Subject: Strategies to Help Contain the Current Hepatitis A Outbreak

July 17, 2017

Dear VFA Providers,

Outbreaks of hepatitis A disease are currently ongoing in two California counties in persons who are homeless and/or using illicit drugs. In San Diego County at least 228 cases and 5 deaths have been reported since November 2016. In Santa Cruz County at least 27 cases have been reported since April 2017. Cases due to the same strain of hepatitis A virus (HAV) have been identified in both counties as well as in Arizona and Utah. Transmission is presumed to occur person-to-person; no commercial product has been identified as being contaminated. Based on current information, all populations who are homeless or using injection and non-injection illicit drugs can be considered at risk of outbreaks if exposed to HAV.

The California Department of Public Health (CDPH) distributed a July 13 2017 Clinical Advisory, “Immunize to Prevent and Control Hepatitis A Outbreaks.” CDPH is recommending VFA providers implement the following in their practices to help prevent and control hepatitis A outbreaks.

1. **Coordinate with your local health jurisdiction**
   Review the July 13 2017 Clinical Advisory and the steps below, and develop an implementation plan according to your patient population’s needs. Contact your local health jurisdiction to discuss updates on any hepatitis A cases in your area, advise them of your implementation plan, and coordinate to conduct outreach activities.

2. **Offer Hepatitis A (HepA) vaccine to** persons who are homeless or might be using illicit injection or non-injection drugs. Coordinate with any behavioral health/substance use disorder programs in your organization.

   **In jurisdictions with hepatitis A outbreaks, also offer HepA vaccine to** persons who have frequent close contact with persons who are homeless or using illicit drugs (e.g., in homeless shelters, correctional facilities, food pantries, or drug rehabilitation programs).

**HepA vaccine is routinely recommended for:**
- Persons with chronic liver disease, including those with hepatitis B or C virus (HBV or HCV) infection
- Users of injection and non-injection illicit drugs
- Men who have sex with men
- Persons traveling to or working in countries that have high or intermediate levels of HAV transmission
- Any person wishing to obtain immunity to HAV
- Persons who have been exposed to HAV in the prior 2 weeks and are not known to be immune (immune globulin is an alternative to vaccine or given in addition to vaccine in some instances).
3. **Educate providers and staff**
   The [hepatitis A vaccine](https://www.cdc.gov/hepatitis/vax/index.htm) protects against the hepatitis A virus (HAV), which can cause serious liver disease. HAV is transmitted through the fecal-oral route, often by sharing contaminated objects, food, or liquids or by having sex with someone who has HAV infection. Visit the CDC’s [Viral Hepatitis](https://www.cdc.gov/hepatitis/) webpage for provider/staff educational resources.

4. **Stock hepatitis A vaccine**
   Ensure your clinic stocks sufficient vaccine doses to meet the need for your under/uninsured as well as insured patients.
   - **Uninsured and Underinsured Adults (317 Vaccine Supply)**
     Assess your VFA vaccine stock for HepA vaccine doses and place an additional order should your current need in the context of the outbreak exceed your previous estimate for this vaccine.
   - **Insured Adults (or Adults with vaccines as a covered benefit of plan/program)**
     If you don’t currently purchase HepA vaccine for insured adults, please purchase doses to meet their needs. Inquire about vaccine ordering and delivery timelines as well as any available credit for unused expired doses if returned to the manufacturer or distributor.
       - For Medi-Cal patients (Fee-for-Service or Managed Care), HepA vaccine given in a provider’s office or network pharmacy is covered without prior authorization. Call the Plan’s member services number (on the back of the patient’s Medi-Cal Benefits ID Card) to locate a network pharmacy and confirm availability of vaccination at the pharmacy.
       - HepA vaccine is included on the [AIDS Drug Assistance Program (ADAP) formulary](https://www.cdc.gov/hepatitis/adap/index.html).

5. **Identify and conduct outreach to your at-risk patients**
   We encourage you to proactively identify the subset of your patients that are at risk for contracting hepatitis A disease (e.g., starting with your homeless patients and those using illicit injection or non-injection drugs) and offer vaccination as they come in for care. In addition, consider conducting outreach to inform your at-risk patients, and to recall them in to the clinic to be vaccinated.

   **In coordination with your local health department, consider conducting mobile clinics with VFA vaccines in areas that are accessible for your county’s homeless population.** See the [VFA resources page](https://www.cdc.gov/vaccines/sfa/aids-adap.html) for the [317-Funded Vaccines Eligibility Screening Record](https://www.cdc.gov/vaccines/sfa/aids-adap.html).

6. **Educate your patients**
   To increase vaccine uptake, providers should actively communicate with at-risk patients about the need for hepatitis A vaccination. More information about hepatitis A disease and vaccination can be found at the CDC’s [Hepatitis A webpage](https://www.cdc.gov/hepatitis/a/index.htm) and the CDPH [Hepatitis A webpage](https://www.cdph.ca.gov/Programs/CID/DCDC/content/hepatitis_care.htm). Please consider posting educational materials in your waiting room, and disseminating printed materials to your patients and the community you work in.
7. **Refer if you cannot vaccinate onsite**
   To protect the population at risk, it is critical that no patient presenting for vaccination is turned away. Maintaining adequate levels of hepatitis A vaccine supply for your uninsured and insured patients is critical. If an at-risk patient presenting to your clinic cannot be vaccinated on site, please refer the patient to any of the public health, community and pop up clinics offering free vaccinations or to the pharmacy vaccination sites in your jurisdiction.

8. **Document all vaccine doses administered in the immunization registry**
   Document all vaccine doses in the California Immunization Registry or local immunization registry to properly track vaccine doses administered, ensure that adequate vaccine supply is maintained, and maintain accurate data to assess rates of coverage.

We greatly appreciate your commitment to strengthening the adult immunization infrastructure. Please join us in addressing this ongoing hepatitis A outbreak among some of California’s most vulnerable populations.