



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

To: Jail Administrators, Jail Providers
From: Zack Moore, MD, MPH, State Epidemiologist
Wendy Holmes, Branch Head, Immunization Branch
Subject: Hepatitis A Vaccination within Jail Health Programs **(2 pages)**
Date: November 19, 2020

Background

Hepatitis A outbreaks are expanding nationwide; the Centers for Disease Control and Prevention (CDC) has received reports from multiple states of more than 35,949 cases of hepatitis A infections associated with person-to-person transmission beginning in late 2016. These outbreaks have been prolonged and costly. Cases have occurred primarily among three risk groups: (1) persons who use injection or non-injection drugs; (2) persons experiencing homelessness; and (3) men who have sex with men.

North Carolina has also been experiencing an outbreak of hepatitis A, with a marked increase in cases reported in 2020. The hepatitis A outbreak in North Carolina is primarily among the at-risk populations above. To date, North Carolina has observed 399 outbreak related cases (beginning April 2, 2018) with high hospitalization rates (64.2%) and high comorbidity prevalence (10.0% hepatitis B, 42.6% hepatitis C, 3.3% HIV). Five deaths (1.3%) have been reported. Unlike typical foodborne associated hepatitis outbreaks, the age range is clustered around a median age of 34.

An increase in the number of cases in the Western North Carolina and Triad regions has been observed since May 2020. Local health departments within these regions are working closely with NC DPH and community partners to provide education and increase vaccination amongst at-risk populations. A majority of cases reported in this outbreak are among people who use drugs (PWUD) and persons experiencing homelessness.

Hepatitis A Background

Hepatitis A virus can be spread through contaminated food and drink or through person-to-person contact. This includes sexual contact, especially oral-anal sex. Fingers, hands or genitals that come into contact with the anus and then the mouth could provide a route of transmission, including non-sexual contact (e.g. not washing hands after using the restroom, then preparing food or sharing a cigarette). Bloodborne transmission through sharing of injection supplies is also possible, though believed to be uncommon.

A single dose of hepatitis A vaccine is highly effective in preventing infection and completion of the vaccine series provides lifelong immunity.

Actions for local detention centers and local public health departments

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LOCATION: 225 North McDowell St., Raleigh, NC 27603
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To mitigate the current outbreak and prevent a larger outbreak from occurring, we urge detention centers to work with health departments in their jurisdictions to implement a hepatitis A vaccination program. Incarcerated populations are at greater risk for hepatitis A due to risk factors such as drug use and homelessness. A proactive vaccination program can also reduce the chance of transmission within jails, which can be resource-intensive and costly due to large numbers of potential contacts and the high rates of hospitalization (>60%), a hospitalization rate unique to this outbreak.

Local public health officials in North Carolina can play an important role in supporting the jail health system in their jurisdiction to control the spread of hepatitis A.

As part of a community-based prevention strategy, hepatitis A risk screenings and vaccination for those without documentation of a past infection or completed hepatitis A vaccine series is a benefit to the incarcerated persons, jail staff and the community. The following steps are recommended for a jail health program:

- 1) Educate detainees on hepatitis A [risks](#) and [prevention](#) and encourage them to be vaccinated.
- 2) Revise intake questions to standardize hepatitis A risk assessment and enhance jail vaccinations.
- 3) Expand the jail hepatitis A vaccination program to include all new detainees without documentation of a past infection or a completed hepatitis A vaccine series and with risk factors for hepatitis A infections: persons who use drugs, men who have sex with men, persons with chronic liver disease, and persons experiencing homelessness. **Opt-out** approaches are encouraged, as they have been shown to be twice as likely to result in vaccination acceptance.
- 4) When possible, plan flu vaccination efforts to include hepatitis A vaccination. If flu vaccine is being offered regularly, plan accordingly to include hepatitis A or combined hepatitis A/hepatitis B vaccine (if inmate stays at least six months) during these clinics.

Local detention centers who want to add a jail health vaccination program in their county should contact their local health department who can assist them in developing a plan in collaboration with the North Carolina Immunization Program (919-707-5575).

We recognize that during COVID-19, health resources are strained. If help is needed to navigate the logistics of creating access to hepatitis A vaccine within jail settings, please reach out to the viral hepatitis program (christina.caputo@dhhs.nc.gov) or the vaccine preventable disease program (susan.sullivan@dhhs.nc.gov).

Thank you for your efforts to protect your community. For more information on the current outbreak, please visit the [North Carolina hepatitis A tracking website](#).

Additional information on hepatitis A can be found on the [CDC website](#)

cc: Dr. Jean Marie Maillard, Communicable Disease Branch Medical Director
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