Infectious Disease & Immunization Forum Webinar: Hepatitis A 2017 Outbreak Response – Lessons from Big Cities

November 3, 2017
**Hepatitis A 2017 Outbreak Response – Lessons from Big Cities**

Friday, November 3, 2017, 12:00 – 1:30 pm Eastern Time  

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 12:10 PM</td>
<td>Welcome</td>
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<tr>
<td></td>
<td>• Michelle Cantu, Director, Infectious Disease and Immunizations, NACCHO</td>
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<tr>
<td>12:10 – 12:30 PM</td>
<td>San Diego</td>
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<tr>
<td></td>
<td>• Dr. Sayone Thialalipavan, Deputy Public Health Officer, Public Health Services, County of San Diego Health and Human Services Agency</td>
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<tr>
<td>12:30 – 12:45 PM</td>
<td>Detroit</td>
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<td>• Dr. Suzanne White, Chief Medical Advisor, Detroit Health Department</td>
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<tr>
<td>12:45 – 1:00 PM</td>
<td>Los Angeles</td>
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<tr>
<td></td>
<td>• Dr. Sharon Balter, Director, Acute Communicable Disease Control, Los Angeles County Department of Public Health</td>
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<tr>
<td>1:00 – 1:30 PM</td>
<td>Q&amp;A</td>
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<tr>
<td></td>
<td>• Moderated by Michelle Cantu, Director, Infectious Disease and Immunizations, NACCHO</td>
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<td>1:30 PM</td>
<td>Closing</td>
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</tbody>
</table>

Presentation materials and recording will be made available. In addition, please complete the evaluation form which will be sent to you after the webinar.
San Diego
HEPATITIS A OUTBREAK
SAN DIEGO COUNTY

Sayone Thihalolipavan MD, MPH
Deputy Public Health Officers
Health and Human Services Agency
County of San Diego

NACCHO Hepatitis A 2017 Outbreak Response Webinar
November 3, 2017

Image: CDC
Incidence* of reported acute hepatitis A cases
National Notifiable Diseases Surveillance System, United States, 1987–1997† (pre-vaccine) and 2007

* Rate per 100,000 population.  † Annual average incidence.

Source: CDC. Downloaded 7/1/17 from: https://www.cdc.gov/mmwr/volumes/65/su/su6501a6.htm
All Hepatitis A Cases, San Diego County
1994 - 2015

Vaccine introduced

Routine vaccination for children in high-incidence states (including California)

Routine vaccination for all U.S. children

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 10/26/17
Rate of Hepatitis A Virus Infection by Age
San Diego County, 1996-2015

Data are provisional and subject to change as additional information becomes available. Grouped by CDC disease years.
Outbreak-associated Hepatitis A cases by onset week

11/1/2016 - 3/11/2017

Outbreak Determined
Consulted with CDPH and CDC
Sent Health Alert with local Health Officer
recommendation to also immunize homeless

*Date of specimen collection or report used if onset date unknown; dates may change as information becomes available

Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 10/26/17
PUBLIC HEALTH STRATEGY

- Vaccinate
- Sanitize/Hygiene
- Educate
Outbreak-associated Hepatitis A cases by onset week

11/1/2016–10/26/2017, N = 536*

*Date of specimen collection or report used if onset date unknown; dates may change as information becomes available.
All Hepatitis A Cases, San Diego County

1994 - 2017*

- Vaccine introduced
- Routine vaccination for children in high-incidence states (including California)
- Routine vaccination for all U.S. children

*Year to date. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Epidemiology & Immunization Services, 10/26/17
## HEPATITIS A OUTBREAKS, UNITED STATES 1995 - PRESENT

