

# HEPATITIS A OUTBREAK RESPONSE

HEALTH CARE FOR THE HOMELESS  
GOVERNANCE COUNCIL

SEPTEMBER 21, 2020

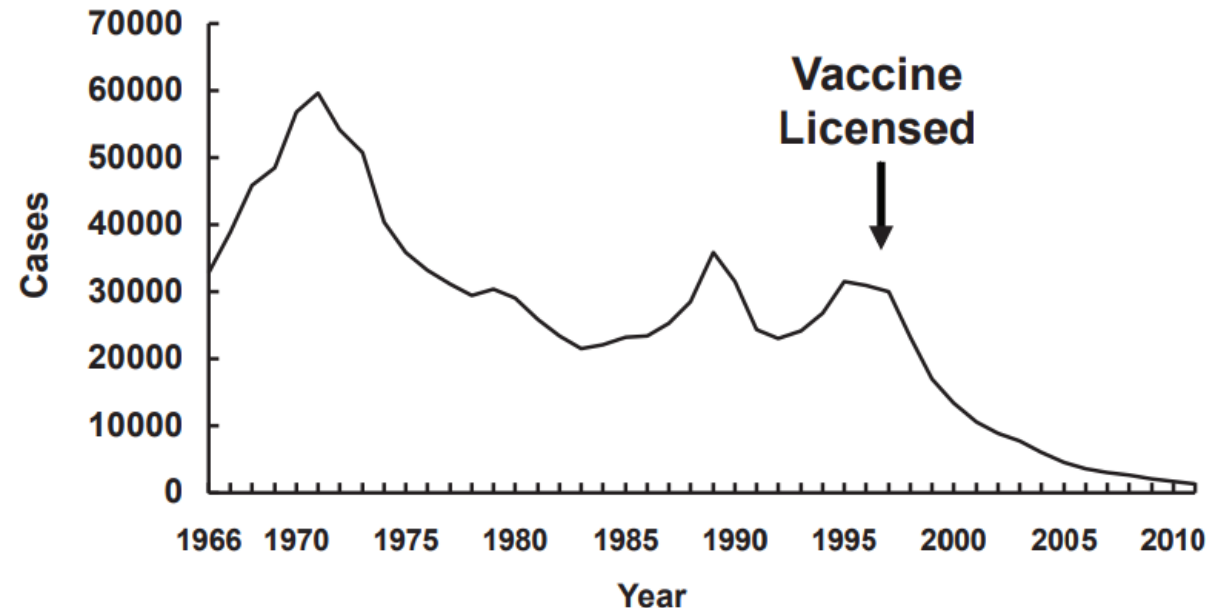
Public Health  
Seattle & King County



## BRIEF HISTORY

- Until 2004, hepatitis A was most frequently reported type of viral hepatitis in the US
- Hepatitis A vaccine first licensed in 1995 and 1996
- Provides long-term protection against hepatitis A
- First recommended by ACIP in 1996
  - Revised recommendations in 1999, 2006 and 2020

