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New Guidelines for Hepatitis A Vaccination

Summary

- South Carolina continues to have an ongoing statewide outbreak of hepatitis A virus (HAV). These updated guidelines are being shared as a reminder to **continue to screen patients for risk factors for hepatitis A infection and complications and provide vaccine to these individuals.**
- The Advisory Committee on Immunization Practices (ACIP) has released updated recommendations for providing HAV vaccination. Updated guidelines include:
 - Routine vaccination for:
 - All children and adolescents aged 2–18 years who have not previously received HAV vaccine (catch-up vaccination)
 - All persons aged ≥ 1 year infected with human immunodeficiency virus (HIV)
 - Pregnant women who are identified to be at risk for HAV infection during pregnancy or for having a severe outcome from HAV infection
 - Unvaccinated persons aged ≥ 1 year who are at risk for HAV infection or who are at risk for severe disease from HAV during outbreaks
 - Settings providing services to adults in which a high proportion of persons have risk factors for HAV infection (e.g., health care settings with a focus on those who use injection or non-injection drugs, group homes, and nonresidential day care facilities for developmentally disabled persons)
 - Vaccination no longer recommended for persons receiving blood products for clotting disorders (e.g. hemophilia)

Background

South Carolina has had an ongoing, statewide HAV outbreak starting with a rise in HAV case numbers noted in fall 2018. DHEC engaged in aggressive control activities to respond to cases and provide vaccine to at-risk individuals, but the COVID-19 pandemic has made these activities more difficult. As of July 7, 2020, 137 HAV cases were reported in May 2020 and 124 HAV cases were reported in June 2020 (preliminary data). Both counts represent the highest single month

totals seen during the course of this statewide outbreak. The majority of these cases occurred in the Upstate region (which includes the counties of Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg, and Union). However, all regions and counties remain vulnerable to surges in HAV cases.

Healthcare providers should screen their patients for the risk factors listed below and provide HAV vaccination. [DHEC clinics](#) offer no-cost HAV vaccine to individuals in at-risk groups (persons who use drugs, people experiencing homelessness, those recently incarcerated, and men who have sex with men). CDC has provided guidance for providing vaccinations during the COVID-19 pandemic (see [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#)).

Recommendations

The following [recommendations for HAV vaccination](#) are intended to further reduce HAV morbidity and mortality in the United States and make possible eventual elimination of HAV transmission.

HAV vaccination is recommended routinely for (*italics indicate a new recommendation*):

- Children:
 - All children aged 12-23 months
 - *All children and adolescents 2-18 years old not previously vaccinated (catch up vaccination)*
- Persons at increased risk for infection:
 - Men who have sex with men
 - Persons who use injection or noninjecting drugs
 - Persons who are or were recently incarcerated
 - Persons experiencing homelessness
 - Persons with occupational risk for HAV exposure
 - Those who work with HAV-infected non-human primates
 - Those who work with HAV-containing materials in research laboratories
 - Not considered occupational risk exposures: Healthcare providers, food handlers, and those who work around sewage
 - Persons with close personal contact with an international adoptee from a country with high or intermediate HAV endemicity
 - Persons traveling to or working in countries with high or intermediate HAV endemicity
- Persons at increased risk for severe disease from HAV infection:
 - Persons with Chronic Liver disease
 - *Persons with HIV infection*

- Other persons recommended for vaccination
 - *Pregnant women at risk for HAV infection or severe outcomes from HAV infection (meets one or more of the other criteria listed here)*
 - *Vaccination during an outbreak*
 - *Unvaccinated persons in outbreak settings who are at risk for HAV infection or risk of severe disease from HAV*
 - *Implementation in settings providing services to adults*
 - *Those focusing on persons who use injections or noninjection drugs*
 - *Those serving those with developmental disabilities*
- **Any person who requests vaccination**

Vaccination is no longer recommended for persons receiving blood products for clotting disorders.

(See [CDC guidance](#) for full details including indications for immunoglobulin (IG) for pre- or post-exposure prophylaxis)

Resources for Additional Information

CDC. *MMWR Recommendations and Reports*. Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020. Available at: <https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm>

CDC. Vaccination Guidance During a Pandemic. Available at: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html?deliveryName=DM32593>

DHEC. Hepatitis A Outbreak. Available at: <https://www.scdhec.gov/health/infectious-diseases/hepatitis-overview/hepatitis-outbreak>

DHEC contact information for reportable diseases and reporting requirements

Reporting of **hepatitis A** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at: <https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020 Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
<u>Lowcountry</u> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<u>Midlands</u> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<u>Pee Dee</u> 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	<u>Upstate</u> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
<u>Lowcountry</u> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	<u>Midlands</u> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	<u>Pee Dee</u> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	<u>Upstate</u> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		<u>DHEC Bureau of Communicable Disease Prevention & Control</u> Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

- Categories of Health Alert messages:
- Health Alert** Conveys the highest level of importance; warrants immediate action or attention.
 - Health Advisory** Provides important information for a specific incident or situation; may not require immediate action.
 - Health Update** Provides updated information regarding an incident or situation; unlikely to require immediate action.
 - Info Service** Provides general information that is not necessarily considered to be of an emergent nature.