



**TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities**

**FROM: Catherine C. Slemp, MD, MPH, Commissioner and State Health Officer (Interim)  
WVDHHR, Bureau for Public Health**

**DATE: November 28, 2018**

**LOCAL HEALTH DEPARTMENTS:** PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

**OTHER RECIPIENTS:** PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

The supply of adult hepatitis A vaccine continues to be constrained nationally due to the hepatitis A outbreak among adults in several states resulting in substantially increased demand for adult hepatitis A vaccine. There are, however, adequate supplies of the pediatric formulation of hepatitis A vaccine, so routine vaccination of all children is strongly encouraged to prevent transmission of hepatitis A virus (HAV) to children.

**Supply Constraints and Vaccine Prioritization**

Centers for Disease Control and Prevention (CDC) staff are working directly with state public health officials to provide guidance on how to best target distribution of public sector adult hepatitis A vaccine. Publicly supplied vaccine for outbreak control continues to be prioritized for at-risk populations.

The following individuals are prioritized to be vaccinated:

- Persons who use injection and non-injection illegal drugs.
- Men who have sex with men.
- Persons who are homeless or live in transient living situations.
- Persons who are incarcerated.
- Persons who have close contact, care for, or live with someone who has HAV.
- Persons who have sexual activities with someone who has HAV.
- Persons with acute or chronic liver disease, including those with cirrhosis, hepatitis B, and/or hepatitis C.
- Persons who work in close contact with the at-risk populations listed above.

To support efforts in this vaccination campaign, facilities are able to request free vaccine to be offered to individuals who are age 19 years and older and fall into any of the risk groups identified above. WVDHHR recommends one dose of single antigen hepatitis A vaccine be given to protect individuals at highest risk for this has been shown to be 90-95% effective.

Postexposure prophylaxis should be given as soon as possible once an individual has been exposed to HAV. Hepatitis A vaccine or immune globulin (IG) must be given to ALL individuals exposed to HAV within 14 days of exposure.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

**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.

### **Public Vaccine Use in the At-Risk Population**

**Preexposure vaccination:** Use of public, state-supplied, vaccine for outbreak control is reserved for at-risk clients who meet criteria previously listed. When possible, patients with Medicaid, Medicare, or private health insurance that covers vaccination should be vaccinated with private vaccine stock and the insurance billed. This will help conserve publicly supplied doses for use across the state. **Please note, if the insurance status of an at-risk patient is undetermined, WVDHHR recommends using public vaccine to ensure that at-risk patients are vaccinated.**

**Postexposure vaccination:** Insurance status should not be a barrier to the vaccination of an individual exposed to HAV. If the individual has Medicaid, Medicare, or private/commercial insurance every effort should be made to use private vaccine stock and bill the insurance. **Please note, if the insurance status of an individual exposed to HAV is undetermined, then public vaccine should be used to ensure vaccination to reduce the risk of illness and spread of HAV.**

### **Vaccination of Healthcare Workers and Food Handlers**

Healthcare workers are not at increased risk for hepatitis A infection as long as proper infection control practices are followed. For healthcare workers, including first responders, who work in close and frequent contact with at-risk patients in outbreak affected areas, vaccination is recommended.

Hepatitis A vaccinations for healthcare workers should be managed by occupational health through an individual's employer. If healthcare workers have private insurance, then private hepatitis A vaccine should be utilized, and insurance billed. Although publicly supplied vaccine can be used on persons who work in close contact with at-risk populations, which includes healthcare workers, where possible, utilizing other payer sources when available will help conserve publicly supplied hepatitis A vaccine for use statewide.

WVDHHR recognizes the interest in concerns around vaccination of food handlers as well as the potential economic consequences to having a food service employee become infected with HAV. However, vaccinating all food handlers would not stop the ongoing outbreak primarily because the outbreak is affecting individuals who are using illicit drugs. Food handlers are not at increased risk for HAV because of their occupation. While HAV has been detected in individuals who are food handlers, there has been no transmission reported from food handlers to patrons. Transmission to patrons is extremely rare because standard sanitation practices of food handlers prevents the spread of the virus.

### **Other Clinical Considerations**

**Use of Twinrix:** If adult single antigen hepatitis A vaccine is not available, then providers can consider using the combined hepatitis A and hepatitis B vaccine (Twinrix®) for preexposure prophylaxis of at-risk populations. Twinrix® is not recommended for postexposure prophylaxis.

**Age appropriate vaccine use:** Administering 2-doses of pediatric hepatitis A vaccine to persons aged 19 years and older in place of one adult dose is not an ACIP recommendation and is not included as a method for dosage and administration in the manufacturers' package inserts. Hepatitis A vaccines should be administered in the age-appropriate doses.

**Other groups:** Individuals who are concerned about their risk of getting hepatitis A yet have no known exposure or risk factors can be referred to their healthcare provider or local health department for discussion and education.

For more information on hepatitis A, including weekly outbreak updates and other resources, visit [www.hepawarewv.org](http://www.hepawarewv.org). You may also contact the Division of Infectious Disease Epidemiology at (304) 558-5358, ext. 1 or 1-800-423-1271, ext. 1.

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