## Hepatitis A - United States, 1966-2011

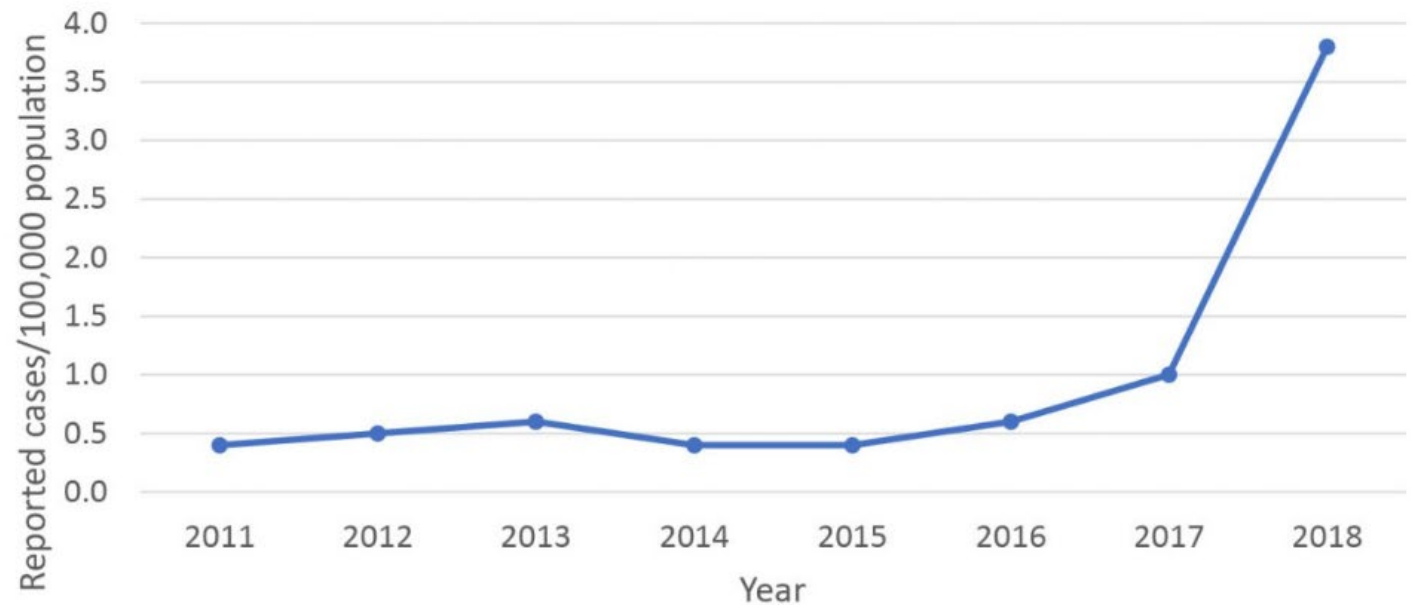


Source: CDC, Immunology and Vaccine-Preventable Diseases – Pink Book – Hepatitis A

## TRENDS

- Fluctuations due to large multistate foodborne outbreaks
- Increase in incident cases in 2017 and 2018
- Shift toward person-to-person transmission among:
  - People who use drugs (PWUD)
  - People experiencing homelessness
  - Men who have sex with men (MSM)
  - People who are currently or were recently incarcerated

Incidence of hepatitis A – United States, 2011–2018



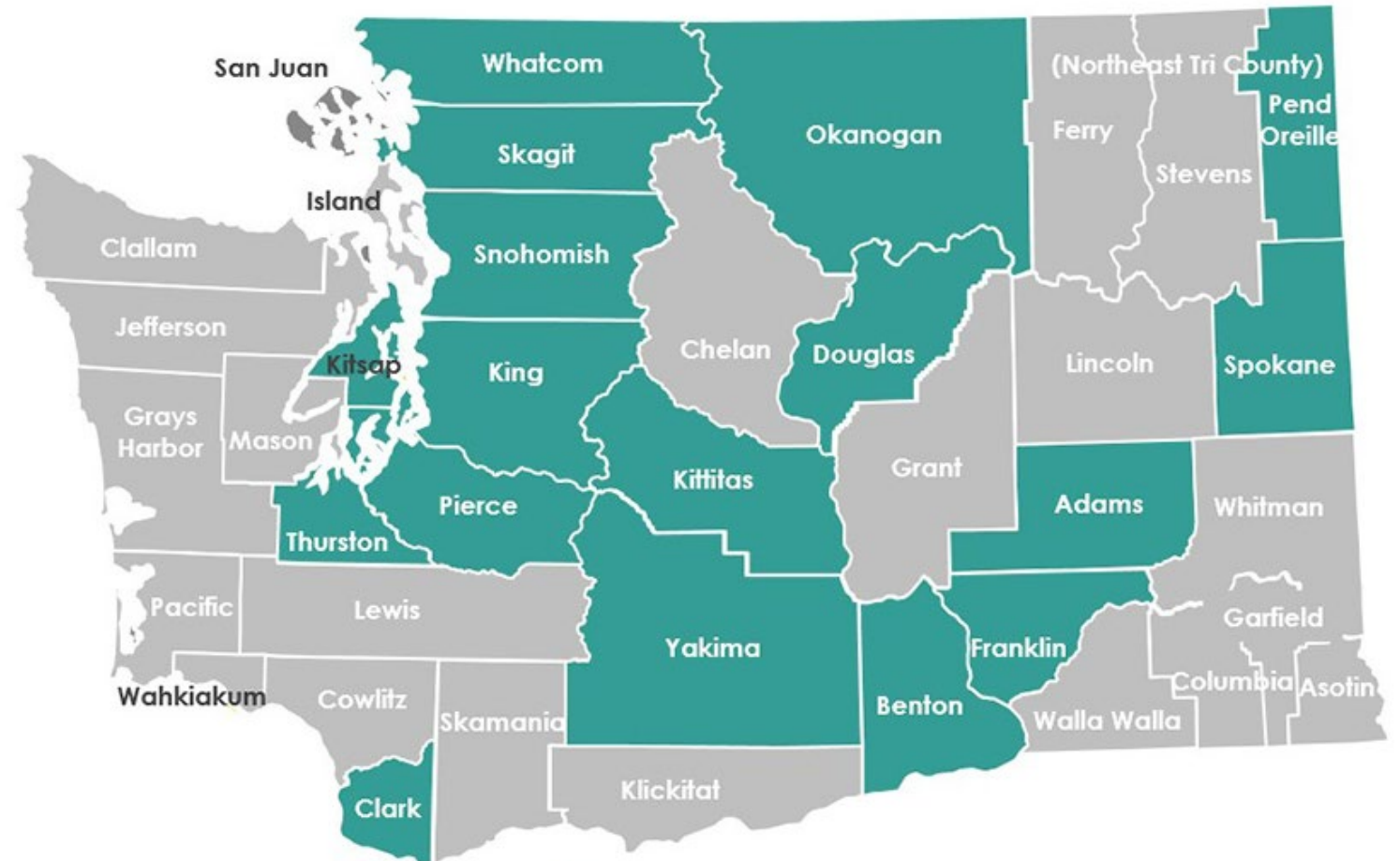
Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

