



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**MANDY COHEN, MD, MPH** • Secretary

**DANNY STALEY** • Director, Division of Public Health

To: All North Carolina Clinicians  
From: Zack Moore, MD, MPH, State Epidemiologist  
Subject: Increase in Hepatitis A Infections  
Date: July 17, 2018

### **Background**

Hepatitis A outbreaks are expanding nationwide. On June 11, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory describing more than 2,500 cases of hepatitis A infections associated with person-to-person transmission during January 2017 through April 2018. These outbreaks have been prolonged and costly. Many states have been affected, including Arkansas, California, Indiana, Kentucky, Michigan, Missouri, Ohio, Tennessee, Utah, and West Virginia. 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.

Although North Carolina is not currently experiencing an outbreak of the same magnitude as these states, an increased number of hepatitis A cases have been reported in the Charlotte area since April 2018, primarily affecting men who have sex with men. The Mecklenburg County Health Department is working closely with the Division of Public Health and community partners to provide education and increase vaccination of high-risk groups.

### **Actions for Clinicians**

North Carolina clinicians are critical partners with public health. Your direct involvement with your patients and communities can make an immediate and positive impact in our ability to prevent or mitigate a large statewide outbreak.

The North Carolina Division of Public Health urges clinicians to take the following important steps now to protect high risk patients and mitigate the spread of illness.

1. Identify and implement strategies to increase hepatitis A vaccinations among the following groups:
  - Persons who use injection and non-injection drugs;
  - Persons who are homeless;
  - Men who have sex with men; and
  - Persons with chronic liver disease, including chronic hepatitis B or C.
2. Consider vaccinating others for whom hepatitis A vaccine is routinely recommended, including all children (beginning at age 1 year), persons at increased risk for infection with or complications of hepatitis A, and any other person wishing to obtain immunity.
3. Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms.

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

LOCATION: 225 North McDowell St., Raleigh, NC 27603  
MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902  
www.ncdhhs.gov • TEL: 919-733-7301 • FAX: 919-733-1020

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Any uninsured adult who meets one or more of the recommended coverage groups can receive a three-dose series of the combination hepatitis A/hepatitis B vaccine at a local health department, federally-qualified health center, or rural health clinic. Recommended coverage groups can be found at <https://www.cdc.gov/hepatitis/hav/havfaq.htm#B1>.

### **Case Reporting**

North Carolina law requires physicians to report suspected cases of hepatitis A to their local health department within 24 hours. Reports can also be made to the North Carolina Communicable Disease Branch epidemiologist on call at 919-733-3419 (available 24/7). Post-exposure prophylaxis with vaccine or immune globulin can protect at-risk contacts if administered within 2 weeks of their exposure.

### **Laboratory Testing**

If hepatitis A is suspected in a person in one of the primary risk groups for the current national outbreaks (i.e. persons who use injection or non-injection drug; persons experiencing homelessness; or men who have sex with men), collect and hold at your lab an extra red top tube of blood that may be submitted to the North Carolina State Laboratory of Public Health (<https://slph.ncpublichealth.com/>) for confirmation and possible genotype testing at CDC if the initial hepatitis A IgM result is positive. Please notify the Communicable Disease Branch epidemiologist on call (919-733-3419) of specimens that meet these criteria.

Do not test people without signs of acute hepatitis: False-positive IgM results can occur in persons without acute clinical hepatitis illness, especially in the elderly.

Thank you for your efforts to protect your patients and your community. Additional information on hepatitis A can be found on the CDC website at <https://www.cdc.gov/hepatitis/hav/index.htm>.

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