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Communicable Disease Control & Prevention

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## HEPATITIS A OUTBREAK PREVENTION

### FREQUENTLY ASKED QUESTIONS (FAQ) FOR SAN FRANCISCO CLINICIANS

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#### **Is there a hepatitis A outbreak in San Francisco?**

There is no outbreak of hepatitis A among persons experiencing homelessness and/or using illicit drugs in San Francisco.

An increase in cases since August 1, 2017 among men who have sex with men in San Francisco was reported on September 28, 2017. See: <http://www.sfdcp.org/healthalerts.html>.

As of October 13, 2017, outbreaks of hepatitis A are reported among persons experiencing homelessness and/or using illicit drugs in the counties of San Diego, Los Angeles, and Santa Cruz, resulting in 600 cases, 395 hospitalizations, and 19 deaths. For updates, see: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A-Outbreak.aspx>.

#### **What is the strategy of the San Francisco Department of Public Health (SFDPH) to prevent an outbreak of hepatitis A in San Francisco?**

There is an extremely safe and effective vaccine to prevent hepatitis A infection in susceptible individuals. SFDPH seeks to prevent an outbreak of hepatitis A in San Francisco through targeted vaccination of persons in the highest-risk groups.

#### **Which individuals in San Francisco are in the target groups (highest priority) for receiving hepatitis A vaccination?**

All susceptible persons (not known to be immune to hepatitis A or fully vaccinated against hepatitis A) who are:

- Men who have sex with other men (MSM)
- Experiencing homelessness, including those who are in shelters
- Using or may be using illicit injection or non-injection drugs (with the exception of marijuana) in settings with limited sanitation

#### **Which other patients in San Francisco should routinely be vaccinated?**

- Children starting at age 12 months
- People with blood clotting disorders
- People with chronic liver diseases such as hepatitis B or C
- Travelers to countries where hepatitis A is endemic
- Family members and caregivers of recent adoptees who are from countries where hepatitis A is endemic

## **What about hepatitis A immunization for individuals who work with persons in the target groups?**

Since there is no outbreak in San Francisco, employees and volunteers who work with persons experiencing homelessness or using illicit drugs are not currently at increased risk of acquiring hepatitis A. SFPDPH is prioritizing vaccination for the target groups above, not for employees and volunteers.

As a proactive measure, however, certain workers may benefit from getting hepatitis A vaccine now in order to reduce the urgent need for vaccination should there be an outbreak in San Francisco in the future. These include:

- Those with frequent, close physical contact in the field with homeless individuals or with individuals using illicit drugs in settings with limited sanitation
- Those involved physically in cleanup of streets or encampments

Vaccination can be requested from providers under the person's health plan, where it may be covered, or obtained at pharmacies and other locations for a fee – see the Vaccine Finder at <https://vaccinefinder.org/>.

## **How is hepatitis A vaccine administered?**

For adults aged  $\geq 19$  years, hepatitis A vaccine is administered as 1.0 mL intramuscularly into the deltoid. Children aged 1-18 years receive a 0.5 mL dose. The series is 2 doses given at time 0 and 6-12 months. If the 2<sup>nd</sup> dose is delayed there is no need to restart the series. Brands available are Havrix<sup>®</sup> (GSK) and VAQTA<sup>®</sup> (Merck). Completion of the series with the same brand is preferred but if the initially used product is unavailable or unknown, vaccination with either product is acceptable. If the 1<sup>st</sup> dose was given prior to age 19, the dosage of the 2<sup>nd</sup> dose is based on the person's age at the time of administration.

## **What is the availability of hepatitis A vaccine in San Francisco?**

- SFPDPH currently has sufficient supply to vaccinate target groups.
- Adult dose hepatitis A vaccine is still available at many provider offices and pharmacies.
- As more hepatitis A vaccine is directed to areas with outbreaks, the vaccine supply of monovalent adult dose hepatitis A vaccine may become constrained and/or subjected to further prioritization.
- The supply of pediatric dose hepatitis A vaccine is adequate and not expected to be constrained.