# WASHINGTON STATE

- 17 counties in WA State impacted by hepatitis A
- Highest incidence rates in King, Pierce, Snohomish
- As of June 2020:
  - Cases: 366
  - Hospitalizations: 212 (58%)
  - Deaths: 5 (1%)

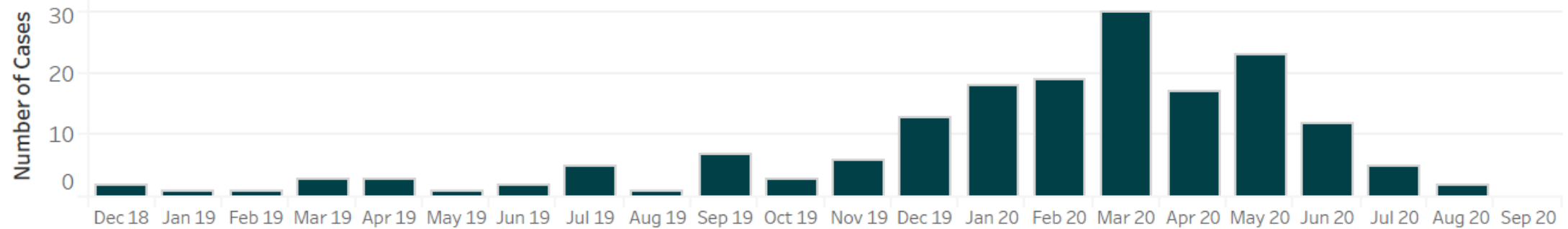
## Hepatitis A Outbreak in Washington State

Updated 3/20/2020



- County with hepatitis A case(s)
- County with no identified hepatitis A case(s)

