Introduction to Communicable Disease Surveillance and Investigation in North Carolina





Hepatitis A

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Learning Objectives

- 1. Recognize the impact of vaccination on hepatitis A epidemiology in the United States
- 2. Identify common risk factors for hepatitis A
- 3. Determine who needs prophylaxis after exposure to a person with hepatitis A

Hepatitis A Virus (HAV)

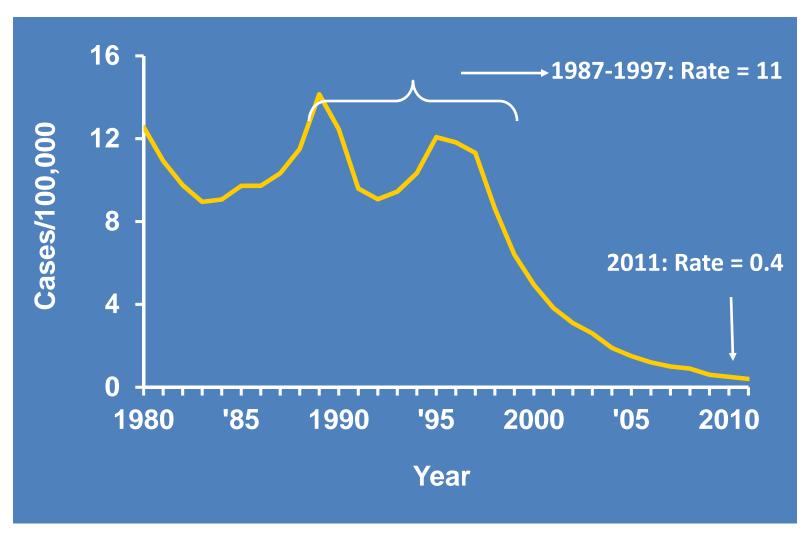
- Common causes of acute liver disease
 - 25,000 estimated new infections in 2007
- 1/3 of US population has evidence of infection*
 - $\frac{3}{4}$ of all persons > 70 years of age

Hepatitis A Vaccine

- Available since 1995
- Recommended for
 - High-risk groups (1996)
 - Children in high-incidence areas (1999)
 - All children 12–23 months of age (2006)
 - Post-exposure prophylaxis* (2007)
 - Household members/close contacts of international adoptees (2009)

^{*} Vaccine is for ages 1 - 40 with no contraindications

Hepatitis A Incidence, United States 1980–2011



Hepatitis A in Public Health

- Still frequently reported nationally
- Major economic impact
 - Cost to identify contacts
 - Cost to provide prophylaxis

Hepatitis A Epidemiology

 Average incubation period, 28 days (range 15–50)

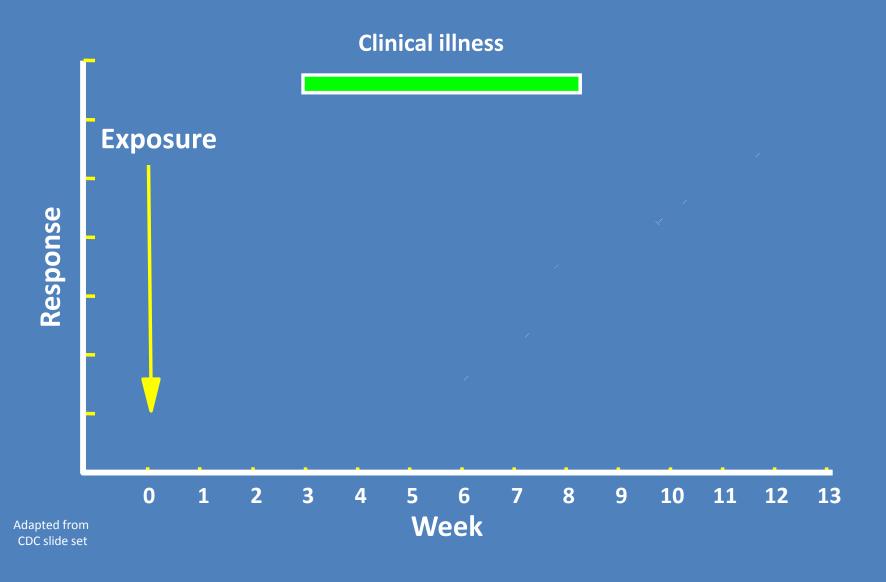
- Long infectious period
 - 1 week before jaundice onset 2 weeks after
 - * or *
 - 2 weeks before 1 week after onset of other symptoms (if no jaundice)

