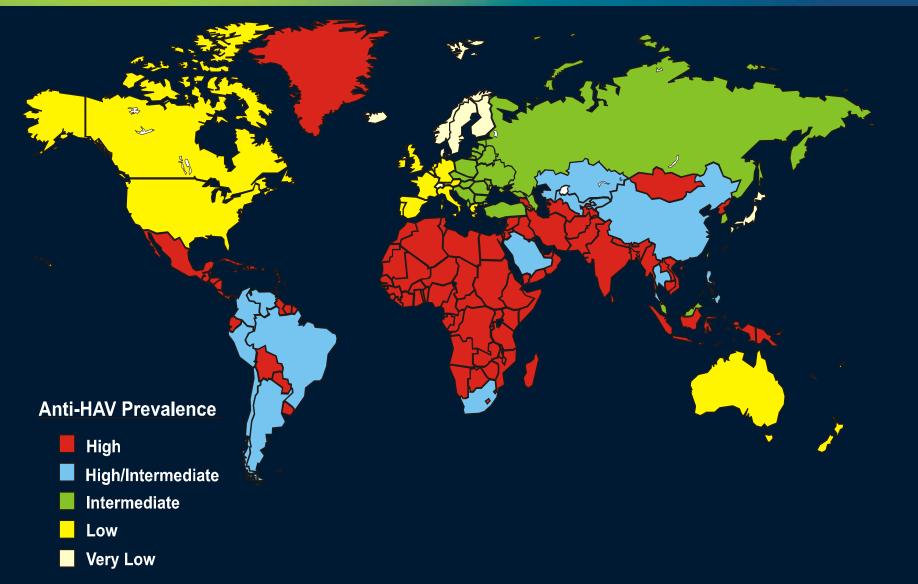
Epidemiology and Prevention Strategies for Adults at Increased Risk for Hepatitis A

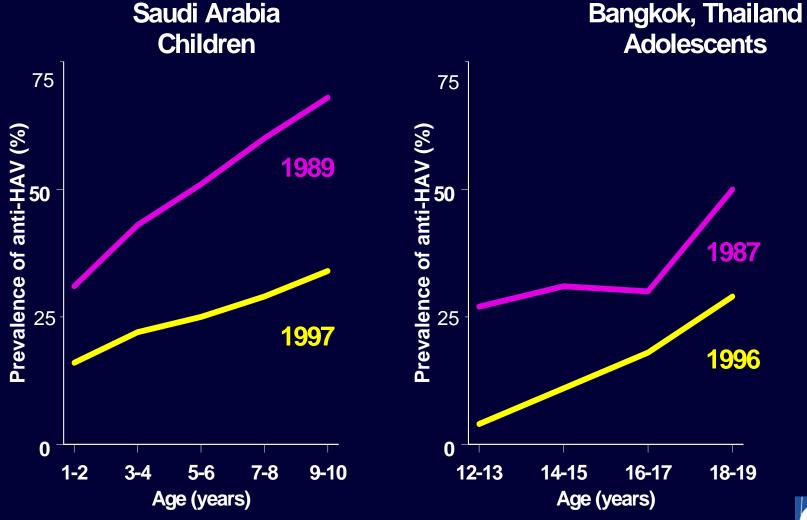
John W. Ward, MD

Division of Viral Hepatitis National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Centers for Disease Control and Prevention Atlanta, GA

Geographic Distribution of Hepatitis A Virus Infection



Changes in Anti-HAV Prevalence in Two Countries Over one Decade



Source: Al-Faleh et al., 1999

Source: Poovorawan et al., 1997



Transition From High to Intermediate HAV Infection Endemicity

- Prevalence of HAV infection among children decreases
- Average age of infection increases
 - Cohorts of susceptible older children, adolescents, and adults who are more likely to have clinical disease
 - Results in increased morbidity
- Outbreak potential
 - Variability within regions, countries and cities, and/or urban/rural or socioeconomic status