Symptom onset for cases reported since January 1, 2019



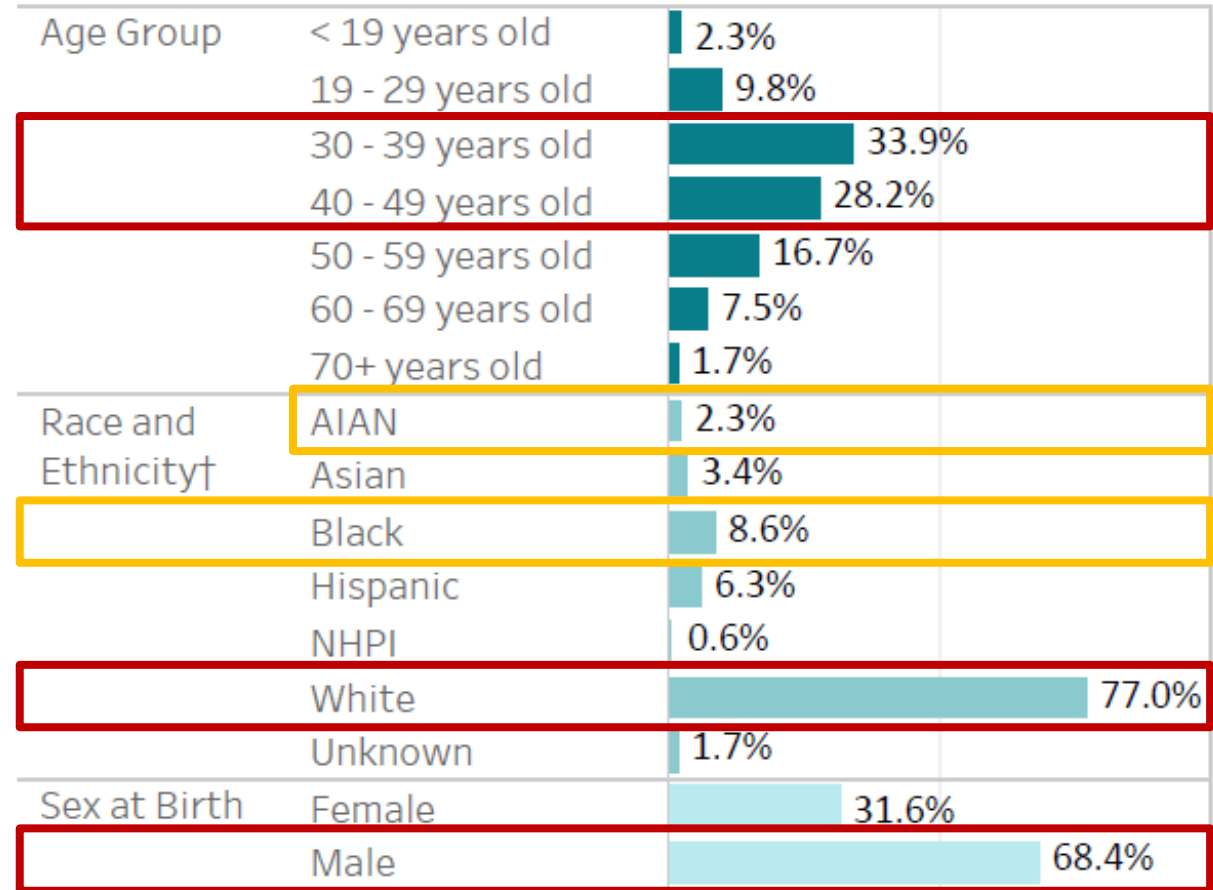
## KING COUNTY

- Since January 2019
  - Cases: 174
  - Hospitalizations: 109 (62%)
  - Deaths: 2 (1%)

# KEY DEMOGRAPHICS

- Majority of cases
  - Over 30 years old
  - White, non-Hispanic
  - Male
- Noticeable trends
  - American Indian/Alaska Native residents
  - Black residents

