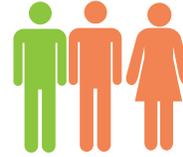


Vaccine Availability for the Hepatitis A Outbreak Response

Ohio declared a hepatitis A outbreak in June of 2018. The case count continues to rise with over 1531 cases currently, including 5 deaths. Surrounding states, like West Virginia and Kentucky, are also heavily impacted; each have more than 2200 and 3500 cases, respectively. Hepatitis A is typically a self-limited disease, however morbidity and mortality in this outbreak have been higher than usual due to co-morbidities among the risk groups, chiefly chronic liver disease. Individuals most at risk are a difficult population to reach, therefore, expanding our vaccination partners is important for controlling the outbreak.

About **60%** of infected persons require hospitalization



About **1** out of **3** cases are co-infected with hepatitis C.

Individuals most at risk

- People with a history of substance use
- People experiencing homeless or in transient living
- Men who have sex with men (MSM)
- People with underlying liver disease (including cirrhosis, hepatitis B and hepatitis C)
- People who are or were recently incarcerated

How to assist with the hepatitis A outbreak

Vaccination is key to curbing the hepatitis A outbreak among high risk patients. The Ohio Department of Health (ODH) has free outbreak vaccine that can be provided to approved healthcare facilities interested in protecting the at risk population from hepatitis A disease.

Requirement for receiving vaccine from ODH

- Complete a site visit and training with ODH
- Target the at-risk population
- Maintain proper storage and handling of vaccine and report any issues to ODH
- Document all doses given into the state immunization registry: ImpactSIIS

Implementing hepatitis A vaccination

Implementing hepatitis A vaccination as a standard practice can be challenging. ODH recommends educating staff throughout the facility about the hepatitis A outbreak and that vaccination is the key to prevention. Each facility will need to determine how best to integrate universal screening into patient assessment and staff/provider work flow. Suggestions include:

- Standing orders for nurses to screen and vaccinate
- Provider screening and vaccination during patient assessment
- Risk factor screening cards shown to patients to aid in the determination of outbreak vaccine eligibility
- Notification alert through Electronic Medical Record (EMR) system
- Implementation similar to facility's tetanus (Td) vaccination process
- Vaccination upon admittance to a facility for individuals meeting high risk criteria

Additional information

For more information contact the Ohio Department of Health Immunization Program at 1-800-282-0546

www.odh.ohio.gov/hepa

www.cdc.gov/hepatitis/hav/index.htm