<table>
<thead>
<tr>
<th>YEAR</th>
<th>LOCATION</th>
<th>METHOD OF SPREAD/SOURCE</th>
<th>#CASES</th>
<th>#HOSPITALIZATIONS</th>
<th>#DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>PA &amp; OH</td>
<td>Food (Green Onions)</td>
<td>660</td>
<td>Unknown</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td>2016-17</td>
<td>SAN DIEGO</td>
<td>Close Person to Person Contact</td>
<td>536</td>
<td>369 (69%)</td>
<td>20 (3.7%)</td>
</tr>
<tr>
<td>2016-17</td>
<td>MICHIGAN</td>
<td>Close Person to Person Contact</td>
<td>457</td>
<td>370 (86%)</td>
<td>18 (4.2%)</td>
</tr>
<tr>
<td>2016</td>
<td>HAWAII</td>
<td>Food (Raw Scallops)</td>
<td>292</td>
<td>74 (25%)</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>10 states</td>
<td>Food (Pomegranate Seeds)</td>
<td>165</td>
<td>71 (43%)</td>
<td>0</td>
</tr>
</tbody>
</table>
HEPATITIS A, SAN DIEGO

- 536 confirmed/probable outbreak cases
  - Onset dates from 11/22/16 through 10/26/17
  - 369 (69%) hospitalizations, 20 (3.7%) deaths
  - 363 (68%) male, 173 (32%) female
  - Age range 5-96 (median 43)

- Suspected exposure type
  - 172 (32%) homeless and illicit drug use
  - 87 (16%) homeless only
  - 64 (12%) illicit drug use only
  - 152 (28%) neither
  - 61 (11%) unknown
Co-infections
- 74/418 (17.7%) with hepatitis C
- 22/427 (5.2%) with hepatitis B
- 24 non-outbreak cases meet CSTE definition (not included in count)
- 32 suspect cases under investigation
- Linked cases in other CA counties, AZ, CO, RI, UT
Activation of Incident Command System and response to the outbreak focused on a three-pronged strategic approach to:

- **Vaccinate**
- **Sanitize**
- **Educate**

Conducted surveillance, case investigations, and post-exposure prophylaxis. Worked closely with Department of Environmental Health on possible food sources and collaboration with other partners at local, state, and federal levels.

- Local health emergency declared on **9/1/17**.
- Governor declared a State of Emergency on **10/13/17**.
**CHALLENGES**

- **Disease-specific**
  - Long incubation period; infectious period before & after symptom onset
  - Lack of effectiveness of hand sanitizer

- **Population-specific**
  - May be difficult to reach for interview
  - May not interface with or be able to access existing vaccination sites
  - May not have adequate access to sanitation

- **Other**
  - Low vaccination rates amongst adults with CDC indications
  - Isolation of discharged medically stable yet infectious homeless individuals
  - Potential of cross over into other populations or general public
  - Risk communication as relates to those at risk vs. “worried well”
CDC VACCINATION RECOMMENDATIONS

- All children
- Travelers to countries with high or intermediate endemicity of HAV infection
- Men who have sex with men
- Intravenous and non-intravenous illicit drug users
- People with chronic liver disease
- Persons with clotting factor disorders
- Close contacts of newly arriving international adoptees
- Persons working with nonhuman primates
- Also noted - any person who desires immunity
³/17: Homeless individuals

5/17: Homeless services providers and volunteers, public safety workers who work with at-risk, behavioral health who work with at-risk, and selected healthcare workers who work with at-risk

6/17: Sanitation and janitorial workers who clean up after at-risk

8/17: Food handlers
VACCINATION SITES

- Over 90,000 vaccinations offered at:
  - Public Health Centers
  - Medical institutions
  - Jails during intake and to inmates
  - Substance use disorder treatment programs
  - Homeless service providers
  - Single Room Occupancy hotels
  - Encampments, ravines, culverts, and other areas in the field with homeless outreach workers, sometimes including homeless outreach team workers or police officers;
  - Emergency Departments
EXPANDING VACCINATION CAPACITY

- Vaccinations offered by:
  - County-employed nurses, including behavioral health settings
  - Contract or temp agency nurses
  - Local Medical Reserve Corps volunteers
  - Medical community, including pharmacists
  - County Medical Society Foundation volunteers
  - Paramedics – required local scope of practice expansion

- Note: Coupling with flu vaccinations and other services when possible
SANITIZE (HYGIENE)