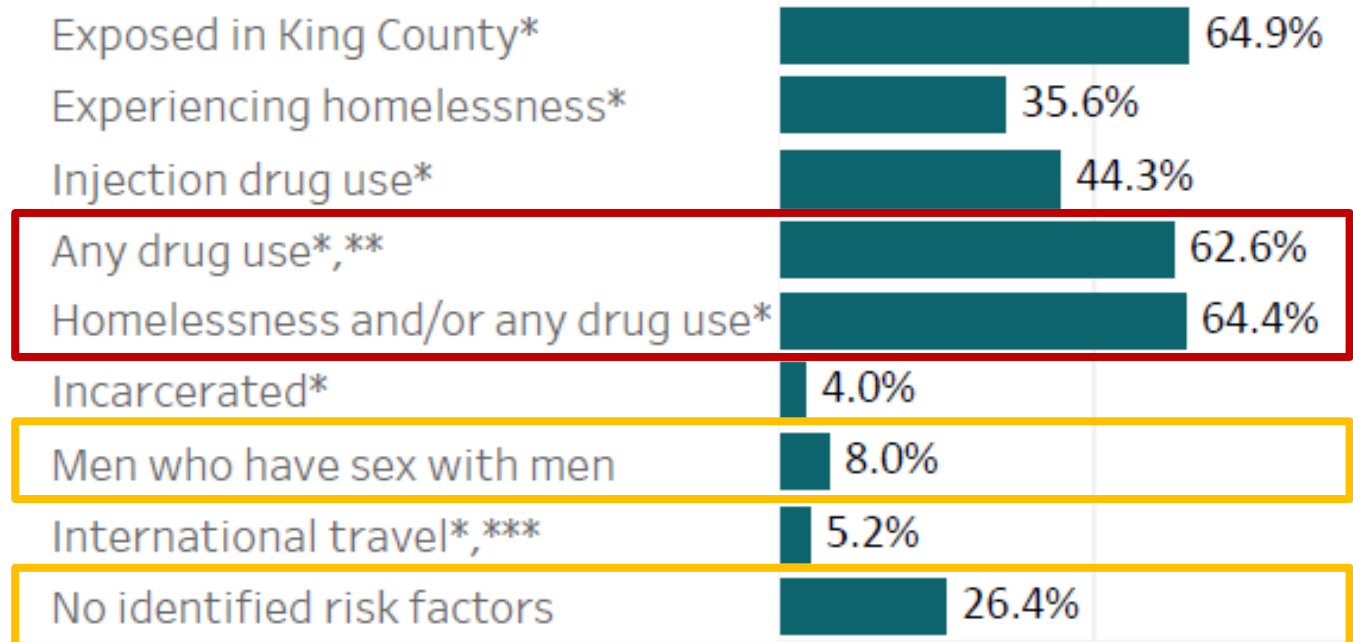
## Demographics



## KEY RISK FACTORS

- Majority of cases
  - Drug use
  - Drug use and homelessness
- Noticeable trends
  - Men who have sex with men
  - No identified risk factors

## Reported risk factors



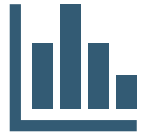
\* In the two months preceding onset of symptoms.

\*\* Any drug use (injection or non-injection).

\*\* International travel but no other risk factors.

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# GOALS OF SURVEILLANCE



## Data

Detect and provide data to control outbreaks



## Vaccinations

Identify close contacts who require post-exposure prophylaxis (PEP)



## Trends

Characterize changes in the epidemiology of infected populations and risk factors



## Policy

Guide vaccination policies and other prevention efforts



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# OUTBREAK RESPONSE ACTIVITIES



## Case investigations



## Vaccinations

PHSKC and community partners



## Sanitation

Cleaning and disinfection guidance for shelters and other organizations serving people living homeless