## **What if the adult hepatitis A vaccine is not available at my clinic or hospital?**

Providers can refer members of the target groups to one of several drop-in centers for hepatitis A vaccination. Updated information is published online:

- Drop-in hepatitis A vaccine centers for individuals experiencing homelessness or using injection or non-injection drugs: <http://www.sfcddcp.org/preventhepA.html>
- Drop-in hepatitis A vaccine centers for MSM: <http://sfcddcp.org/vaccinesgaybimen.html>

Alternatively, providers wishing to vaccinate their own patients can consider using the combined hepatitis A and hepatitis B vaccine (Twinrix<sup>®</sup>) or deferring immunization until additional vaccine becomes available.

- Twinrix contains half the hepatitis A antigen per dose, compared with the adult monovalent hepatitis A vaccine. It is approved for persons age  $\geq 18$  years and is given as a 3-dose series at time 0, 1, and 6 months or as a 4-dose accelerated series at time 0, 7, and 21-30 days and at 12 months. Seroprotection against hepatitis A is slightly less likely after just one dose of Twinrix compared to one dose of monovalent hepatitis A vaccine, but this difference disappears once the full series is completed.

### **Is pre-vaccination serologic testing for immunity recommended?**

For those in the target groups, pre-vaccination serologic testing for immunity is not recommended, as it may present a barrier to immunization (for example, if the patient is found to be susceptible but does not return for vaccination).

For others, if pre-vaccination serologic testing has been determined to be appropriate, the proper test to order is the Total Hepatitis A Antibody test (anti-HAV total Ab). This test measures both IgM and IgG. A positive result indicates immunity.

### **Is post-vaccination serologic testing for immunity recommended?**

Post-vaccination serologic testing is not indicated because of the high rate of vaccine response.

### **Can hepatitis A vaccine be given to people with HIV or those with compromised immune systems?**

Yes, it is an inactivated vaccine that is safe for individuals with HIV or compromised immune systems.

### **What are the contraindications to hepatitis A vaccine?**

- Severe allergic reaction (e.g. anaphylaxis) after a previous dose of hepatitis A-containing vaccine, or to any component of hepatitis A vaccine. For information on vaccine components, see the manufacturer's package insert.
- Age less than 12 months

### **If a patient has had hepatitis A in the past, can they get it again? And do they need to get the hepatitis A vaccine?**

Past infection with hepatitis A confers immunity to re-infection and is determined by positive anti-HAV total antibody test. Vaccination is not required in this situation.

### **What if a patient can't recall their hepatitis A vaccination status and no records are available?**

Initiate vaccination if the patient is in one of the target groups for hepatitis A vaccine. Receiving extra doses of the vaccine is not harmful if in fact the patient was previously vaccinated.

### **What if the patient has 1 documented dose of hepatitis A vaccine AND a positive anti-HAV total Ab test?**

If there is additional documentation of prior hepatitis A illness (outpatient or hospital records indicating positive anti-HAV IgM plus symptoms compatible with HAV infection) then the person can be considered immune due to natural infection and no further doses are needed.

Alternatively, if there is no additional documentation of prior hepatitis A infection, then it may be assumed that positive anti-HAV total Ab is due to a single prior dose of vaccine, and the second dose should be given to complete the series for long term immunity.

### **How effective is the hepatitis A vaccine?**

After 1 dose of vaccine 95-98% of people will achieve seroprotection for a period of time. After 2 doses of vaccine given at least 6 months apart, >99% of recipients will have long term (and probably life-long) protection.

## **Is the vaccine OK for pregnant women? What about breastfeeding?**

Hepatitis A vaccine is an inactivated vaccine. Inactivated vaccines have not been shown to cause increased risk to infants during pregnancy or during breast feeding.

### **Additional Resources**

SFDPH Communicable Disease Control & Prevention

<http://sfcdcp.org/>

CDPH Hepatitis A Outbreak Information

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A-Outbreak.aspx>.

Immunization Action Coalition Hepatitis A Vaccine Page

<http://www.immunize.org/hepatitis-a/>

ACIP Hepatitis A Vaccine Recommendations

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html>