- Indoor sanitation
  - Disinfection guidance for indoor areas available
  - Food inspectors provide guidance information to operators during more than 8,265 inspections
- Outdoor sanitation and access to hygiene
  - Sanitation of streets being conducted in some areas
  - 149 handwashing stations placed
  - Public restroom access expanded where possible
  - 8,172 hygiene kits distributed
Handwashing station being used in downtown San Diego on 9/2 (Photo: San Diego Union Tribune)
City contractor cleaning a street in downtown San Diego on 9/11 (Photo: San Diego Union Tribune)
MAP OF HANDWASHING STATIONS AND PUBLIC BATHROOMS ON 211 PAGE

http://211sandiego.org/resources/health-wellness
EDUCATE

- 14 news stories, 2 press conferences
- Provided 146 education events, with a total reach to 3,070 attendees
- Conducted meetings with homeless service providers (more recently with HUD), behavioral health providers, and city leadership of local jurisdictions
- Distributed flyers, posters, FAQs, and more – available on webpage
- Activated 2-1-1, non-emergency hotline, for general inquiries
- Creating guidance for “infrequent volunteers” during holidays and for annual Point in Time Count of homeless
- Enhancing communication to MSM population
10 CA Health Alert Network (CAHAN) notifications

Convened health care providers and attended high level health care stakeholder meetings to encourage:

- Recognition and active reporting of suspect cases to allow interviews to be conducted before patient lost to follow up
- Vaccination of population at risk and/or those recommended by CDC
- Checking of San Diego Immunization Registry before vaccination to avoid redundant doses and noting doses given afterwards
- Avoiding discharge of infectious patients to the street by using established temporary housing process
- Use of standard precautions
Notified over 14,000 permitted food facilities in the region

Emailed information and prevention guidance to:
- 8,000 food facilities and partners
- 3,300 HAZMAT permitted businesses
- 2,700 agricultural growers and farmers
- 2,400 public pool facilities

Stakeholder notifications to over 11,800 food industry businesses

Informed over 8,265 operators during food inspections

Outreach to 3,150 additional businesses, permitees and community groups
Multiple County Departments involved

Local medical providers and related organizations

Local homeless service and behavioral health providers and related organizations

Local municipalities

Other local partners including but not limited to local restaurant association, food and beverage association, faith-based organizations, food banks and pantries, hotel motel association, farmers market and agricultural growers, chamber of commerce

State partners including but not limited to California Department of Public Health, California Emergency Medical Services Authority, California Department of Pesticide Regulation, and San Diego River Conservancy

Federal partners
  ▪ Centers for Disease Control and Prevention
  ▪ Housing and Urban Development
Number of Hepatitis A Outbreak Associated Cases with Available Location Data by Zip Code(s)

Case Count by Zip Code
- 1 - 4
- 5 - 11
- 12 - 18
- 19 - 29
- 30 or More

536 Cases
(2021-2022)

1,348 Vaccination Field Events
(2021-2022)

21,299 Field Vaccinations
(2021-2022)

90,735 Total Vaccinations Administered
(2021-2022)

These data reflect the patient’s reported Zip Code and may not necessarily reflect the Zip Codes where the Hepatitis A case exposure occurred.

Zip Codes with a population of less than 5,000 residents are combined with neighboring Zip Codes.

Of the 536 total cases, 82 cases are not mapped due to incomplete location information.

Data is preliminary and subject to change based on new information.
Hepatitis A Outbreak Vaccination Field Event Locations

Vaccination field events include stationary mass vaccination clinics, vaccination efforts using a mobile van, and non-stationary "foot team" efforts in the field.

Field vaccinations are the number of vaccinations given during vaccination field events.

Total vaccinations administered represents total vaccinations administered countywide. These include but are not limited to vaccinations from vaccination field events, vaccinations administered in clinical settings (e.g., Jails, Public Health Centers, Emergency Departments, Community Clinics, Pharmacies), vaccinations given to at-risk professionals, and vaccinations given to individuals after exposure to a Hepatitis A case.

