



Recommendations for Providers during the Current Hepatitis A Outbreak

1. **Consider HAV infection** in individuals, especially the homeless, people who use drugs (PWUD) and MSMs (Men who have Sex with Men) with discrete onset of symptoms (e.g., nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, or abdominal pain), and jaundice or elevated liver function tests. Test those suspected of having HAV with hepatitis A IgM antibody.

2. **Promptly report all confirmed and suspect HAV cases.** Providers should report all HAV cases within 24 hours to the Louisville Metro Department of Public Health and Wellness. Please use the EPID200 form [found here](#) and fax it to 502-574-5865.. This is required reporting and is not a violation of HIPAA.

It's especially important to provide:

- Patient's demographics (patient name, date of birth, gender, race, ethnicity, patient address, county of residence, patient telephone number)
- Name, address, and telephone number of reporting facility or provider
- Laboratory information (including faxed lab results and sources of specimens submitted for laboratory testing)
- Clinical and epidemiological information pertinent to disease

Since this outbreak involves homeless individuals, providers are urged to contact the Louisville Metro Department of Public Health and Wellness while suspected cases are still at the healthcare facility. This action will ensure that a public health investigator can interview the patient by phone for a risk history and will facilitate serum or stool specimen submission to the Kentucky State Public Health Laboratory for possible genotyping.

3. **Provide post-exposure prophylaxis (PEP) for close contacts of confirmed HAV cases.** Susceptible people exposed to hepatitis A virus (HAV) should receive a dose of single-antigen HAV vaccine or intramuscular (IM) immune globulin (IG) (0.1 mL/kg), or both, as soon as possible within 2 weeks of last exposure. The efficacy of combined HAV/Hepatitis B virus (HBV) vaccine for PEP has not been evaluated, so it is not recommended for PEP.

4. **Provide HAV vaccine to persons who are at increased risk for infection** (especially unstable housing and PWUD), **persons who are at increased risk for complication** from hepatitis A and **any person wishing to obtain immunity.** The combined HAV/HBV vaccine may be used if the individual is not already immune to HBV.

5. **Provide HAV vaccine to unimmunized school age children.** Effective July 1, 2018 all Kentucky students in kindergarten through twelfth grade must show proof of having received two doses of Hepatitis A vaccine to attend school. Providers should begin providing these immunizations to their patients.