



PROGRAM PRACTICES  
SUBMISSION FORM

IMMUNIZATION PROGRAM PRACTICES INFORMATION

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**Program:** (as you want it to appear publicly) Kentucky Immunization Program

**Does AIM have permission to share this information on the publicly accessible AIM website?** All materials submitted will be posted on the AIM website. \_X\_Yes \_No

BULL’S-EYE AWARD

**Would you like for this submission to be considered for the 2019 AIM Bull’s- Eye Award?** \_X\_Yes \_No

PROGRAM PRACTICE INFORMATION

**Title**  
Hepatitis A Outbreak Forms and Guidance

**Keywords** (up to 5 main terms/phrases that describe the practice)  
Hepatitis A; outbreak; homeless populations; jails, prisons, and correctional facilities; substance abuse

**Is this practice Evidence / Guideline Based?** (if yes, please include reference below) \_X\_Yes \_No

**Reference:**

**Background** (scope of the immunization need or problem)  
Kentucky is currently experiencing the largest hepatitis A infection outbreak in recent history. The state average cases for the past five years is 19. From the outbreak declared in November 2017 to July 10, 2018 there have been 1,034 diagnosed cases of Hep A infection and seven related deaths in KY. The first cases identified were in the homeless and illicit drug user population.

KY Department for Public Health’s (KDPH) first actions were to work with the Local Health Departments (LHDs) in the affected areas to:

- Alert shelters in outbreak areas to presence of a cluster and the number of hepatitis A cases identified to be homeless
- Follow up with shelters to determine if volunteers are used to serve food
- Determine logistics of a vaccination clinic
- Contact hospital EDs to request additional lab specimens be gathered for further testing at DLS if hepatitis A is suspected
- Inquire about the availability of medical personnel at shelters
- Contact CDC Hepatitis Program and Immunization Program for guidance and direction

- Reach out to California Department for Public Health regarding hepatitis A surveillance in homeless cases & request copies of materials they used and information on how they implemented immunization campaigns

During the next months, we expanded our efforts to numerous LHDs across the state as the outbreak spread. We created forms, guidance documents, press releases, information for hospitals, educational materials, etc. (Many are attached below)

As the hepatitis A outbreak continues to spread across the state, we are seeing multiple substance abuse treatment facilities and correctional facilities affected by cases. KDPH created packets of information to ensure those facilities serving the at-risk populations are equipped with the necessary tools to respond to hepatitis A cases. We sent files to our Regional Epidemiologist and LHD leads that include appropriate information for substance abuse treatment facilities (including directories of those facilities from the Office of the Inspector General), correctional facilities with cases, and correctional facilities that have not yet identified hepatitis A cases. We used 317 and state funds to assist counties in reaching the target populations and example of the Prioritization Process we used is in Implementation Activities.

### **Program Practice Description**

#### ***Describe the practice goals and objectives.***

Decrease the spread of hepatitis A infection across the state; Increase HepA vaccine uptake in at risk populations; develop materials to assist the LHDs in this mission.

We obtained the list of local correctional facilities to help determine the next several counties that should receive funding for their HAV response. Below we outlined the process we have been discussing in the Division of Epi, and attached the data. Counts are based on cases with lab collection dates on or after March 1, 2018 and through July 22, 2018.

#### **Prioritization Process**

1. Excluded counties that have already received KDPH funding allocations for hepA vaccine  
Counties excluded: Jefferson; Boyd; Carter; Greenup; Bullitt; Montgomery; Hardin; Warren; Nelson; Meade; McCracken
2. Sorted counties by count
  - a. Selected counties that have 4 or more case
  - b. Excluded counties without a local jail or SEP
3. Sorted counties by incidence rate
  - a. Selected counties that have an incidence rate of 10.0/100,000 or greater
  - b. Excluded counties without a local jail or SEP
4. Compared counties with a count of  $\geq 4$  and incidence rate of  $\geq 10.0/100,000$ 
  - a. Counties with  $\geq 4$  cases and incidence rate of  $\geq 10.0/100,000$ , and also have 1. a local jail or 2. SEP: Ballard; Grayson; Ohio; Rowan; Shelby; Whitley
  - b. Counties with  $\geq 4$  cases or incidence rate of  $\geq 10.0/100,000$  and have 1. a local jail and 2. SEP: Fayette; Powell; Lincoln; Grant; Bourbon

Based on this approach, we could select to fund those counties that show an increased number of cases (by frequency and incidence) that also have at least one environment that is able to target the at-risk population (a); and, those counties with an increased number of cases (by frequency or incidence) that have two appropriate environments to target the at-risk populations (b). This gives us a total of 11 counties to fund during this 2nd round.