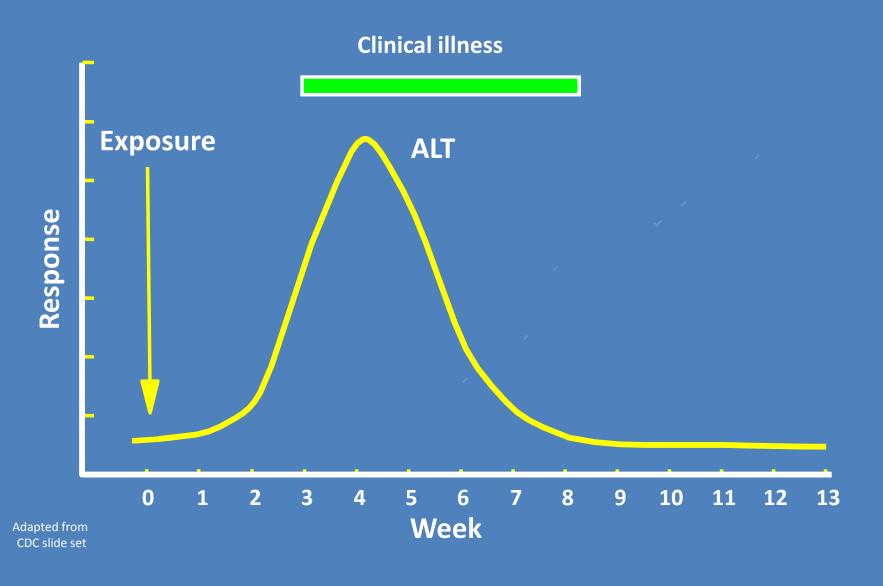
Hepatitis A Transmission

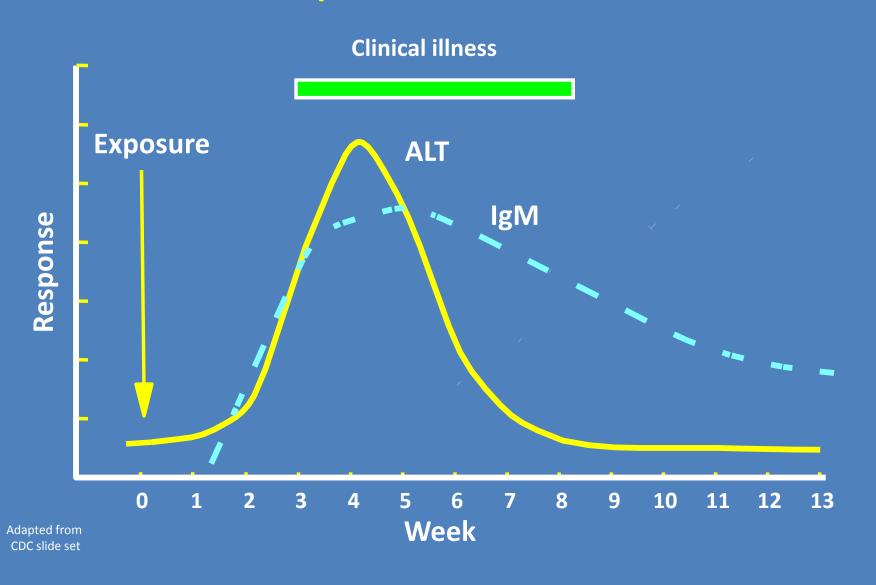
- Fecal-oral
 - Person-to-person
 - Common-source (~10%)
- Reported risk factors
 - Travel to highly endemic countries
 - Mexico, Central and South America
 - Contact to case
 - MSM
 - IVDU
 - No risk factor identified (most cases)

