions, recent incarceration, and underlying liver disease including hepatitis B or C
 - This should also be considered for PLWH who are traveling to areas where HAV outbreak are occurring
- If total HAV Ab testing is negative, regardless of previous vaccination history, MDHHS recommends:
 - The patient completes the monovalent HAV vaccine series
 - The provider documents a post-vaccination response at least 4 weeks after the 2nd dose

Questions?

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