In November 2017, the Kentucky Department for Public Health identified an outbreak of acute hepatitis A. The increase in cases observed in Kentucky has far exceeded the 10-year average for reported hepatitis A cases. A common source of infection has not been identified and transmission is believed to be occurring through person-to-person contact.

Hepatitis A is a liver infection caused by the Hepatitis A virus (HAV). Highly contagious, HAV is usually transmitted by the fecal-oral route, either through person-to-person contact or through consumption of contaminated food or water. Contamination can occur when infected persons do not wash their hands properly after going to the bathroom and then touch other objects or food items. HAV can remain present for months in the environment if surfaces are not thoroughly cleaned using a disinfectant that is effective against HAV.

Foodborne hepatitis A outbreaks are relatively uncommon in the United States. However, food service workers with hepatitis A are frequently identified, and control measures are necessary to prevent the spread of the virus. In addition, HAV-contaminated food may be the source of hepatitis A for an unknown proportion of persons whose source of infection is not identified.

All restaurant facilities should:

- Sanitize often with an effective disinfectant that is labeled as effective against HAV. Chlorine bleach is effective against HAV. Most quaternary ammonium disinfectants are NOT effective against HAV, unless the label specifically states that it is.

- Mix 1 and 2/3 Cup unscented bleach in 1 Gallon of water, and use solution within 20 minutes of mixing.

- Allow 1 minute of contact time. For food contact or kitchen surfaces, rinse with water after disinfecting.

Focus on frequently touched surfaces:

- Toilet flush handles and bathroom faucets, sinks, and counters
- Light switches and plates
- Doorknobs
- Railings
• Cash registers and computers
• Kitchen faucets, sinks, and counters
• Stove and microwave controls and refrigerator handles
• Remote controls
• Tables and chairs
• Phones

Promote proper hand hygiene:

• All employees must practice good personal hygiene and double hand wash: after visiting a restroom, wash hands in the bathroom sink and then again in the kitchen’s designated handwashing sink. Appropriate hand hygiene is hand washing with soap and running water for at least 20 seconds. Alcohol-based hand rubs may not reliably be effective against HAV or other nonenveloped viruses.
• Monitor adherence to hand hygiene and provide feedback to improve performance.
• Ensure that food service workers wear gloves.

Perform hand hygiene:

• Immediately before engaging in food preparations, including working with non-prepackaged food, clean equipment and utensils, and unwrapped single-use food containers and utensils.
• After touching bare human body parts, other than clean hands and clean (e.g., exposed portions of arms).
• After using the restroom.
• After caring for, or handling any animal.
• After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating or drinking.
• After handling soiled equipment or utensils.
• Before putting on disposable gloves to start working with food.
• During food preparation, as often as necessary to remove dirt and contamination and when changing tasks to prevent cross-contamination.
• When switching between working with raw food and working with ready-to-eat food.
• Before dispensing or serving food, or handling clean tableware and serving utensils in the food service area.
• After engaging in other activities that contaminate hands.
HAV-infected food service workers should be excluded from work for at least seven days after onset of jaundice (or, if no jaundice, onset of symptoms) and may return to work on day 8, if feeling well. Other potentially exposed food service workers in the establishment should receive post-exposure prophylaxis (PEP). HAV could be transmitted to coworkers by an infected person for up to two weeks before onset of symptoms by sharing of restroom facilities or sharing of food.

It is recommended that facilities encourage staff to receive the hepatitis A vaccine. The cost of the vaccine is minimal when compared to the potential cost to the establishment if it is implicated in the transmission of HAV. From lost sales due to negative publicity or a required closure for necessary cleaning, a foodborne illness outbreak traced to the establishment could cost thousands of dollars.

Because HAV transmission from an infected food service worker to patrons is unlikely, PEP is not routinely indicated for patrons, but may be considered if, while infectious, the food service worker directly handled uncooked or cooked foods and had diarrhea or poor hygienic practices at work and patrons can be identified and treated no later than two weeks after exposure. Determination of whether PEP administration to patrons and/or patron notification is warranted is based on the risk of transmission. If notified, patrons should be advised to watch for symptoms, including yellowing of the skin and whites of the eyes; fever and body aches; and stomach pain, nausea and vomiting. Patrons who wish to be protected from HAV infections should be encouraged to receive hepatitis A vaccine from their primary care provider or in-network pharmacy.

If the infected food service worker did not handle food, work during the infectious period or while sick, or was reported beyond the PEP period, public notification is not usually necessary, as there was little to no risk of transmission to patrons.