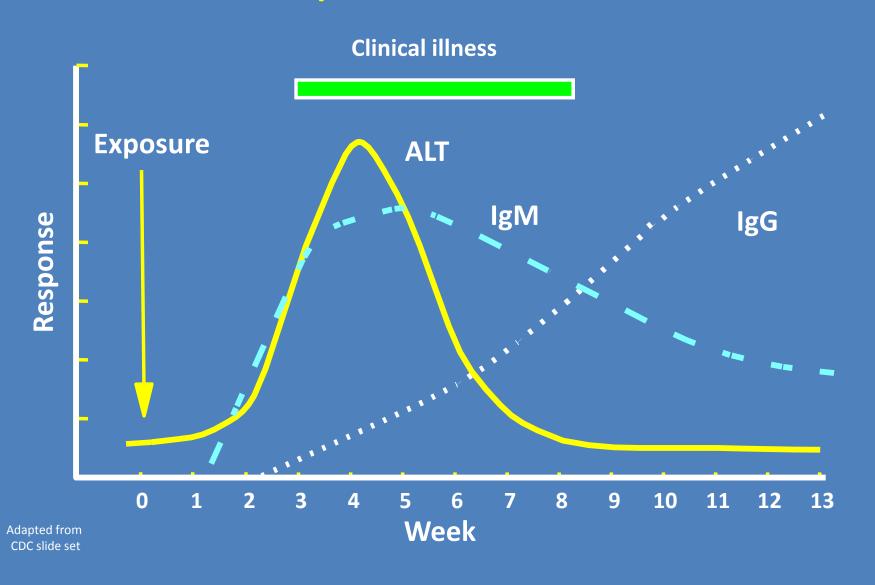
Hepatitis A Clinical Features

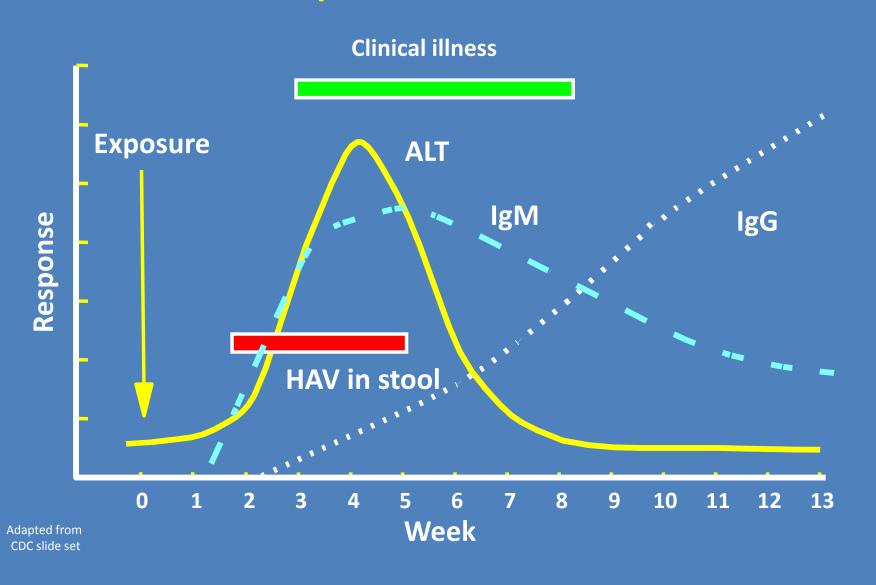
- Usually asymptomatic in children
 - Important reservoir of infection
- >75% of adults develop jaundice
- >30% of patients require hospitalization
- <1% of cases result in death</p>











2012 Case Definition

Clinical Description

- Discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), AND
- Either a) jaundice, or b) elevated liver transaminases

Laboratory Criteria for Diagnosis

Positive IgM antibody to hepatitis A virus

Case Classification

Confirmed

- A case that meets the clinical case definition and is laboratory confirmed, OR
- A case that meets the clinical case definition and occurs in a person who has an epidemiologic link with a laboratoryconfirmed hepatitis case

Case Investigation

- 1. Clinical features
 - DISCRETE ONSET of symptoms
 - Jaundice or elevated AST/ALT
- 2. Serology results
 - Can confirm at State Lab if needed
- 3. Risk factors
 - Include travel, food history
- 4. Contacts

Post-Exposure Prophylaxis

- Consider for:
 - Household and sexual contacts
 - Child care center staff and attendees if
 - ≥1 cases in staff or attendees, or
 - ≥2 cases in households of attendees
 - If case identified in a food handler: Other food handlers and patrons – selected circumstances
- Vaccine for ages 1–40; immune globulin for others
- Not effective >2 weeks after exposure

Post-Exposure Prophylaxis

- Contact Regional CD Nurse Consultant or CDB Epidemiologist on Call
 - CDB will coordinate with Immunization Branch
- Contacts to the case should call if they develop symptoms

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Take Home Points

- Hepatitis A decreased dramatically due to vaccine;
 still a major public health problem
- International travel is the most commonly identified risk factor
- Decisions about post-exposure prophylaxis should be based on type of exposure, infectious period, and time since exposure

References

- CDC Division of Viral Hepatitis website, <u>www.cdc.gov/hepatitis</u>
- Prevention of Hepatitis A through Active or Passive Immunization: Recommendations of the ACIP. 2006:55(RR07);1-23. Available from: http://www.cdc.gov/mmwr/preview/mmwr/html/rr5507a1.htm
- Surveillance for Acute Viral Hepatitis United States, 2011. Available from: http://www.cdc.gov/hepatitis/Statistics/2011Surveillance/index.htm