



Whatcom County Health Department, 509 Girard St, Bellingham, WA 98225-4551
Communicable Disease Program: (360) 676-6724
24 hour CD Report Line: (360) 738-2503
Confidential fax: (360) 676-6746
Regina Delahunt, Director
Greg Stern, MD, Health Officer

Communicable Disease Program Alert
Please distribute to each physician, NP and PA in your office

SUBJECT: Hepatitis A Cases and New Guidelines for Preventing Hepatitis A after Exposure
TO: Family and internal medicine, pediatrics, infectious disease, gastroenterology, ER, urgent care and naturopaths
DATE: November 30, 2007
FROM: Greg Stern, MD **PAGES:** 2

Three Whatcom County residents have recently been diagnosed with Hepatitis A (onset dates 11/10, 11/10, 11/13). We have not yet determined the source of infections and are continuing to investigate because of a possible common exposure.

Transmission and incubation period

Transmission is person-to-person through the fecal-oral route. Common source outbreaks have been traced to contaminated food, water, undercooked mollusks, injection and non-injection drug use. Peak communicability is 1-2 weeks before onset of symptoms until 1 week after jaundice onset. The incubation period is usually 28-30 days (range 15-50 days).

Symptoms

Onset of illness in adults is usually abrupt with fever, malaise, anorexia, nausea and abdominal discomfort, followed in a few days by jaundice. Children with hepatitis A may have mild constitutional symptoms or be asymptomatic.

What You Should Do

- **Testing.** A serum sample for **anti-HAV IgM** is the confirmatory test for acute hepatitis A infection. Anti-HAV IgM can become positive 5 – 10 days after exposure. Please note that anti-hepatitis A total combines IgG and IgM and is used to screen for immunity to hepatitis A. The test for total antibody will be positive if the patient has been immunized or has had or currently has acute hepatitis A. It does not confirm acute infection. **Anti-HAV IgM should be ordered if acute hepatitis A is suspected.**
- **Reporting.** *Suspected* and *confirmed* hepatitis A infections are reportable conditions. Please **report suspected cases** and do not wait for laboratory confirmation, as that can take 3 – 4 days. This will allow the health department to begin contact investigation of household and sexual contacts, identify outbreaks, determine if cases are in high-risk occupations, and assure that adequate supplies of hepatitis A vaccine and immune globulin are available in the community.

- **Treatment.** Treatment for hepatitis A is supportive. Patients should refrain from using alcohol.
- **Infection control.** Patients and household should use enteric precautions, including careful hand washing. Check with the health department regarding restrictions or exclusion from work for food handlers, health care workers, and childcare workers.
- **New guidelines for post-exposure prophylaxis (PEP)** are described in MMWR: October 19, 2007. The changes focus on the preferred use of **hepatitis A vaccine** over immune globulin (IG) for healthy persons aged 12 months – 40 years based on review of adequate clinical trial data in this age group comparing post-exposure efficacy of hepatitis A vaccine with IG for PEP. Recommendations include:
 - **Healthy persons aged 12 months – 40 years:** single-antigen hepatitis A vaccine (not combined vaccine, e.g. TWINRIX[®]) at the age appropriate dose.
 - **Persons over 40 years of age:** IG is preferred because of the absence of clinical data on vaccine performance in this age group and the more severe illness caused by hepatitis A in older adults. *Single-antigen hepatitis A vaccine can be used if IG cannot be obtained.*
 - **Infants, immunocompromised persons and those with chronic liver disease and persons for whom vaccine is contraindicated:** IG (0.02 ml/kg) should be used. For long term protection, those over 12 months of age should receive a dose of vaccine simultaneously with IG.
- **Hepatitis A vaccine recommended for high-risk groups.** Individuals who have chronic hepatitis C should receive both hepatitis A and hepatitis B vaccines if they are not immune. Elderly patients or individuals with chronic liver disease who may experience more severe manifestations of HAV infection should also be considered for routine vaccination.

Acute hepatitis A is an immediately notifiable condition (WAC 246-101) and should be reported when suspected or confirmed. Reports are made to our Communicable Disease Program at 676-6724, or to the 24-hour CD report line at 738-2503. For details on notifiable conditions, see <http://www.doh.wa.gov/notify/list.htm> .