



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

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## HEPATITIS A OUTBREAK DEMONSTRATES LOCAL HEALTH INEQUITIES – UPDATE

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 076-18 re: “Hepatitis A Outbreak Demonstrates Local Health Inequities – Update” for information.*

### **Key Points**

- To date, a total of 29 hepatitis A cases have been reported to the Health Unit in 2018. In the previous five years, an average of three cases was reported annually, most of them travel-related.
- Among the 2018 hepatitis A cases, the vast majority are not travel-related. Many cases report using drugs and/or being under-housed or homeless.
- The Health Unit has activated the Incident Management System (IMS) to respond to this outbreak. Actions taken to date include targeted community immunization clinics, notifications to health care providers, and public notification.

### **Background**

Hepatitis A is a liver infection caused by the hepatitis A virus. The infection is spread by the fecal-oral route, which means that feces (stool) from an individual infected with the hepatitis A infection must be consumed by another person. People who get sick with hepatitis A can experience fever, loss of appetite, nausea, and abdominal discomfort. After several days, patients may develop jaundice, wherein their skin and the whites of their eyes may become yellow. Recovery often takes four to six weeks, but can take longer.

In Ontario, two doses of hepatitis A vaccine are publicly funded for the following high-risk groups:

- People with chronic liver disease (including hepatitis B and C)
- People who inject drugs
- Men who have sex with men

A single dose of publicly funded hepatitis A vaccine is also available to close contacts of people who have had a recent laboratory-confirmed case of the infection. These contacts may include those who live in the same space as, have intimate contact with, or share drugs or equipment with an infected person. In this circumstance, vaccine is offered as a post-exposure measure to provide contacts with protection against developing the infection themselves.

## Overview

As of November 30, 2018, 29 laboratory-confirmed hepatitis A cases were reported among Middlesex-London residents (see [Appendix A](#)). Between 2013 and 2017, the five-year annual average was 2.6 cases reported per year, most of them travel-related. Among the cases reported to date in 2018, over 90% (93.1%, or 27/29) are *not* travel-related. More than two-thirds (77.8%, or 21/27) of the non-travel cases reported drug use, while nearly half (48.1%, or 13/27) of the cases reported using injection drugs. Being under-housed or homeless was reported by 44.4% (or 12/27) of cases. A [provincial hepatitis A outbreak](#) with similar at-risk populations has been under investigation since 2017, and 21 of the cases in the local outbreak are genetically matched to the provincial outbreak strain.

## The Health Unit's Response to Date

Since the first non-travel hepatitis A case was reported in July 2018, the Health Unit has taken a number of measures to increase health care provider and public awareness about hepatitis A and to prevent the further spread of hepatitis A in the community. The Health Unit has also worked aggressively to immunize close contacts and at-risk individuals through clinics held at shelters, community meal programs, and the Temporary Overdose Prevention Site. These measures have included:

- Issuing healthcare provider alerts in [July](#) and [October](#)
- Notifying staff at shelters who work with homeless or under-housed clients
- Public notification through a [news release](#)
- Administering more than 700 immunizations to contacts of known cases and other high-risk individuals

To date, it has been possible to carry out these efforts with the resources available to core programs; however, the response is beginning to reduce MLHU's capacity to fulfill some of its mandates.

## Planned Response

On November 26, MLHU activated its internal Incident Management System (IMS) in order to better resource efforts to contain the Hepatitis A outbreak. In activating IMS, a command team is established to identify operational objectives; create short-, mid-, and long-range plans; collect and distribute information; liaise with external stakeholders; track extraordinary expenses; provide logistic support; and shift resources in order to ensure the continuity of operations in core programs. MLHU's objectives will be to stop the outbreak by providing immunization to as many at-risk individuals as possible, using enhanced surveillance measures to track new cases while searching for common linkages and creating a targeted public awareness campaign to promote measures that people may take to help reduce the risk of infection.

## Conclusion

The Health Unit has seen an unexpected number of hepatitis A cases reported since July 2018. Many cases are among under-housed or homeless residents, and those who use drugs. The Health Unit has activated its IMS to respond to the outbreak, and will continue to take measures to provide enhanced vaccination to communities at risk and increase public awareness about hepatitis A in order to stop further transmission within the community.

This report was prepared by the Environmental Health and Infectious Diseases Division and the Office of the Associate Medical Officer of Health.



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