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**To:** Bureau of Substance Addiction Services Funded and Licensed Programs

**From:** Deirdre Calvert, Director, Massachusetts Department of Public Health (MDPH) Bureau of Substance Addiction Services (BSAS)

**Date:**  October 15, 2019

**Subject:** Cases of Hepatitis A

Massachusetts is currently experiencing an occurrence of hepatitis A cases in persons within the BSAS Acute Treatment Services (ATS) system with substance use disorder (SUD). Hepatitis A virus (HAV) infection is a vaccine-preventable communicable disease that is easily spread through close contact, as well as from sharing injection and non-injection drugs. To help control and prevent these instances going forward, we are asking clinical staff at ATS facilities to vaccinate all clients without documented immunity to HAV.

Background: Massachusetts has been averaging 50 cases of hepatitis A annually over the last 10 years.

Since April 2018, 517 cases of hepatitis A have been reported to the Massachusetts Department of Public Health (MDPH). Approximately 36% of these individuals experienced homelessness/unstable housing, 57% were known injection drug users, and 70% were known illicit drug users. Ten percent of these cases were currently or recently incarcerated at the time of diagnosis.

Many of these cases have complex medical issues, including co-infection with hepatitis C virus (48%) and HIV (4%). There have been instances of severe disease, with 79% of cases requiring hospitalization and seven deaths.

The Centers for Disease Control and Prevention (CDC) has been tracking similar, much larger, outbreaks in multiple states in these populations since 2017, raising concern that the current outbreak in Massachusetts could continue to expand (<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>).

Many individuals in this population do not have routine contact with the healthcare outside of addiction treatment services. ATS facilities can therefore play a unique role in reaching this population. We are asking ATS facilities to assist in control of these instances in Massachusetts. Critical aspects of control include:

1. Vaccination of all clients with a single dose of hepatitis A vaccine (HAVRIX or VAQTA) unless there is evidence of previous vaccination or immunity. A single dose of vaccine rapidly provides protection from infection in 95% of those vaccinated; this protection lasts at least 11 years and has been demonstrated to curb outbreaks. There is no need to test for immunity prior to vaccination. Vaccination should not be delayed if prior documentation of immunization cannot be obtained quickly.
2. Maintaining a high index of suspicion for hepatitis A in people who may present with nonspecific signs of illness, including fever, fatigue, loss of appetite and diarrhea, all of which may occur before more specific signs such as jaundice. The diagnosis is made by testing for anti-HAV IgM antibody, and identifying infected patients in a timely fashion allows for timely outbreak control efforts. Positive HAV antibody tests are automatically reported electronically to MDPH by all clinical laboratories in Massachusetts. Please contact MDPH at 617-983-6800 for assistance in management of a case diagnosed in an ATS facility. Note that HAV total antibody tests are not useful for diagnosing acute HAV infection.
3. Enhancing hygiene and sanitation. Increase opportunities for hand washing at entrances/exits and encourage frequent hand washing. Hand washing with antimicrobial soap and hot water should be encouraged.
   1. Alcohol-based hand sanitizers may not be effective against HAV and are not recommended.
   2. Implement enhanced sanitation control measures, including cleaning of all high-touch surfaces and bathroom facilities at least twice daily (and as needed) with a disinfectant labeled by EPA as active against norovirus or hepatitis A virus. Dilute bleach solution (1:100) is also effective.
4. Education of clients and staff about the signs/symptoms of hepatitis A, need for vaccination, and hygiene measures to reduce transmission.
5. Because individuals with substance use disorder may not be receiving routine medical care, consider administering other recommended immunizations such as hepatitis B vaccine or meningococcal vaccine (MenACWY) depending upon individual risk factors and medical history. Vaccination for influenza is also recommended during the flu season for all people over the age of 6 months and administration will help reduce illness among patients and staff.

MDPH will be making allocations of state-supplied adult hepatitis A vaccine available to any ATS facility for vaccination of clients. Since most ATS facilities are not currently enrolled in the MDPH Immunization Program, the most efficient means of ordering vaccine is through either the local health department in the city/town where your facility is located, or via a local community health center or hospital. Those partners can order vaccines on your behalf through their normal mechanisms. You will need to have appropriate transportation and storage capacity at your site to receive and maintain the vaccine safely. For questions about ordering vaccine and information on requirements of proper storage and handling of vaccines, please contact the MDPH Vaccine Management Unit at 617-983-6828.

Encourage individuals to seek a follow-up, second dose from their primary care or other provider after six or more months to complete the vaccine series; a second dose is not necessary to interrupt transmission in an outbreak situation.

For questions regarding this memorandum or management of individual situations, please contact the MDPH Epidemiology staff (24/7) at 617-983-6800.

For information on available educational materials and the status of the occurrence in Massachusetts, please visit the MDPH Hepatitis A website: <https://www.mass.gov/info-details/hepatitis-a-outbreak-2018>.

Sincerely,



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Director, Bureau of Substance Addiction Services

Massachusetts Department of Public Health