



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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To: North Carolina Syringe Service Programs and Community Based Organizations
From: Zack Moore, MD, MPH, State Epidemiologist
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Subject: Increase in Hepatitis A Infections (2 pages)
Date: August 28, 2018

Background and Current Situation

Hepatitis A outbreaks are expanding nationwide. The Centers for Disease Control and Prevention (CDC) has received reports from multiple states of more than 3,700 cases of hepatitis A infections associated with person-to-person transmission during January 2017 through July 2018. 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 (MSM). High hospitalization and death rates have been observed, highlighting the severe effect on patients and the need for strong coordination to prevent infections and connect people to care.

North Carolina is also experiencing an outbreak of hepatitis A, though not of the same magnitude as some other states; an increase in the number of cases in the region surrounding Charlotte has been observed since April 2018. The Mecklenburg County Health Department is working closely with NC DPH and community partners to provide education and to increase vaccination among high-risk groups. A majority of cases reported in this outbreak are among MSM, and numerous cases have also been associated with drug use and/or homelessness.

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 (rimming). Fingers, hands or genitals that come into contact with the anus and then the mouth could provide a route of transmission. Bloodborne transmission through sharing of injection supplies is also possible, though believed to be uncommon.

The large majority of persons recently infected with hepatitis A in North Carolina have required hospital care. People in the identified risk groups are also at increased risk for hepatitis B or C and other chronic liver conditions and may face barriers to healthcare, all of which increases their risk of severe illness or even death. Increasing vaccination rates among high-risk populations is critical to preventing a large-scale outbreak. A single dose of hepatitis A vaccine is highly effective and completion of the vaccine series provides lifelong immunity.

Actions for CBOs and SSPs

North Carolina community-based organizations and syringe service programs (syringe exchanges) are key partners in public health. By providing direct services and sharing health information and resources with your participants and communities, you can immediately help prevent and/or mitigate a large statewide outbreak.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NC DPH requests your assistance in taking the following steps to protect people at high risk of infection and limit the spread of cases:

1. Contact and work with local health departments to establish a streamlined and culturally competent method of vaccination for participants who are:

- Persons who use injection and non-injection drugs;
- Persons experiencing homeless;
- Men who have sex with men; and
- Persons with chronic liver disease, including chronic hepatitis B or C.

2. Educate participants about their risk for hepatitis A and prevention methods:

- Encourage handwashing before and after drug use (use of alcohol-based hand sanitizers is less effective than handwashing, but still recommended if handwashing facilities are unavailable)
- Encourage handwashing before and after sex
- Discuss transmission routes and highlight the differences between transmission of hepatitis A, B and C. Using new/sterile works during drug use, and using a condom/lube during sex, while incredibly efficient in preventing hepatitis B and C, are less effective for preventing hepatitis A.

The type of hepatitis A vaccine recommended for high-risk populations depends on the likelihood of additional contact with the client, with single-antigen vaccine being preferred if additional contact is not expected. Decision-making about the type of hepatitis A vaccine should be made in consultation with the local health department. Persons in the identified risk groups may receive single antigen hepatitis A vaccine free of charge at the local health department. Any uninsured adult who does not have a documented full series of hepatitis B vaccine can receive a three-dose series of the combination hepatitis A/hepatitis B vaccine (Twinrix) at a local health department, federally-qualified health center, or rural health clinic.

NC DPH continues to monitor hepatitis A cases in the state and will provide additional updates as needed. A webinar will be scheduled for this fall to provide more background and discuss available prevention and treatment resources.

For more information of on the current outbreak, please visit the North Carolina hepatitis A tracking website at: https://epi.publichealth.nc.gov/cd/hepatitis/hepa_outbreak.html

Thank you for your dedication to the health of the people and communities you serve. Additional information on hepatitis A can be found on the CDC website [here](#). Please feel free to contact the Communicable Disease Branch at 919-733-3419 with any questions or concerns.