



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

Dave A. Chokshi, MD, MSc

Commissioner

2021 Alert # 7

NYC Health Departments Recommends Hepatitis A Vaccine for Persons Who Are Experiencing Homelessness, Use Drugs, or Were Recently Incarcerated, in Response to Increasing Hepatitis A Cases in These Populations

Please share this alert with all Emergency Medicine, Family Medicine, Primary Care, HIV Specialists, Infectious Disease, Internal Medicine Staff, and any other providers in your facility caring for people who are experiencing homelessness, use drugs, or were recently incarcerated.

- **Since December 2020, the New York City Department of Health and Mental Hygiene has identified an increase in cases of hepatitis A among individuals who were experiencing homelessness, used drugs (injection and non-injection), or were incarcerated in the 6 months before diagnosis.**
- **There are widespread and ongoing outbreaks nationwide of hepatitis A among persons who are experiencing homelessness, use drugs, or are formerly incarcerated.**
- **Hepatitis A is a vaccine-preventable disease that may have severe complications in adults.**
- **All persons who are experiencing homelessness, use drugs, or who were recently incarcerated should receive the hepatitis A vaccine in accordance with national guidelines.**
- **Report suspect cases of hepatitis A infection by phone while the patient is still at the clinical facility if the patient is experiencing homelessness, uses drugs, or was incarcerated.**

April 21, 2021

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) has identified a recent increase in cases of hepatitis A virus (HAV) infection since December 2020 among persons who were experiencing homelessness, used drugs (injection and non-injection), or were recently incarcerated (within the 6 months before diagnosis). The population of people experiencing homelessness includes anyone living on the street, in a shelter or other Department of Homeless Services (DHS) facility, receiving DHS services, or otherwise without a permanent address.

Since 2017, there have been multiple large-scale hepatitis A outbreaks across the United States (<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>) among persons who are experiencing homelessness, use drugs, or were incarcerated. These outbreaks are unprecedented in size and severity. Given these HAV outbreaks in other states and recent increases in cases among these populations in NYC, it is vital to increase efforts to offer preventive hepatitis A vaccinations to prevent ongoing spread in these communities.

Hepatitis A is a highly contagious liver infection caused by HAV, ranging in severity from mild infection lasting a few weeks to severe disease lasting several months. While most patients will fully recover, 61% of cases in the recent nationwide HAV outbreaks among people who are experiencing homelessness, use drugs, or were incarcerated have been hospitalized, and case mortality in these outbreaks has been 1%. This is likely related to the higher-than-average prevalence of co-morbidities, including other liver diseases such as hepatitis B and hepatitis C, in many persons experiencing homelessness. HAV is transmitted person-to-person through the fecal-oral route or through contact with a fecal-contaminated environment. Among those who are experiencing homelessness who live on the streets, hepatitis A can be spread more easily due to lack of access to proper handwashing facilities and clean toilet

facilities. Hepatitis A can also be spread through ingestion of contaminated food or water, which most often occurs in countries where hepatitis A is common, or by exposure to stool during sexual contact.

The DOHMH is reminding medical providers to vaccinate ALL persons in NYC who are experiencing homelessness, use drugs, or were incarcerated. This recommendation is supported by the Advisory Committee on Immunization Practices. For more information and other indications for hepatitis A vaccine go to:

NYC DOHMH: <https://www1.nyc.gov/site/doh/health/health-topics/hepatitis-a.page>

CDC: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Concern about loss to follow-up before hepatitis A vaccine series completion should not be a deterrent to initiating the vaccine series in persons who are experiencing homelessness, use drugs, or were recently incarcerated.

Although recommended as a 2-dose series, one dose of hepatitis A vaccine provides personal protection and can contribute to herd immunity. Seroconversion after the first dose is estimated at greater than 95%, and available evidence demonstrates protection for up to 11 years from 1 dose of vaccine.

Providers should increase efforts to offer hepatitis A vaccine to all persons who are experiencing homelessness, use drugs, or were incarcerated who have not been vaccinated previously or do not know their vaccination status.

Emergency departments, acute care and urgent care settings, as well as other clinical sites that frequently interact with persons who are experiencing homelessness, use drugs, or were incarcerated, offer great opportunities for reaching this population. DOHMH strongly recommends that health care facilities that serve persons who are experiencing homelessness, use drugs, or were incarcerated implement protocols, including non-patient specific (standing) orders, to routinely offer hepatitis A vaccine.

Providers can check the NYC Citywide Immunization Registry (CIR) for their patients' vaccination status (visit nyc.gov/health/cir to register for the CIR). Serologic testing is not indicated to evaluate exposure history or immunity prior to administering vaccine; if you want to check your patients' prior immunity (due to infection or previous vaccination), draw blood, but do not delay administration of the first dose of hepatitis A vaccine. An extra dose of vaccine is safe to administer even if the patient has had previous infection or vaccine-induced immunity. Some health insurance plans will pay a vaccine acquisition cost and administration fee (such as Medicaid). Check with the patient's insurance to confirm coverage. Providers can purchase vaccine from the manufacturer or from their usual distributor. If you do not stock hepatitis A vaccine or do not have a strategy to acquire vaccine for your patients, please refer your patients to a facility that does or call 311.

Co-Administration of Hepatitis A and COVID-19 Vaccines

For persons who use drugs, are experiencing homelessness, or were recently incarcerated and who have initiated, or intend to initiate, a COVID-19 vaccine series, current guidance from the Centers for Disease Control and Prevention (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#coadministration>)

recommends a 14-day interval between COVID-19 vaccination and receipt of another vaccine. However, the guidance does allow for co-administration (at the same time) or administration of another vaccine within 14 days of a COVID-19 vaccination in situations when the benefits of vaccination are determined to outweigh the potential unknown risks, including hepatitis A outbreaks. If unable to co-administer the two vaccines, providers should evaluate an individual's risk of exposure to, and complications from, hepatitis A and COVID-19 to determine which vaccine to administer first. In addition, second doses of COVID-19 vaccines can be administered 21–42 days after dose 1 for the Pfizer COVID-19 vaccine, and 28–42 days after dose 1 for the Moderna COVID-19 vaccine, providing flexibility for when the second dose is administered.

Please report laboratory-confirmed cases of hepatitis A infection that occur among people who are experiencing homelessness, use drugs, or were incarcerated to the Health Department by telephone, Monday–Friday, 9:00am–5:00pm. To report a case and for information about hepatitis A or hepatitis A vaccine, please call 866-NYC-DOH1 (1-

866-692-3641). You may also report via NYC MED at nyc.gov/nycmed. Contacts of people with cases of hepatitis A should be notified of exposure and offered vaccination for hepatitis A if unvaccinated. The NYC Health Department can assist with notification and prophylaxis if notified promptly.

We greatly appreciate your assistance.

A handwritten signature in black ink that reads "Marcelle Layton MD". The signature is written in a cursive, flowing style.

Marcelle Layton, MD
Assistant Commissioner
Bureau of Communicable Disease