



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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Division of Public Health

**To:** North Carolina Syringe Service Programs and Community Based Organizations  
**From:** Zack Moore, MD, MPH, State Epidemiologist  
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**Subject:** Increase in Hepatitis A Infections (2 pages)  
**Date:** November 19, 2020

### **Current Situation**

Hepatitis A outbreaks are expanding nationwide. The Centers for Disease Control and Prevention (CDC) has received reports from multiple states of more than 35,949 cases of hepatitis A infections associated with person-to-person transmission beginning in late 2016. These outbreaks have been prolonged and costly. Cases have occurred primarily among three risk groups: (1) persons who use injection or non-injection drugs; (2) persons experiencing homelessness; and (3) men who have sex with men.

North Carolina has also been experiencing an outbreak of hepatitis A, with a marked increase in cases reported in 2020. The hepatitis A outbreak in North Carolina is primarily among the at-risk populations above. People in these groups are also at increased risk for hepatitis B or C and other chronic liver conditions and may face barriers to healthcare, all of which increases their risk of severe illness or even death. To date, North Carolina has identified 399 outbreak related cases (beginning April 2, 2018) with high hospitalization rates (64.2%) and high comorbidity prevalence (10.0% hepatitis B, 42.6% hepatitis C, 3.3% HIV). Five deaths (1.3%) have been reported.

An increase in the number of cases in the Western North Carolina and Triad regions has been observed since May 2020. Local Health Departments within these regions are working closely with the NC Divisions of Public Health and community partners to provide education and increase vaccination amongst at-risk populations. Increasing vaccination rates among high-risk populations is critical to preventing a large-scale outbreak.

### **Hepatitis A Background**

Hepatitis A virus can be spread through contaminated food and drink or through person-to-person contact. This includes sexual contact, especially oral-anal sex. Fingers, hands or genitals that come into contact with the anus and then the mouth could provide a route of transmission, including non-sexual contact (e.g. not washing hands after using the restroom, then preparing food or sharing a cigarette). Bloodborne transmission through sharing of injection supplies is also possible, though believed to be uncommon.

A single dose of hepatitis A vaccine is highly effective in preventing infection and completion of the vaccine series provides lifelong immunity.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 225 North McDowell St., Raleigh, NC 27603  
MAILING ADDRESS: 1902 Mail Service Center, Raleigh, NC 27699-1902  
www.ncdhhs.gov • TEL: 919-733-7301 • FAX: 919-733-1020

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## Actions for CBOs and SSPs

North Carolina community-based organizations (CBOs) and syringe service programs (SSPs or syringe exchanges) are key partners in public health. By providing direct services and sharing health information and resources with your participants and communities, you can immediately help prevent and/or mitigate an outbreak.

NC DPH requests your assistance in taking the following steps to protect people at high risk of infection and limit the spread of cases:

1. Contact and work with local health departments to establish a streamlined and culturally competent method of vaccination for participants who are:

- Persons who use injection and non-injection drugs;
- Persons experiencing homelessness;
- Men who have sex with men; and
- Persons with chronic liver disease, including chronic hepatitis B or C.

If resources are available, integrated events offering vaccination, wound care, bloodborne pathogen testing, harm reduction services, comprehensive care referrals, etc. are highly encouraged.

2. Educate participants about their risk for hepatitis A and prevention methods:

- Encourage handwashing before and after drug use (use of alcohol-based hand sanitizers is less effective than handwashing, but still recommended if handwashing facilities are unavailable)
- Encourage handwashing before and after sex
- [Discuss transmission routes and highlight the differences between transmission of hepatitis A, B and C. Using new/sterile works during drug use, and using a condom/lube during sex, while efficient in preventing hepatitis B and C, are less effective for hepatitis A.](#)

The type of hepatitis A vaccine recommended for high-risk populations depends on the likelihood of additional contact with the client. Single-antigen vaccine is preferred if additional contact is not expected. Decisions about the type of hepatitis A vaccine should be made in consultation with the local health department. Persons in the identified risk groups may receive single antigen hepatitis A vaccine free of charge at the local health department. Any uninsured adult who does not have documentation of a completed series of hepatitis B vaccine can receive a three-dose series of the combination hepatitis A/hepatitis B vaccine (Twinrix) at a local health department, federally-qualified health center, or rural health clinic.

We recognize the additional barriers created by COVID and would like to help support CBOs and SSPs as needed. If there is a need for support for outreach, event logistics, vaccine and testing navigation, hepatitis A prevention supplies, or general hepatitis A consultation, please contact the viral hepatitis program ([morgan.culver@dhhs.nc.gov](mailto:morgan.culver@dhhs.nc.gov) or [Dianne.brewer@dhhs.nc.gov](mailto:Dianne.brewer@dhhs.nc.gov)).

For more information on the current outbreak, please visit the North Carolina hepatitis A [tracking website](#).

Thank you for your dedication to the health of the people and communities you serve. Additional information on hepatitis A can be found on the CDC website [here](#). Please feel free to contact the Communicable Disease Branch at 919-733-3419 with any questions or concerns.

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