Hepatitis A Vaccination for High Risk Populations in the United States

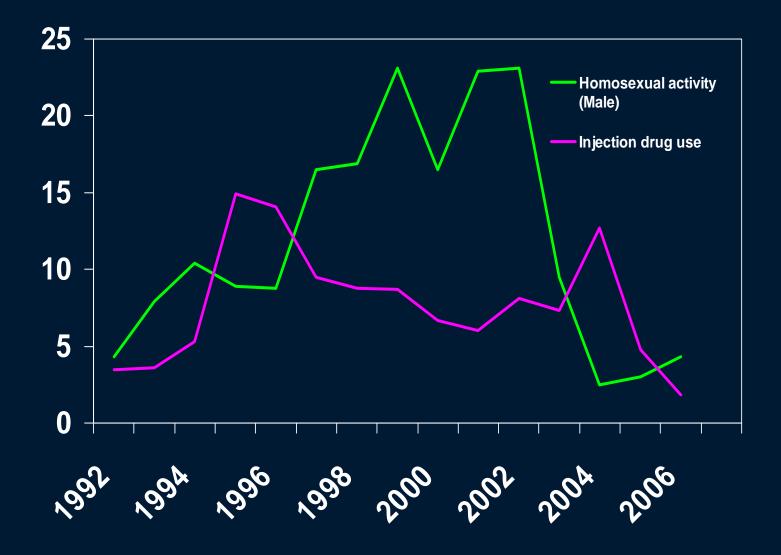
- •U.S. vaccine first licensed in 1996
- Recommended for high risk populations including
 - •Men who have sex with men (MSM)
 - Illicit drug users including drug injectors
 - •Travelers to high/intermediate endemic countries
 - Persons with chronic liver disease
 - •Other
 - Occupational risks
 - •Clotting disorders
- Similar recommendations in Europe, Canada, Australia

Hepatitis A Outbreaks Among MSM and Drug Users

- Numerous reports from N. Amer., Europe, Australia
- Characteristics
 - Cyclical
 - Often of sustained duration (months to years)
 - Contribute to large community outbreaks*
 - 53-90% of cases
 - >200% increase in annual case reporting

*AJPH 1997;87:2039-41. MMWR 1998;47:708-11. AJE 2000; 152:186-92. JID 2003:187;1235-1240. Eur J Gastroenterol Hepatol 2003;15:901-06. JID 2004;189:471-82. JHepatol 2005;43: 958-64. Vaccine 2005;23:1021-28.

Reported risk factors OF MSM and IDU for acute hepatitis A, United States, 1995-2005



Modes of Transmission Among A Outbreaks Among MSM and Drug Users

MSM

- Household or other nonsexual contact
- Sexual contact
 - Anal sexual contact
 - No./ type of partner
- Food
- Transmission modes may vary across outbreaks

- Drug users
 - Household or sexual contact
 - Drug preparation and use
 - Contaminated drug
 - Drug injection
 - Parenteral exposure
 - Shared needles and works
 - Transmission mode may vary across outbreaks

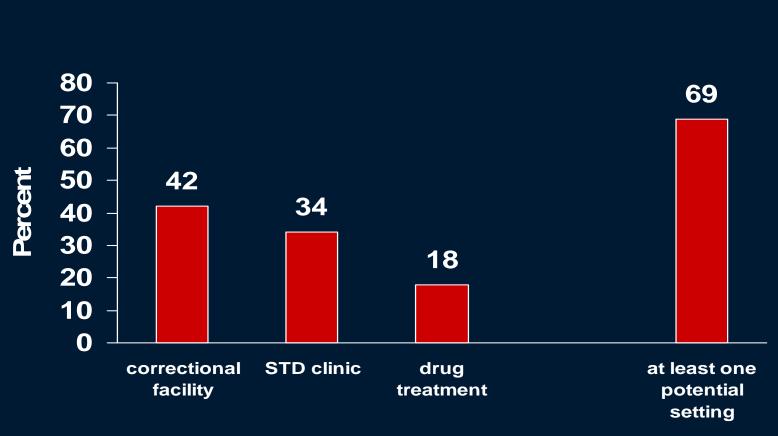
Vaccination Strategies

Outbreak Response

- Goal: Limit spread in risk population and general community
- Outcome: variable and difficult to quantify
- Success factors
 - Early initiation of vaccination
 - Size of target population
 - Sites such as jails to target IDUs
- Routine vaccination
 - Goal: Prevent outbreaks among high risk adults
 - Vaccination coverage is low in most settings (10%-23%) *

*Sex Trans Dis 2003;30:427-32. CID 2004;38: 1478-84.Eur J Epidemiol 2006; 21:545-9..

Potential Vaccination Settings Visited by Persons with Hepatitis A Prior to Infection*



Site

*Sentinel County Study, 2001-2004

Barriers to Hepatitis A Vaccination in Adults

Patient acceptance

- Knowledge of vaccine
- Perception of risk
- Convenience

Provider practices

- Awareness/priority
- Clinical procedures
- Time constraints
- Environmental
 - Cost of vaccine
 - Reimbursement for supply and delivery
 - Vaccination registries

Integration of Hepatitis A Vaccination Programs in Settings Serving Adults at Risk Can Improve Vaccination Coverage

ACTINES THE BRIDERS I. + THERE BRIDERS NEED IN





gunniteren."