I think this is justifiable to our LHD's and also ensures that we are able to target our at-risk populations.

**What were the main implementation activities?**

Education of the public and vaccination of at risk population for Hepatitis A virus (such as homeless, illicit drug users, MSM, etc.), clinics at local jails and prisons, and vaccination foot teams to homeless sites, food kitchens, shelters, etc.

**Where and when did the practice take place?**

CDC Health Alert Network (HAN) Health Advisory 412: Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness (CDC – June 11)

The Centers for Disease Control and Prevention (CDC) and state health departments are investigating hepatitis A outbreaks in multiple states among persons reporting drug use and/or homelessness and their contacts. This Health Alert Network (HAN) Advisory alerts public health departments, healthcare facilities, and programs providing services to affected populations about these outbreaks of hepatitis A infections and provides guidance/recommendations to assist in identifying and preventing new infections. Read full HAN: <https://emergency.cdc.gov/han/han00412.asp>

**How much staff time was involved?**

Outbreak continues thus am not able to provide the total amount

**What were the costs associated with the activity? What was the funding source?**

Outbreak is still in process. We have utilized State and 317 vaccine funds to date

**Identify the target population that the practice affected.**

Ky population at risk for Hepatitis A infection.

**If partners were involved, include who was involved, and how.**

LHD; Emergency Preparedness; Hospital Association; Department of Corrections; Restaurant Association; Regional Epidemiologists; Office of Communications; CDC -Immunizations; CDC-Viral Hepatitis; KY Viral Hepatitis Program; Reportable Disease Program; Robert Brawley, MD, MPH, FSHEA; Vaccine Manufactures- Merck & GSK; Healthcare Infection Control Program; KY State Public Laboratory; Office of Legal Services

**Timeframe of Implementation (Start and Stop Dates)**

November 2017- ongoing as of 7/10/18

**Evaluation Data: Was the implementation and/or effectiveness of this practice assessed? (if "yes" or "limited," provide any data that is available)** X\_\_Yes \_\_\_No \_\_\_Limited

**Data:** Data is in [Hepatitis-A-Outbreak-Vaccine-Weekly-Report.pdf](#)

**Conclusions / Lessons Learned / Key Factors for Success**

**Check if any of the following are being submitted to complement your submission:**

(All materials will be posted on the AIM website)

- |  |  |
|--|--|
| <input type="checkbox"/> Testimonials                            | <input type="checkbox"/> Project photo(s)                                |
| <input type="checkbox"/> Quote from partner/participant          | <input type="checkbox"/> Publication (e.g., news story, journal article) |
| <input checked="" type="checkbox"/> Sample of materials produced | <input type="checkbox"/> Video/audio clip                                |
| <input checked="" type="checkbox"/> Press release                | <input checked="" type="checkbox"/> Website URL                          |
| <input checked="" type="checkbox"/> Promotional materials        | <input checked="" type="checkbox"/> Tables or graphs                     |
|  | <input type="checkbox"/> Other — Explain: _____                          |

Outreach materials are available at <http://chfs.ky.gov/dph/hepatitis.htm>

(see next page for complete listing of materials)

- [KY17-089 DIV-EPI-FINAL\\_week25.pdf](#)
- [Hepatitis-PEF-Draft-629.rtf](#)
- [2018-04-Hepatitis-A-Recommendations-for-Food-Service-Workers-Final.pdf](#)
- [emergency-transport.pdf](#)
- [HANAlert3.20.18.pdf](#)
- [Hep-A-Outbreak-Funding-Request.doc](#)
- [KY17-089-Outbreak-Case-Defintion\\_022118\\_County\\_Dist\\_031018.docx](#)
- [2018-Hepatitis-A-Signs-and-Symptoms.pptx](#)
- [Hepatitis-A-Outbreak-Vaccine-Weekly-Report.pdf](#)
- [2017-1031-Excel-Calculators-for-Timelines-Used-in-a-LHD-Investigation.xlsx](#)
- [Flu-Clinic-Mass-Event-Quick-Guide.docx](#)
- [Acute-Hepatitis-A-Work-Aid-for-LHD-Staff.pdf](#)
- [HepAvariables.pdf](#)
- [p3035.pdf](#)
- [hepatitis\\_a.pdf](#)
- [hepatitis\\_b.pdf](#)
- [HAV-Standing-Order.pdf](#)
- [State\\_Plan-for-Outbreak-HepA-vaccine-request.xlsx](#)
- [2018-Provider-Manual-IV-SH.DOCX](#)
- [FoodHandlerNotificationTemplate\\_Elevated-Risk.docx](#)
- [FoodHandlerNotificationTemplate\\_Low-Risk.docx](#)
- [HepAFlyer.pdf](#)