

DELAWARE HEALTH ALERT #511: Potential Hepatitis A Cases in Seaford, DE

The Delaware Division of Public Health (DPH) is sending this health alert to advise clinicians of hepatitis A in the Seaford area.

Summary

DPH was notified on February 27, 2024, through wastewater surveillance, of hepatitis A in the Seaford, Delaware region. This Health Alert Network Advisory Alert is to notify clinicians of potential cases that may come to their facilities.

Background

Hepatitis A infection is a vaccine-preventable illness. The primary means of hepatitis A virus (HAV) transmission in the United States is typically person-to-person through the fecal-oral route (i.e., ingestion of something that has been contaminated with the feces of an infected person); however, person-to-person transmission has been reported among people with certain risk factors. Symptoms include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice. Illness from hepatitis A is typically acute and self-limited; however, when this disease affects populations with already poor health (e.g., hepatitis B and C infections, chronic liver disease), infection can lead to serious outcomes, including death.

The best way to prevent hepatitis A infection is through vaccination with the hepatitis A vaccine. The number and timing of the doses depends on the type of vaccine administered. Vaccines containing HAV antigen that are currently licensed in the United States are the single-antigen vaccines HAVRIX[®] (manufactured by GlaxoSmithKline, Rixensart, Belgium) and VAQTA[®] (manufactured by Merck & Co., Inc., Whitehouse Station, New Jersey) and the combination vaccine TWINRIX[®] (containing both HAV and hepatitis B virus antigens; manufactured by GlaxoSmithKline).

DPH conducts wastewater surveillance for some infectious organisms through a contractor-Verily/Wastewater Scan. Verily wastewater scan detected hepatitis A virus in the wastewater from the Seaford Delaware region two times during the past week suggesting that someone living in the area has hepatitis A. As of the time of publication of this health alert, DPH has not received any reports of any individuals from the area who was diagnosed with hepatitis A recently. It is important to note that Hepatitis A can be spread even from persons who do not have symptoms. Hepatitis A infections have increased on the east coast very likely due to declining vaccine rates. There is an ongoing outbreak in Pennsylvania which started in early 2018 resulting in 1,321 cases and 19 deaths. Currently, the outbreak is significantly impacting persons who use drugs and those experiencing homelessness.

Reporting

Hepatitis A is a reportable disease in Delaware. It is imperative that hepatitis A cases are reported in a timely manner because of the need for time-sensitive administration of post-exposure prophylaxis (PEP) to those exposed.

All confirmed and suspected Hepatitis A cases should be reported to the Delaware Office of Infectious Disease Epidemiology at 302-744-4990 or reportdisease@delaware.gov.

Recommendations for Health Care Providers

1. Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms.
2. Provide post exposure prophylaxis as soon as possible (within two weeks of exposure) to persons who have been exposed recently to HAV and who have not been previously vaccinated.
3. Post-exposure prophylaxis includes single-antigen hepatitis A vaccine or immune globulin (IG) depending on age and health status (please see <https://www.cdc.gov/hepatitis/outbreaks/InterimOutbreakGuidance-HAV-VaccineAdmin.htm> for additional information). Do not use combination vaccines (eg hepatitis A- B combined vaccine) for post-exposure prophylaxis.
4. Ensure all persons diagnosed with hepatitis A are reported to the Delaware Division of Public Health in a timely manner.
5. Encourage hepatitis A vaccination for persons who report drug use or other risk factors for hepatitis A.
6. CDC recommends the following groups be vaccinated against hepatitis A:
 - All children at age 1 year
 - Persons who are at increased risk for infection:
 - Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A;
 - Men who have sex with men;
 - Persons who use injection and non-injection drugs;
 - Persons who have occupational risk for infection;
 - Persons who have chronic liver disease;
 - Persons who have clotting-factor disorders;
 - Household members and other close personal contacts or adopted children newly arriving from countries with high or intermediate hepatitis A endemicity; and
 - Persons with direct contact with persons who have hepatitis A.
 - Persons who are at increased risk for complications from hepatitis A, including people with chronic liver diseases, such as hepatitis B or hepatitis C.
 - Any person wishing to obtain immunity.

Additional Resources:

[Update: Recommendations of the Advisory Committee on Immunization Practices for Use of Hepatitis A Vaccine for Postexposure Prophylaxis and for Preexposure Prophylaxis for International Travel | MMWR \(cdc.gov\)](#)