Zip Codes with a population of less than 5,000 residents are combined with neighboring Zip Codes.

Data is preliminary and subject to change based on new information.

536
Cases
as of 7/10/21

1,348
Vaccination Field Events
as of 7/10/21

21,299
Field Vaccinations
as of 7/10/21

90,735
Total Vaccinations Administered
as of 7/10/21

*Map points display only 1,348 Vaccination Field Events*
For more information contact:

Sayone Thihalolipavan, MD, MPH
Deputy Public Health Officer
Public Health Services
County of San Diego Health and Human Services Agency

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San Diego, CA 92110
Phone: (619) 542-4916
Email: sayone.thihalolipavan@sdcounty.ca.gov

Webpage: http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A.html
Detroit
Hepatitis A Outbreak in SE Michigan

Suzanne R. White, MD, MBA
Chief Medical Advisor
Detroit Health Department
Michael E. Duggan, Mayor
Detroit and Southeastern Michigan

Bar chart showing population data for Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne counties from 2010 to 2014. The data is sourced from the American Community Survey (ACS) by Courtney Flynn, WSU/CUS.
Hepatitis A in Southeast Michigan, Since 8/1/16

- Large increase in monthly cases
- Initial cases include persons with substance abuse disorder, homelessness, transient living, incarcerated, MSM, food workers
- No common source of infection identified
Hepatitis A Cases in Southeast MI
Detroit City, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Sanilac, Washtenaw & Wayne * for Confirmed Cases Referred August 1, 2016 — October 18, 2017†

*Also includes 1 case from Huron County that was found to have the outbreak strain when tested by CDC.
†Analysis excludes cases that have been submitted to CDC and found to be PCR Negative, have a different strain from the outbreak strains, or have international travel in the 2-6 weeks prior to illness onset.
Confirmed Hepatitis A Cases*

(*By Week of Illness Onset)

Confirmed Hepatitis A Case Onset by Week for Detroit City, Ingham, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Sanilac, Washtenaw and Wayne Counties for cases referred Aug 1, 2016 to Oct 25, 2017

*If illness onset was not identified first lab collection date was used in place
Southeast Michigan Hepatitis A Outbreak Cases and Deaths

From August 1, 2016 to October 26, 2017

*Table updated weekly by 4:00pm each Friday at www.mi.gov/hepatitisAoutbreak

<table>
<thead>
<tr>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>457</td>
<td>370 (85.6%)</td>
<td>18 (4.2%)</td>
</tr>
</tbody>
</table>

Please note: Affected jurisdictions include City of Detroit, and Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Sanilac, Washtenaw & Wayne Counties. Table does not include all reported hepatitis A cases in the region; only those that are identified as outbreak-related. More descriptive data on the current outbreak can be found within the Comprehensive Summary. Data are provisional and subject to change.

Source: www.mi.gov/hepatitisAoutbreak
## Epi Summary for Hepatitis A Cases in Southeast MI (Detroit City, Ingham, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Sanilac, Washtenaw & Wayne)* for Confirmed Cases Referred August 1, 2016-October 25, 2017†

<table>
<thead>
<tr>
<th></th>
<th>H2 CY2016</th>
<th>Q1 CY2017</th>
<th>Q2 CY2017</th>
<th>Q3 CY2017</th>
<th>MTD Oct-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total # of Cases (by Onset)</strong></td>
<td>56</td>
<td>71</td>
<td>66</td>
<td>212</td>
<td>52</td>
<td>457</td>
</tr>
<tr>
<td># Primary Confirmed Cases w/ Outbreak Strains</td>
<td>21</td>
<td>33</td>
<td>39</td>
<td>48</td>
<td>0</td>
<td>141</td>
</tr>
<tr>
<td># Primary Confirmed Cases w/out sequencing</td>
<td>34</td>
<td>29</td>
<td>22</td>
<td>155</td>
<td>51</td>
<td>291</td>
</tr>
<tr>
<td># Secondary Confirmed Cases</td>
<td>1</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>25</td>
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### Data below excludes secondary cases

