

Hepatitis A Virus Outbreak Response

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|  TARGET POPULATION | People experiencing homelessness, people who use drugs, and people experiencing incarceration |
|  LOCATION | Utah |
|  PROGRAM DESIGN | Outbreak response |
|  ESTIMATED COST | TBD |
|  FUNDING SOURCE | Federal, state, and private |

SUMMARY

Between May 2017 and November 2018, the Utah Department of Health (UDOH) responded to an outbreak of hepatitis A among persons experiencing homelessness and/or persons who use drugs. The outbreak resulted in a total of 281 hepatitis A cases and was linked to a national outbreak involving several other states. Many members of these population are medically vulnerable and at high risk for complications from hepatitis A due to underlying medical conditions, such as co-infection with hepatitis C virus (HCV).

UDOH utilized state funding and redirected federal vaccine funding from existing projects to support LHD vaccination efforts and facilitated an incident command system (ICS) structure to coordinate response efforts. Affected LHDs worked closely with UDOH and partners throughout the state including jails/prisons, syringe exchange programs, environmental health, and medical partners to provide vaccination, education, and outreach to these affected populations.

BACKGROUND

The hepatitis A outbreak in Utah was part of a national outbreak of hepatitis A which was first identified in San Diego, California in November 2016 among persons experiencing homelessness and/or persons who use drugs, as well as incarcerated populations. Transmission was primarily person-to-person in settings of limited sanitation, with many of individuals in the Utah outbreak reporting homelessness (8%), drug use (28%), or both homelessness and drug use (36%). Furthermore, approximately 14% of Utah's cases reported either current or recent incarceration. UDOH worked with affected local health departments (LHDs) as they led control measures through public education and vaccination clinics to provide outreach and vaccinations to the targeted populations.

CORE ACTIVITIES

In response to the outbreak, UDOH initiated strategies to rapidly identify cases, including:

- Increasing the number of contacts who receive susceptibility assessments;
- Providing timely administration of preventative hepatitis A vaccine to susceptible contacts;
- Providing vaccination to contacts to HAV cases and increased vaccination of at-risk populations;
- Providing disease prevention education and awareness;
- Increasing the vaccination rate in people experiencing homelessness and who use drugs to prevent hepatitis A transmission; and
- Minimizing morbidity and mortality among the target populations as well as others in the community.

UDOH's vaccination strategy centered upon

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assessing the at-risk populations, i.e., people experiencing homelessness and who use drugs, and making vaccines as accessible as possible to these individuals. Strategies utilized for hepatitis A vaccination included partnering with community partners to offer vaccinations in jails, emergency departments, syringe exchange programs (including mobile vaccination and housing facility visits), drug treatment facilities, and homeless shelters. Several LHDs also utilized foot teams to provide hepatitis A vaccination among homeless encampments and to educate about hepatitis A disease and prevention.

DATA

There were 281 outbreak-associated cases, resulting in 55.9% hospitalizations and three deaths. As part of the response, over 6,000 doses of hepatitis A vaccine distributed to LHDs. Utah Department of Health has not yet conducted any evaluation strategies to document the effectiveness of the response.

FUNDING & COST

UDOH utilized state funding and redirected federal vaccine funding from existing projects to support local health department LHD vaccination efforts. However, available resources were insufficient to support the volume of vaccine needed by responding LHDs. To assist with outbreak response efforts, a private healthcare partner in Utah donated nearly \$248,000 to UDOH for the purchase of additional hepatitis A vaccine. The health department is still in the process of determining the total cost of the outbreak response.

STRENGTHS

- Innovative response strategies/vaccination efforts;
- Use of Syringe Services Program (SSP) expertise, relationships, and infrastructure;
- Rapid reporting and case identification;
- and communication with partners.

LIMITATIONS

- Barriers to care and lack of access to services by people most affected in the outbreak;
- ;
- Publicly available vaccine shortage;
- Immune Globulin (IG) cost/dosage and recommendation for post exposure prophylaxis; and
- Financial and staffing resource availability.

STAKEHOLDERS

Local health departments; Intermountain Healthcare; Utah Syringe Exchange Providers; Utah State Prison; University of Utah Health; UDOH Immunization Program; UDOH DCP Informatics Program; UDOH Environmental Epidemiology Program; CDC Division of Viral Hepatitis (DVH); and CDC Immunization Services Division (ISD)

PROGRAM CONTACT

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