



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

DANNY STALEY • Director, Division of Public Health

MEMORANDUM

TO: Local Health Department, Health Directors

FROM: Wendy Holmes, R.N., Head *WH*
North Carolina Immunization Program (NCIP)

DATE: September 5, 2018

SUBJECT: Hepatitis A Vaccine Expansion and Off-Site Outreach Guidance

The purpose of this memo is to outline the expansion of Hepatitis A vaccine use and to provide guidance on off-site vaccination efforts. Cases of Hepatitis A among high-risk adults have been increasing since April 2018. The attached clinician memo (dated July 17, 2018) from the NC Division of Public Health offers additional information pertinent to this event. Vaccine expansion is being offered by the NCIP as an outbreak prevention strategy.

Effective September 5, 2018, and until further notice, the NCIP has initiated a “liberal use” policy for state supplied Hepatitis A vaccine among high-risk individuals, regardless of insurance status, at all Local Health Departments (LHDs). A targeted vaccination approach to the groups at highest risk is the best way to control disease spread.

The identified risk groups for this expansion include the following:

- Persons who use injection and/or non-injection drugs;
- Persons who are homeless;
- Men who have sex with men;
- Persons with chronic liver disease, including chronic hepatitis B or C;
- Persons who are currently incarcerated in a county-owned facility/jail.

If a high-risk individual presents to your agency, please assess his/her vaccine history and administer one dose of Hepatitis A vaccine as indicated. Vaccination should not be withheld if the individual’s vaccination status is unknown or undocumented. Individuals previously vaccinated with one dose may receive a second dose of Hepatitis A vaccine (if six or more months has passed since the initial dose). Due to the number of Hepatitis A outbreaks occurring nationally, a second dose of Hepatitis A vaccine may not be available for individuals who receive one dose of Hepatitis A vaccine as part of this expansion. According to the CDC, a single dose of Hepatitis A vaccine has been shown to successfully control outbreaks. For complete Hepatitis A vaccine recommendations, visit: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>.

Adult Hepatitis A vaccine can be ordered (preferably with your routine vaccine orders if feasible) via the North Carolina Immunization Registry (NCIR). LHDs should assess their high-risk population and ability to store the

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • Division of Public Health, Immunization Branch

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vaccines safely prior to placing orders. We encourage ordering smaller amounts for individuals being served in your agency, unless you are planning a large in-house or offsite vaccination clinic. Order quantities greater than 100 doses will need to be approved by the NCIP prior to processing. Your current state-supplied pediatric Hepatitis A vaccine stock can also be used for identified high-risk individuals 12 months through 18 years of age, regardless of insurance status. The coverage criteria has been updated to reflect this change in eligibility for Hepatitis A (<http://bit.ly/CoverageCriteria>).

Your agency will be required to report weekly to the NCIP the aggregate number of vaccines administered to high-risk individuals. Non-high-risk individuals who receive vaccine as part of their routine vaccine schedule should not be included in these weekly reports. See the attached reporting form for more information. Please ensure all LHD key staff are aware of this reporting requirement.

Please note, all other NCIP requirements related to vaccine storage and handling, documentation, and accountability must continue to be enforced. This includes maintaining proper storage conditions as well as documenting vaccine administration within the NCIR at the time of administration (or by the close of business day). **Although vaccine use has been expanded to high risk individuals, regardless of insurance status, eligibility information is still required to be captured and documented in the NCIR for every dose administered. Insured children and adults, who are not at high risk, should continue to receive private vaccine.**

The NCIP recognizes the need to perform off-site clinics in order to reach the at-risk populations due to the challenges of access to care among the identified groups. Off-site vaccine efforts must be approved by the NCIP prior to the event. If your agency is interested in an off-site Hepatitis A event, complete the attached Request for Off-site Outreach of Hepatitis A form and submit to Jenny Myers via fax at (919) 676-6147 or email at jenny.myers@dhhs.nc.gov.

For questions or additional assistance, please contact your Regional Immunization Nurse Consultant or call our central office at (919) 707-5575.

cc: NC Communicable Disease Branch

2018 Hepatitis A Response Vaccine Reporting Form North Carolina Immunization Program (NCIP)

High Risk Population Vaccination

Please only report vaccine administered in response to the Hepatitis A event. Reports should be submitted each Monday by fax or email to Caroline Helton even if no vaccines were administered the previous week. Do not include doses of Hep A vaccine administered to individuals not at high risk. All doses of vaccine must also be documented in the NCIR according to the NCIP agreement.

Agency: _____

For week of (dates): _____

Reported by: _____

Phone: _____

Email: _____

<u>Product</u>	<u>Doses Administered</u>
Adult Hepatitis A vaccine (High-risk, ages 19 and older)	

<u>Product</u>	<u>Doses Administered</u>
*Pediatric Hepatitis A vaccine (High-risk, ages 12 months-18 years)	

*Exclude routine Hep A vaccine administration for individuals NOT at high risk.

**Please submit to the Immunization Branch each Monday to
Caroline Helton- Fax: (919) 870-4824 or Email: caroline.helton@dhhs.nc.gov**

Local Health Department Request for Off-Site Outreach of Hepatitis A vaccine

If you need assistance in the development of off-site planning, please contact your
Regional Immunization Nurse Consultant or the On-Call Nurse at (919) 707-5575

Date of submission:

Local Health Department Legal Name:

Local Health Department Contact Name and title:

Phone Number (with area code):

Business Email Address:

Off-Site Outreach Plan

Date(s) of Event:

Location:

Anticipated number of high risk individuals to be vaccinated (see NCIP coverage criteria dated
8/30/18 for list of high risk categories):

Number of doses to be requested:

Pediatric (18 and under):

Adult (19 and older):

Description of Plan

Describe below the details of your outreach plan, including community partners involved and logistics for vaccine storage and handling and NCIR entry during the event.

Please email or fax this form two weeks prior to your event to Jenny Myers at:
jenny.myers@dhhs.nc.gov / (919) 676-6147. Submit a separate form for each off-site event.



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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.

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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