<table>
<thead>
<tr>
<th><strong>Variable</strong></th>
<th>H2 CY2016</th>
<th>Q1 CY2017</th>
<th>Q2 CY2017</th>
<th>Q3 CY2017</th>
<th>MTD Oct-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, n (%)</td>
<td>20 (36.4)</td>
<td>21 (33.9)</td>
<td>21 (34.4)</td>
<td>83 (40.9)</td>
<td>15 (25.4)</td>
<td>160 (37.0)</td>
</tr>
<tr>
<td>Hospitalized, n (%)</td>
<td>48 (67.3)</td>
<td>52 (83.9)</td>
<td>53 (86.9)</td>
<td>171 (84.2)</td>
<td>46 (90.2)</td>
<td>370 (85.6)</td>
</tr>
<tr>
<td>Min Age (years)</td>
<td>24</td>
<td>21</td>
<td>24</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Max Age (years)</td>
<td>83</td>
<td>86</td>
<td>86</td>
<td>87</td>
<td>74</td>
<td>87</td>
</tr>
<tr>
<td>Median Age (years)</td>
<td>45</td>
<td>43.5</td>
<td>39</td>
<td>42</td>
<td>36</td>
<td>42</td>
</tr>
<tr>
<td>No Substance Abuse + No Homeless/Transient Living, n (%)</td>
<td>29 (52.7)</td>
<td>18 (29.0)</td>
<td>15 (24.6)</td>
<td>84 (41.4)</td>
<td>13 (25.5)</td>
<td>159 (36.8)</td>
</tr>
<tr>
<td>Documented Substance Abuse, n (%)</td>
<td>16 (29.1)</td>
<td>37 (59.7)</td>
<td>38 (62.3)</td>
<td>92 (45.3)</td>
<td>24 (47.1)</td>
<td>207 (47.9)</td>
</tr>
<tr>
<td>Homeless/Transient Living, n (%)</td>
<td>9 (15.4)</td>
<td>8 (12.9)</td>
<td>11 (18.0)</td>
<td>17 (8.4)</td>
<td>4 (7.8)</td>
<td>49 (11.3)</td>
</tr>
<tr>
<td>History of Hepatitis B, n (%)</td>
<td>3 (5.5)</td>
<td>3 (4.8)</td>
<td>2 (3.3)</td>
<td>5 (2.5)</td>
<td>0 (0.0)</td>
<td>13 (3.0)</td>
</tr>
<tr>
<td>History of Hepatitis C, n (%)</td>
<td>9 (16.4)</td>
<td>14 (22.6)</td>
<td>22 (36.1)</td>
<td>60 (29.6)</td>
<td>14 (27.5)</td>
<td>119 (27.5)</td>
</tr>
<tr>
<td>MSM, n (%) *Data includes only male cases</td>
<td>1 (2.9)</td>
<td>1 (2.4)</td>
<td>2 (3.0)</td>
<td>6 (5.0)</td>
<td>11 (20.6)</td>
<td>21 (7.7)</td>
</tr>
<tr>
<td>Correctional Facility inmates, n (%)</td>
<td>1 (1.8)</td>
<td>2 (3.2)</td>
<td>4 (6.6)</td>
<td>16 (7.9)</td>
<td>4 (7.8)</td>
<td>27 (6.3)</td>
</tr>
<tr>
<td>Healthcare Worker, n (%)</td>
<td>1 (1.8)</td>
<td>0 (0.0)</td>
<td>1 (1.6)</td>
<td>6 (3.0)</td>
<td>3 (5.9)</td>
<td>11 (2.5)</td>
</tr>
<tr>
<td>Food Worker, n (%)</td>
<td>2 (3.6)</td>
<td>1 (1.6)</td>
<td>2 (3.3)</td>
<td>9 (4.4)</td>
<td>3 (5.9)</td>
<td>17 (3.9)</td>
</tr>
<tr>
<td>Deaths, n (%)</td>
<td>4 (7.3)</td>
<td>4 (6.5)</td>
<td>3 (4.9)</td>
<td>6 (3.0)</td>
<td>1 (2.0)</td>
<td>18 (4.2)</td>
</tr>
<tr>
<td>Cases LTF</td>
<td>14 (25.5)</td>
<td>19 (30.6)</td>
<td>21 (34.4)</td>
<td>43 (21.2)</td>
<td>2 (3.9)</td>
<td>99 (22.9)</td>
</tr>
</tbody>
</table>

