FHA and Florida Department of Health

Hepatitis A Outbreak Update

November 7, 2019

FHA was pleased to work with the Dr. Scott Rivkees, MD, Florida's State Surgeon General and Secretary of the Florida Department of Health to provide information about the declared public health emergency for the 2019 Hepatitis A outbreak. Information was shared with hospitals and health systems on November 7, 2019 in a webinar. Below are the department's written responses to the questions asked during Dr. Rivkees' presentation.

Comments, Questions and Answers

The key to controlling this outbreak is vaccinating individuals at highest risk for contracting hepatitis A, which includes persons who use intravenous or non-intravenous drugs, and the homeless population. In addition, individuals who are medically vulnerable need to be vaccinated. This includes persons with underlying liver conditions and individuals over the age of 60 with serious underlying medical conditions.

Hepatitis A may present with non-specific flu-like and/or gastrointestinal symptoms. Health care providers are encouraged to screen for hepatitis A in patients with such symptoms by ordering liver function tests and transaminase levels (ALT/SGPT, AST/SGOT), in addition to hepatitis A serology. These tests should be a priority for individuals who present with jaundice, light-colored stools, or dark-colored urine.

Healthcare providers are also encouraged to recommend vaccinations for those who are medically vulnerable; this includes reviewing files and contacting patients.

Question: ***It appears that emphasis is now also on persons not necessarily at high risk for acquiring disease, but those that are medically vulnerable - those over 60 with medical conditions. What is the proportion of those with medical conditions, but not at high risk, that are affected by the outbreak - has this trend been increasing?***

Answer: The Florida Department of Health will continue to vaccinate and partner with providers to vaccinate those at-risk for the contracting the disease. However, the Florida Department of Health is encouraging providers to also identify and vaccinate those medically vulnerable.

Per the CDC, although not at increased risk for HAV infection, persons with chronic liver disease are at increased risk for complications from hepatitis A. Death certificate data indicate a high prevalence of chronic liver disease among persons who died following a hepatitis A infection.

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm

The Florida Department of Health Hepatitis A Public Health Emergency states that "individuals over 60-years-of-age with complex medical issues such as liver disease, diabetes mellitus and cardiovascular disease ***are at risk for serious complications*** or even death if they contract HAV."

For this reason, the Florida Department of Health is recommending that Health Care practitioners identify patients with serious medical conditions and offer the HAV vaccine.

Question: ***If a Client has a history of past Hep A infection, do they require a vaccination?***

Answer: No: Antibodies produced in response to hepatitis A infection last for life and protect against reinfection. However, if previous infection is unknown or undocumented and the person is in a recommended group, they should be vaccinated.

https://www.cdc.gov/hepatitis/hav/index.htm.

Question: ***Where can we access educational materials?***

Answer: http://ww11.doh.state.fl.us/comm/_partners/hepatitis_a/health-care-providers/

If your facility would like flyers or posters for your Food Service or Custodial employees, in English, Spanish, or Creole, please send an email to BPR00 HepatitisA@flhealth.gov.

The Water Quality and Health Council has other Hep A educational materials.

https://waterandhealth.org/resources/posters/#hepatitis-a

Question: ***CDC isolation guidelines currently do not recommend contact enteric isolation. Should we implement this based on the current Florida outbreak?***

Answer: No: Standard Precautions are sufficient and are used for most patient care interactions. Additionally, contact precautions are indicated for diapered or incontinent patients.

DOH recommends following established CDC guidelines for transmission-based precautions.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html

Handwashing with soap and water by health care providers after contact with HAV-positive patients or high-risk populations is essential.

Question: ***What product should be used with terminal room cleaning in hospital rooms? Can you please clarify precautions in the hospital?***

Answer: The Department of Health recommends you consult with your sanitation services provider to obtain product recommendations. The Department of Health also recommends that the product be labeled for hepatitis A.

Otherwise, a standard ready-to-use 1 to 10 bleach solution applied to a surface for one minute is effective in destroying the virus on surfaces.

DOH recommends following established CDC guidelines for transmission-based precautions.

https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html

Question: ***Would Oxycide™ kill hepatitis A? Our environmental services who currently use Oxacide for C-diff.***

Answer: Oxycide™ is not registered as effective against hepatitis A virus. Contact the manufacturer for more information.

https://www.aarc.org/wp-content/uploads/2015/02/OxycideBrochure.pdf

A standard ready-to-use 1 to 10 bleach solution applied to a surface for one minute is effective in destroying the virus on surfaces. Additionally, disinfectants that are registered as effective against hepatitis A can be used.

Question: ***Is the cleaning of public restrooms with bleach products being enforced/monitored at airports, rest stops on turnpike, etc.?***

Answer: Yes: The Florida Department of Health (FDOH) has Partnered with DBPR, FDOT and AG for hepatitis A sanitation messaging. FDOH also coordinates with FDOT Operations for the sanitation of facilities, i.e. Roadway Rest stops and Service Plazas. FDOH Communications also produces strong messaging targeting many high traffic public arenas.

Question: ***What is the biological explanation as to why hand sanitizer is not effective in killing the Hep A virus?***

Answer: The Hepatitis A virus is extremely hardy virus due to the fact that it is a picornavirus, which does not have a phospholipid membrane envelope. Washing hands with soap and water is recommended when possible as it is more effective than hand sanitizers. See the attached article for reference (http://www.fha.org/files/JohnW/EM/Ethanol-hand-sanitizer-and-HAV.pdf).

Question: ***What is prevalence of nosocomial transmission?***

Answer: Healthcare-associated hepatitis A virus (HAV) occurs infrequently. HAV is spread by the fecal-oral route, and transmission to healthcare personnel usually occurs when the source patient has unrecognized hepatitis and is fecally incontinent or has diarrhea. Other risk factors for hepatitis A virus (HAV) transmission that increase the risk of fecal-oral contamination such as (a) eating or drinking in patient care areas; (b) not washing hands after handling an infected infant; and (c) sharing food, beverages, or cigarettes with patients, their families, or staff members.

https://www.cdc.gov/hai/organisms/hepatitis.html

Question: ***What is the incidence of sexual transmission?***

Answer: According to the Centers for Disease Control and Prevention (CDC), transmission of hepatitis A virus can occur from any sexual activity with an infected person. Transmission occurs through fecal-oral exposure. Measures typically used to prevent the transmission of other STDs (e.g., use of condoms) do not prevent hepatitis A transmission. Vaccination is the most effective means of preventing Hepatitis A transmission among persons at risk for infection.

Hepatitis A Vaccine Recommendations for Sexually Active Adults
CDC and the Advisory Committee on Immunization Practices (ACIP) recommend the hepatitis A vaccination for men who have sex with men. Sexually active adults are not considered at risk for hepatitis A unless they live with or are having sex with an infected person, inject drugs or have chronic liver disease.