Table in the second sec

familie instant

CDC demonstration projects supported vaccine purchase and staff

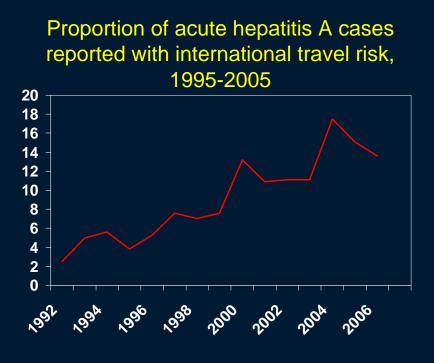
Results

- Increased number of sites offering vaccination
- Yielded 60%-85% acceptance rate
- Increased number of persons vaccinated
- Compiled in *Public Health Reports* 2007; 122 (Suppl 2).

Travel related Hepatitis A

Risk population

- Susceptible travelers from low endemic areas to intermediate or highly endemic regions
- Large and : ~ 50% of 63M travelers from US visit intermed./high endemic regions per year
- Includes children and visitors to friends and relatives
- Represent an increasing proportion of reported cases in US



Pre-travel Health Visit and Hepatitis A Vaccination for Travelers to Intermed./Highly Endemic Areas for Hep A

	Sweden* N=957	Western Europe + N=5,465	United States+ N=404	Asia Pacific+ N=2101
Sought health advice, (from travel clinic)	60% (30%)	52% (35%)	36% (10%)	32% (12%)
Considered travel high risk for hepatitis A	42%	29%	17%	31%
Hepatitis A vaccinated/ immune	40%	25%	24%	22%

* Scand J Infect Dis 2006; 38:1074-1080; + J Travel Med 2004;11:3-7; 9-13; 23-6;

Hepatitis A Vaccination and/or Imunoglobulin to Prevent Travel-Related Hepatitis A

- All susceptible persons should receive Hep A vaccination or immunoglobulin before departure
- Pre-exposure prophylaxis
 - Hepatitis A vaccine at any time before departure for persons 1-40 years of age
 - Vaccine plus IG for selected populations departing
 2 weeks
 - Older persons
 - Immunocompromised
 - Chronic liver disease
 - IG alone for others (i.e. <1 yr old, allergic)

Hepatitis A Linked to International Adoptees and their Contacts

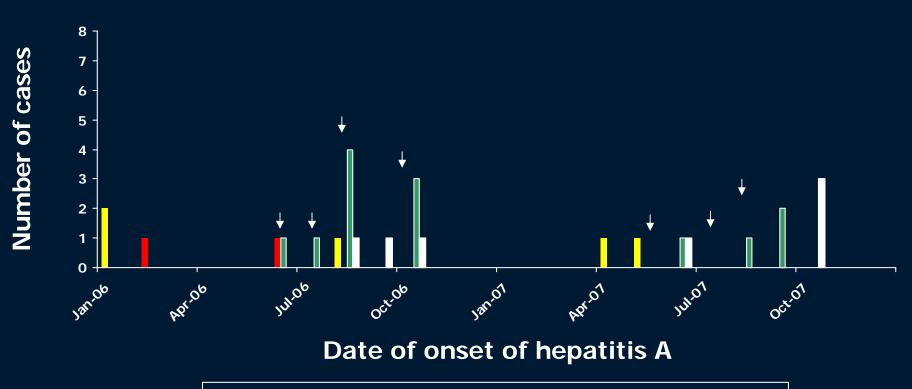
Case report

- In June 2007, 51 year-old woman presented with fever, jaundice, encephalopathy and ALT of 4119 IU/L
- IgM anti-HAV-positive
- Had 6 days of contact with 1 year-old twin adoptee grandchildren one month prior to symptom onset, soon after they arrived from Ethiopia
- Twins were asymptomatic
 - IgM anti-HAV-positive
 - Spent 2 months in centralized foster care before adoption





Hepatitis A Linked to International Adoptees and their Contacts--2007



- Adoptee
- Traveled, contact with adoptee
- No travel, contact with adoptee
- No travel, no contact with adoptee, contact with secondary case

Adults with Chronic Liver Disease and Hepatitis A

- Persons with hepatitis A and chronic liver disease have more severe disease and higher mortality
- Reported coverage is low
 - Of 1,193 patients diagnosed with chronic HCV*
 - 27% of susceptible patients vaccinated
 - 3 cases of acute hepatitis A among susceptibles; one death
- Since 1999, 45 % of hepatitis A deaths were associated with CLD**

*Hepatology 2005;42: 688-95 **CDC, unpublished data

Conclusions

- In low endemic countries, certain adults are at increased risk for hepatitis A infection or severe disease
- Hepatitis A vaccination is an effective but often under utilized intervention
- Implementation of immunization programs and evidence-based strategies can improve vaccination coverage
- Adults risk populations might emerge as HAV seropositivity falls
- Countries can conduct public health surveillance to detect risk populations and guide vaccine police development

Table 4. Changes in Seroprevalence Rates of Hepatitis A Virus Infection in Children and Adolescents During Two Decades in Different Regions in Korea[†]