*Also includes 1 case from Huron County that was found to have the outbreak strain when tested by CDC
†Analysis excludes cases that have been submitted to CDC and found to be PCR Negative, have a different strain from the outbreak strains, or have international travel in the 2-6 weeks prior to illness onset.
†Source of data: MDSS

Strategy to Stop the Spread
Strategies to Stop the Spread

• Understanding the Risk
• Prevention
  • Outreach
  • Education
  • Vaccination
• Response
  • PEP
  • Protecting Key Personnel
Persons at Increased Risk for Hepatitis A or for Severe Outcomes of Infection

- Persons who use injection and non-injection illegal drugs
- Persons who are homeless
- Persons who are incarcerated
- Persons who work with the high risk populations listed above
- Persons who have close contact, care for, or live with someone who has HAV
- Persons who have sexual activities with someone who has HAV
- Men who have sex with men
- Travelers to countries with high or medium rates of HAV
- Persons with chronic liver disease, such as cirrhosis, hepatitis B, or hepatitis C*
- Persons with clotting factor disorders (hemophilia)
- Any person who is concerned about HAV exposure and wants to be immune

*Individuals with chronic liver disease (e.g., cirrhosis and hepatitis C) may not be at increased risk of getting HAV infections but are at increased risk of having poor outcomes if they are infected with HAV.

Note: Following its introduction in 1996, hepatitis A vaccine was initially recommended for children and adolescents in communities with high or intermediate HAV endemicity (regularly found). Since 2006, ACIP has recommended universal childhood vaccination for use at age 12-23 months in all states (though not required vaccination for child care or school entry).
In support of efforts, MDHHS has a website for the hepatitis A outbreak that has important and timely information, available at:

www.mi.gov/hepatitisAoutbreak

• The website contains a brief case count, hospitalized cases, and deaths for an at-a-glance review that is updated each Friday.
• A Comprehensive Summary with case demographics and risk profiles is also available along with communication documents and educational materials available for download.
**Printed Materials**
(Over 10,000 Distributed)

**Brochure – Help stop the spread of hepatitis A in Michigan communities**
(updated 10/2017)

**Poster – Protect Yourself from Hepatitis**
(updated 10/2017)

**Flyer – Hepatitis A is in Michigan communities**
Communications

Michigan Health Alert Network (MIHAN) Messages

- Increased hepatitis A Activity in Some Southeast Michigan Counties (10/28/16)
- Continued Increase in hepatitis A cases in Southeast Michigan counties (3/24/17)
- Ongoing hepatitis A Outbreak in SE MI (7/18/17)
- Increase in hepatitis A cases among men who have sex with men – Southeast Michigan, October 2017 (10/19/2017)

Press Releases

- Continued increase in hepatitis A cases in southeast Michigan (3/24/17)
- Health officials continue to investigate ongoing hepatitis A outbreak in Southeast Michigan (7/7/2017)
- Public health officials continue hepatitis A investigation, vaccination efforts (9/21/2017)
- Hepatitis A cases increase among men who have sex with men, associated with Southeast Michigan outbreak (10/26/2017)

Letters

- Letter to Healthcare Workers (7/18/17)
- Letter to Healthcare Workers and LHDs (8/1/17)
- Letter to Medicaid Providers (9/15/17)
- DHD Letters to Providers (10/6 and 10/31/17)
- DHD Newsletter to Providers (10/31/17)

Presentations & Partnerships to Distribute Outreach Materials
September 18, 2017: the Michigan Medicaid program issued a letter to healthcare providers about the outbreak including prevention, testing, and treatment information. This letter was sent to 5,069 Medicaid-enrolled providers and 11,758 other providers.
Prevention: Vaccination