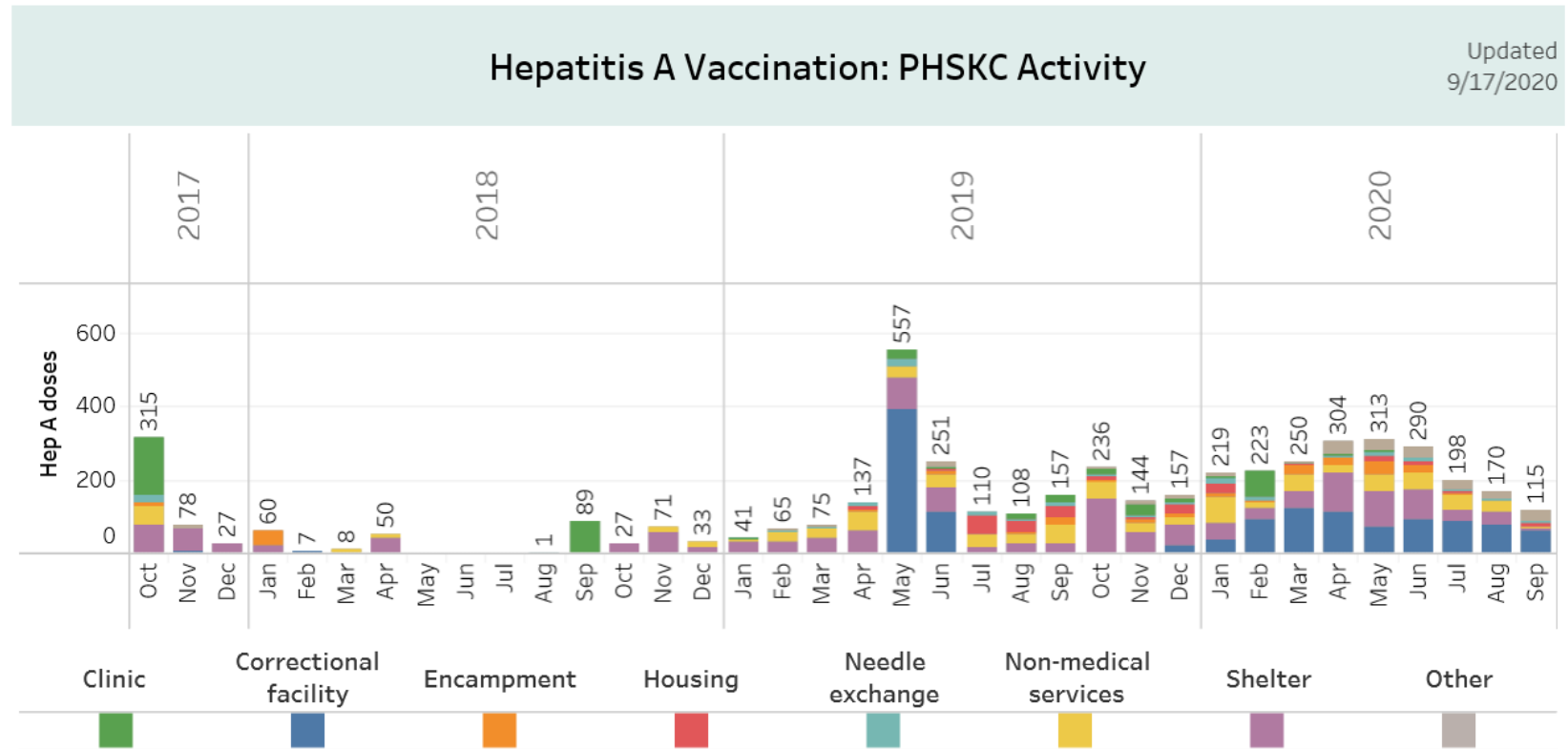


## Education

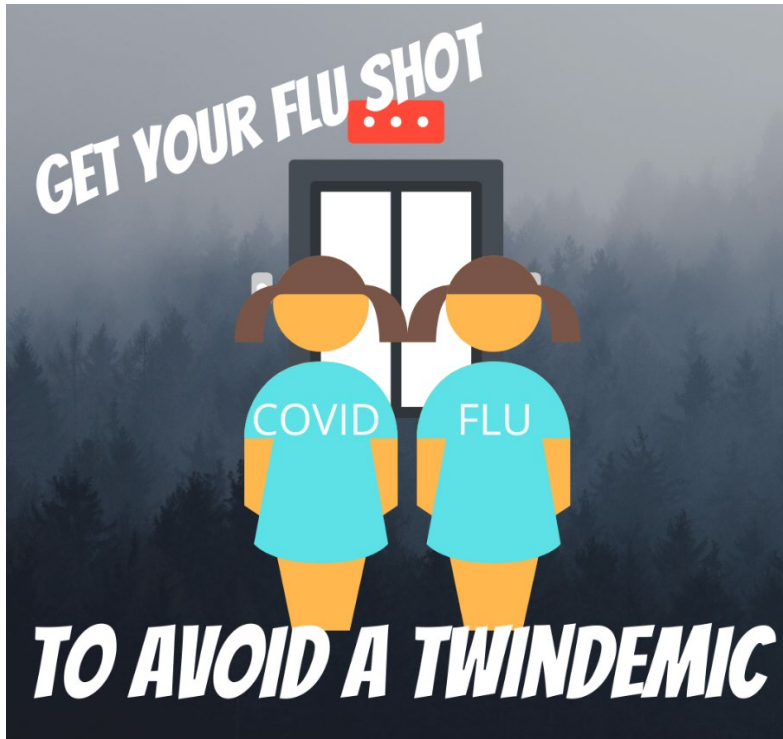
Public, homeless service providers, and HCPs

# VACCINATION: OCT 2017 – SEP 2020

- Seattle King County Clinic
- Shelters
- Day Centers
- Meal programs
- Hygiene Centers
- Needle Exchange
- SUD Treatment Facilities
- Permanent Supportive Housing
- Tiny Home Villages
- Encampments
- Correctional Facilities



## INTERSECTIONALITY OF FLU & COVID



- Twindemic: flu & COVID circulating at the same time
- Potential to overwhelm the health care system
- Similar symptoms
  - Fever, cough, shortness of breath, sore throat, fatigue, headache
- Similar communities disproportionately impacted
  - Older adults, immunocompromised, those with underlying health conditions, BIPOC, pregnant people

## VACCINATION STRATEGY: CURRENT EFFORTS



- Support no-cost flu vaccine for uninsured & underinsured adults
  - 300,000 doses adult flu vaccine allocated to WA
- Pilot a range of socially-distanced vaccination approaches
  - Drive-through, walk-up, mobile units, field vaccination teams
- Explore co-location with COVID testing sites
  - Designed to accommodate a variety of communication, mobility, cognitive and behavioral specific needs

## VACCINATION STRATEGY: LOOKING AHEAD



- Grow field vaccination team
- Batched services
  - COVID testing
  - Wound care
  - Primary care
- Partnerships
- Adapt to changing landscape



## QUESTIONS?

- What questions do you have for us?
- What additional information would be helpful?
- How would you like to engage in this work going forward?
- Do you have suggestions or ideas to support low barrier access to flu and COVID vaccines?