



HEALTH INFORMATION NOTIFICATION

November 6, 2017

Dear Colleagues:

Attached is a communication from the Michigan Department of Health and Human Services sent last week to local public health departments concerning the hepatitis A outbreak in Michigan. This outbreak is part of a multistate outbreak which has included cases in California, Oregon and Utah. Currently over 450 cases have been reported in Michigan since August, 2016, primarily in the southeast part of the state. Although there are several groups at high risk for this infection (see attached communication), the recent spike in hepatitis A infections has been attributed primarily to men having sex with men (MSM). No cases of hepatitis A connected to the outbreak have been reported to date in Ottawa County.

Unfortunately, due to the extent of outbreaks in other states as well as in Michigan, the supply of adult hepatitis A vaccine is currently extremely limited. Because of this, health care providers are requested to prioritize adult recipients of the vaccine and, where applicable, utilize MCIR to verify immunization status.

Additionally, health care providers are encouraged to stress proper handwashing and other safe hygiene practices to patients since this is a primary method of preventing the spread of hepatitis A. Health care providers are also requested to report any suspected cases to the Ottawa County Department of Public Health as soon as possible, especially in patients who have a history of possible hepatitis A exposure.

Further information on hepatitis A is available on the Ottawa County Department of Public Health Provider Resources webpage at [www.miOttawa.org/ProviderResources](http://www.miOttawa.org/ProviderResources) and also on the CDC Hepatitis webpage at [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).

Thank you in advance for your cooperation. If you have any questions please contact me at 616-494-5548.

Sincerely,

Paul A. Heidel, MD, MPH  
Medical Director  
Ottawa County Department of Public Health



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

RICK SNYDER  
GOVERNOR

NICK LYON  
DIRECTOR

October 31, 2017

To: Michigan Local Public Health Department Health Officers and Medical Directors

As you are aware, the investigation into the outbreak of hepatitis A infections is continuing with coordinated efforts that include local, State, and Federal resources. Over 450 cases of hepatitis A have been linked to this outbreak since August of 2016. To date, there has been significant coordination of resources at all levels of public health to increase awareness, educate the public, and direct interventions through administration of vaccine to contacts of cases and high-risk groups. Epidemiologic analysis of the cases has indicated that the following groups are at highest risk of transmission:

- Persons with a history of substance abuse
- Persons currently homeless or in transient living
- Men who have sex with men (MSM)
- Persons incarcerated in correctional facilities
- Food handlers
- Healthcare workers
- Persons with underlying liver disease
- Persons who are in close contact with any of the above risk groups

To increase protection from infection, we have offered guidance to the public health and healthcare communities to promote the delivery of vaccine to the risk groups identified and we thank you for your support in that effort. As you likely know, there is a temporary reduction in available hepatitis A vaccine for the adult population. The Michigan Department of Health and Human Services (MDHHS) has recommended postponing routine administration of the second dose of Adult Hepatitis A vaccine unless individuals require the second dose to address high risk conditions including travel to a Hepatitis A endemic country. Pediatric Hepatitis A vaccine should be administered routinely since there are no limitations on the availability of this vaccine to persons 18 years and younger.

The MDHHS has asked that providers prioritize the reporting of suspect cases of hepatitis A to public health. Statewide, they are being asked to maintain a high index of suspicion for hepatitis infection in high-risk individuals with elevated liver function tests and jaundice and reminded that ordering a complete serology panel (hepatitis A, B, C) can be informative for the investigation.

In order to better assess the rapidly changing environment of this outbreak, it is critical for healthcare providers to promptly report all suspected and confirmed hepatitis A cases to local health departments. MDHHS is now asking that these reports be made within 12 hours of case identification. Considering the potential for transmission to other populations, early case reporting can be critical to support analysis that leads to public health interventions.

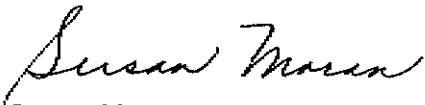
For example, it was only in recent weeks that an increase in transmission in the MSM community was identified and we immediately began to design educational outreach that was targeted to that population. The identification of the change in disease transmission was aided by the reporting of cases by the healthcare community, and the efforts of public health investigators to gather and share information collected during patient interviews.

The impacted populations present with significant challenges for public health outreach that can hinder opportunity to assess case information. Earlier patient notification can help support and strengthen public health response in important ways. Southeastern Michigan health departments have shared that being able to contact patients before they leave a healthcare facility has helped reduce the number of referrals that have been lost to follow up. Outreach at the earliest possible time allows for the identification of high risk individuals and promotes the most opportune, efficient, and effective delivery of post-exposure prophylaxis to case contacts as well. Further, the timely analysis of information gathered during patient interviews provides for a more agile public health response by helping to guide public health interventions through targeted awareness, education and vaccine delivery.

We are asking that the public health community join with the healthcare community in Michigan. Our recommendation is that cases of suspect hepatitis A infection be prioritized at the local health department level and investigated as soon after receipt as resources will allow. Further, given the need to remain vigilant for changing trends in transmission of this disease, we are requesting that information gathered during patient interviews be entered into the Michigan Disease Surveillance System within 12 hours of interview completion.

This is a challenging investigation of a consistent elevation in infection over an extended period of time. We are continuing to look for additional support at the State and Federal level, but we must leverage our existing resources as best we can. I have confidence that we can effectively work together to moderate this outbreak and I thank all of you for your continued efforts to protect the health and safety of our State's population.

Sincerely,



Susan Moran, MPH  
Senior Deputy Director  
Population Health Administration

SM:pa

c: Eden V. Wells, Chief Medical Executive, MDHHS