On September 18, the state Medicaid program issued a letter to healthcare providers about the outbreak, testing information, including prevention, testing, and treatment information. This letter was sent to 5,069 Medicaid-enrolled providers and another 11,758 providers and interested parties signed up for Medicaid updates.
# Hepatitis A Vaccine Coverage Estimates

<table>
<thead>
<tr>
<th></th>
<th>Michigan Children 19 through 35 months as of June 30, 2017</th>
<th>United States Children 19 through 35 months as of 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>have at least 2 doses of the Hepatitis A vaccine recorded in the Michigan Care Improvement Registry (MCIR)*</td>
<td>have at least 2 doses of the Hepatitis A vaccine ever as reported to the National Immunization Survey</td>
</tr>
<tr>
<td>Coverage Est., 19 through 35 months 2+ Doses</td>
<td>57.9 %</td>
<td>59.6 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Michigan Adults 19 years and older as of October 21, 2017</th>
<th>United States Adults 19 years and older as of 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>have at least 1 or 2 doses of the Hepatitis A vaccine ever recorded in the MCIR</td>
<td>have at least 2 doses of the Hepatitis A vaccine ever as reported to the National Health Interview Survey</td>
</tr>
<tr>
<td>Coverage Est., ≥19 yrs., 1+ Doses Ever</td>
<td>12.4 %</td>
<td>--</td>
</tr>
<tr>
<td>Coverage Est., ≥19 yrs., 2+ Doses Ever</td>
<td>7.9 %</td>
<td>9.0 %</td>
</tr>
</tbody>
</table>

*MCIR Reporting Rules: Health care providers who are required to report an immunization shall report: ALL immunizations administered to every child born after December 31, 1993 and less than 20 years of age within 72 hours of administration. Adult vaccination record submission to the MCIR is not required though highly encouraged. A 2006 change to the Michigan Public Health Code enabled the MCIR to transition from a childhood immunization registry to a lifespan registry including citizens of all ages in the MCIR.
Prevention Vaccination

• DHD held 21 vaccination clinics to reach high risk individuals in shelters, soup kitchens, and treatment centers

• MDHHS & DHD working with Detroit’s 4 Major ED Trauma Centers to assure ongoing ED vaccination targeting at-risk patients

• DHD working with Detroit’s FQHCs to ramp up and sustain vaccination efforts for high risk patients

• MDHHS working with Macomb, Oakland, St. Clair Counties and Michigan Department of Corrections to implement jail and detention center vaccination

• DHD is vaccinating all Detroit MFRs through a train-the-trainer program

• Efforts have been led by DHD CD & Immunizations Teams and supported by DHD EP, MRC, MI Volunteer Registry, the VNA and other community groups
Reasons for Declination

- Some believed they had already received the Hepatitis A vaccine
- Inmates could not be verified in MCIR
- Staff without access to MCIR
- Fear of needles
- Dislike of like the government
- Fear of experimentation (Tuskegee Project)
- Fear that vaccines were expired or unsafe
- Fear that the vaccine might worsen Hepatitis C or cause recurrence
Ongoing Challenges & Lessons Learned

- Difficult to reach populations (Geographic constraints)
- High numbers of close contacts, partners lost to follow-up
- Vaccine financing, shortage, delivery issues
- Epidemiological support needed
- Partnerships are critical
For questions related to this Presentation, contact MDHHS:

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LA County
Responding to a Potential Hepatitis A Emergency in Los Angeles County

Sharon Balter, MD
Chief, Acute Communicable Disease Control
Los Angeles County
Department of Public Health
Los Angeles County

- Population >10 million
  - More than 25% of California residents live in LAC
  - Most populous county in the US
- Size - 4,058 square miles
  - Larger than Rhode Island and Delaware combined
- Population density is very high: 2,420 people per square mile
- Los Angeles County has the highest number of millionaires and the largest number of homeless people of any county in the US
Los Angeles County

