



# County of Santa Cruz

## HEALTH SERVICES AGENCY

PO BOX 962, 1060 EMELINE AVE., SANTA CRUZ, CA 95061-0962

PHONE: (831) 454-4114 AFTER HOURS: (831) 471-1170 FAX: (831) 454-5049 TDD: Call 711

### COMMUNICABLE DISEASE UNIT

## URGENT PUBLIC HEALTH ALERT UPDATE

<b>To:</b>	<b>All Healthcare Providers</b>
<b>From:</b>	<b>Arnold S. Leff, MD, REHS, County Public Health Officer</b>
<b>Date:</b>	<b>August 30, 2017</b>
<b>Subject:</b>	<b>Expanded At-Risk Populations Hepatitis A Vaccinations</b>

### Expanded recommendation for preventive vaccination against hepatitis A virus (HAV)

#### Current situation:

Santa Cruz County continues to experience an increase in new hepatitis A infection cases. The County usually has 1-2 confirmed cases per year. As of August 30, 2017 the County has confirmed 62 cases of hepatitis A infection in just the last four months. Most of these cases share one or more of the following characteristics: illicit drug use (injection and non-injection), homelessness, and/or dense living conditions.

However, there have been cases in people who have only had contact with the aforementioned population. Some occupational groups at risk are medical staff, custodial services, case management workers, and occupations that have close contact with the major risk group. These occupational groups will be advised to get vaccinated against hepatitis A; thus a surge in vaccinations is anticipated. **The Santa Cruz County Public Health Officer is strongly recommending that all healthcare facilities have enough vaccines available to prepare for an increase in demand for hepatitis A vaccinations and expand their vaccinations from the original at-risk population to include:**

- **Healthcare personnel at risk for contracting HAV**
- **Any patients seeking immunity from HAV**

**Under the Affordable Care Act, HAV vaccines are covered as preventive care without a deductible or co-pay charge.** The Health Officer's recommendations align with the Advisory Committee on Immunization Practices (ACIP) as well as the California Department of Public Health's recent All Facilities Health Notification.

For more information:

- <https://www.hhs.gov/hepatitis/policies-and-guidelines/affordable-care-act/index.html>
- <https://archive.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-17-13.pdf>

In addition to expanding the population recommended for vaccination, public health officials are requesting that healthcare facilities adhere to the following protocols.

## Action Steps:

### CASE RECOGNITION:

- **Consider testing for HAV infection in symptomatic at-risk individuals** – especially the homeless and those who use illicit drugs, with discrete onset of symptoms, and jaundice or elevated liver function tests. Symptoms of concern include nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, and abdominal pain. A complete viral hepatitis blood panel is recommended in symptomatic patients. Serologic testing for HAV infection is not recommended in asymptomatic individuals or as screening before vaccination.
- **Recognize that relapsing hepatitis can occur** in the six months after acute illness. Patients experiencing relapsing hepatitis can be contagious and multiple relapses can occur.
- **Be aware that hepatitis A can manifest as gallbladder symptoms**. Cholestatic hepatitis has been reported to affect up to 5% of the affected population in San Diego County, which is also experiencing increased cases of hepatitis A virus infection.

### CASE REPORTING:

- **Clinicians should immediately call (831) 454-4114 to report confirmed and suspect cases** of HAV to the Santa Cruz County Public Health / Communicable Disease Unit (CDU) in order to facilitate case interviews before the patient leaves the facility. Then **also promptly report cases** of HAV via fax to **(831) 454-5049** using the Confidential Morbidity Report (CMR) found here:  
<http://www.santacruzhealth.org/Portals/7/Pdfs/PH%20Reporting/cdph110a.pdf>
  - Copies of pertinent laboratory testing results and clinical notes should be included.
  - **Collection of contact information and travel history is of utmost importance.**

### VACCINATION and Post-Exposure Prophylaxis:

- **In anticipation of the increased demand for hepatitis A vaccination, providers should ensure enough vaccines are available to meet potential patient surge.**
- Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases. Susceptible people exposed to HAV should receive a dose of single-antigen HAV vaccine or intramuscular (IM) immune globulin (IG) (0.02 mL/kg), or both, as soon as possible within 2 weeks of last exposure. The efficacy of combined HAV/Hepatitis B virus (HBV) vaccine for PEP has not been evaluated, so it is not recommended for PEP. Detailed information on PEP may be found on the CDPH Hepatitis A Postexposure Prophylaxis Guidance Quicksheet (updated August 2016):  
[https://archive.cdph.ca.gov/programs/immunize/Documents/CDPH\\_HAV%20PEP%20Clinical%20Guidance.pdf](https://archive.cdph.ca.gov/programs/immunize/Documents/CDPH_HAV%20PEP%20Clinical%20Guidance.pdf)

### For more information:

- <https://archive.cdph.ca.gov/programs/immunize/Documents/CDPHHAVQuicksheet.pdf>
- <https://archive.cdph.ca.gov/HealthInfo/discond/Documents/FoodborneHepatitisAFactSheet.pdf>

If you have questions or information regarding possible cases please call the Public Health Division Communicable Disease Unit at (831) 454-4114.



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**Santa Cruz County**