Age (yrs)	1979 Seoul and Kyonggi Province	1988 Chinju City	1989 Chonbuk Province	1995 Seoul City	1996 Daejun City	1996 Chinju City	1996 Kyonggi Province
1-19	63.8% (141/221)*	42.3% (169/400)	50.3% (85/169)	11.7% (42/359)	8.5% (22/256)	9.5% (36/398)	4.6% (15/323)
Ref.	8	11	9	3	4	11	Authors

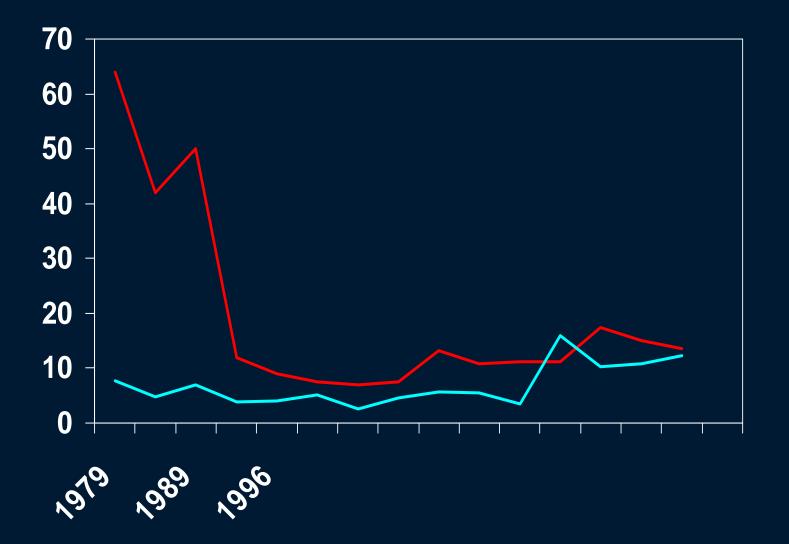
* No. positive/No. tested.

[†]Tap water supply rate was 42% in 1974 and increased to 82.9% nationwide in 1996. However, the urban area of seoul was 99.9%.

GNP was \$1,647 in 1979 and increased to \$10,543 in 1996.

Sohn, Y-M, Yonsei Med J 2000; 41: 34-39.

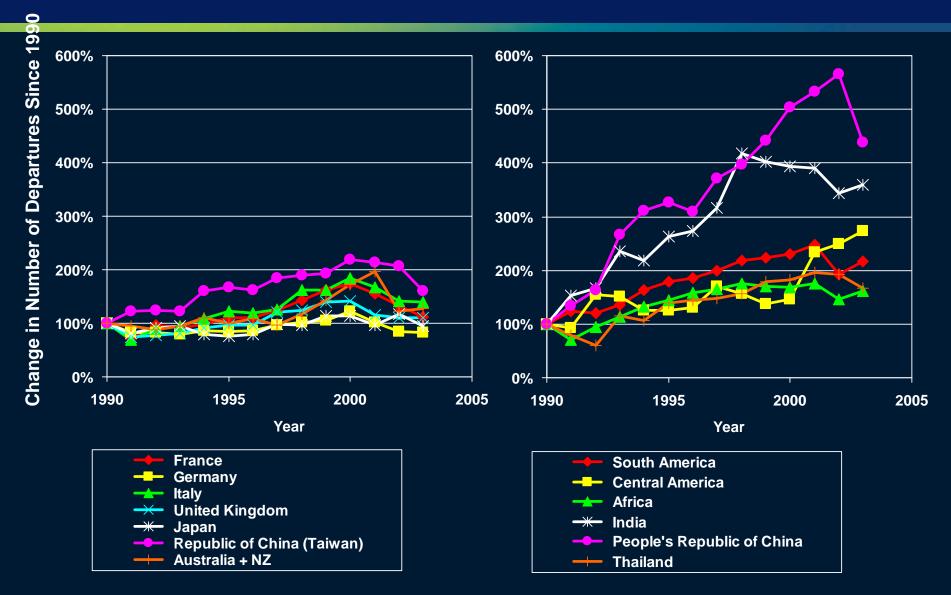
Reported risk factors for acute hepatitis A, 1995-2005



Global Patterns of Hepatitis A Virus Transmission

<u>Endemicity</u>	Disease <u>Rate</u>	Age at Infection	Transmission patterns
High	Low to high	Early childhood	Person to person; outbreaks uncommon
Intermediate	High	Late childhood/ young adults	Person to person; food and waterborne outbreaks
Low	Low	Late childhood/ young adults	Person to person; food and waterborne outbreaks
Very low	Very Iow	Adults	Travelers; outbreaks uncommon

Outbound U.S. Travelers – Selected Destinations



Source: U.S. Dept. of Commerce, International Trade Administration

Hepatitis A Incidence, United States, 1980-2006