- Estimated 57,000 homeless spread over the community
  - Many large tent encampments
  - Additional smaller sites
  - Proximity to San Diego and Santa Cruz elevated concern
  - A lot of travel between jurisdictions
- 400,000 MSM
  - Recent increases both nationally and internationally along with other recent outbreaks in this community elevated concern for Hepatitis A
Hepatitis A in LA County

- In LA County there are approximately 40-60 cases each year
- Highest rates in people 35-44 years old
- No cases among homeless population in recent years
Current Outbreak in LA County

- 14 outbreak associated cases
- June-July
  - 1 from SD to a board and care
  - 1 from SD to a mental health facility, 3 secondary cases
  - Vaccination of contacts, no additional spread
Current Outbreak in LA County

• Beginning in September
  – Cases reported among homeless from San Diego and Santa Cruz arriving by bus and living on the streets
    • 1 case released from jail worked briefly as a food handler
  – Cases among homeless or IDU in LA County residents without clear links to San Diego or Santa Cruz
• Because of concern for spread among an underserved population, announced an outbreak
Vaccine distribution among the homeless

• Started in August
• Began more aggressively after outbreak declaration
  – Community Health nurses
    • Shelters, feeding sites and other locations in the community
    • Go with homeless outreach workers who know the community well
    • Offer vaccine in our free public health clinics
  – Shared Vaccine with partners
    • Community Based Clinics
    • Hospitals
    • Jails
• Total number of vaccines administered or distributed to partners is 17,005
Other efforts – working with hospitals

• Worked to obtain recuperative beds for patients who are still infectious but do not need a hospital bed so they are not discharged to the street or jail

• Outreach to providers via HAN
  – For homeless patients with suspected hepatitis A asked providers to notify health department even before IgM result is available:
    • Facilitate interviewing
    • Facilitate finding housing while awaiting testing
    • Facilitate testing at the Public Health Laboratory for hospitals that send the test out and will not receive results within 24 hours
Other efforts - Sanitation

- Surveys of homeless encampments to assess
  - sanitation
  - availability of handwashing stations and toilets
- Encourage to building handwashing facilities and toilets in areas around homeless encampments
  - Issues around security and cleaning
- Restaurant inspectors to do outreach about hepatitis A and cleaning to
  - restaurants and business that open bathrooms to homeless
Outbreak Response Plan

• Initial response will focus on aggressive vaccination and education in areas with early cases to prevent a larger outbreak.
Case in the jail

• Efforts at providing vaccine to jail inmates
• Recent case in the jail highlights challenges
  – Delayed diagnosis
  – Exposures in inmate reception center – large numbers
  – Need to vaccinate primary and secondary contacts – over 1200
  – To date no additional cases
Men who have sex with men

• Outbreaks ongoing nationally and internationally
  – National: NYC, CO, SF all reporting increases
  – Internationally: Europe, Chile, Australia
• We were expecting increases
• Last week noted 12 cases to date compared to 9 total last year with more under investigation
• Announced an increase in cases among MSM in an effort to promote vaccination in this group as well.
Vaccine supply

- At the same time we began to hear from hospitals and providers that they were unable to obtain single antigen vaccine
- Although we still have vaccine, it is constrained so we have urged MSM to get Twinrix wherever possible
- Encouraged immunocompetent individuals to defer their second dose until the supply increases
Effort

• LA County DPH activated after local spread was first identified
• Modified ICS since then
• Effort to reach homeless residents is great
• Launching an awareness campaign to improve uptake
Other efforts: Awareness campaign

- Promoting awareness and vaccination through media and social media
- Conducting health education and promoting vaccination
- Palm cards, posters in bus stations
Acknowledgements

• Tremendous number of staff at LAC DPH
  – Community Health Services
  – Acute Communicable Disease Control
  – Environmental Health
  – Emergency Preparedness and Response
  – Vaccine Preventable Disease Control
  – Logistics
  – Communications office
  – Public Health Laboratory
Thank you!

To ask the presenters a question, please type it into the Q&A box.

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