## **Hepatitis A Virus Outbreaks: Management**

#### **Purpose**

This document describes the Kaiser Permanente policy and process in the event there is an outbreak of Hepatitis A virus (HAV) in our local area, or in situations where an infected food handler has been identified and postexposure prophylaxis (PEP) has been recommended for persons exposed to potentially contaminated food.

#### **Policy**

- Hepatitis A vaccine has replaced Immune Serum Globulin (IG) as the preferred means of PEP to protect people from 1 year of age and older, and can be given after a person has been exposed to HAV.
- During an outbreak, always refer to the CDC or local agencies for specifics surrounding any particular outbreak.
- Blood collection facilities should follow the determination of their local health departments regarding potential for exposure to HAV during the outbreak and the need for PEP.
- If information is not available through CDC or AABB, then the blood center's medical director or another designated staff person should communicate with the local health department or public health authority, especially early in the course of an investigation, to understand the potential for exposure, the number of people involved the affected geographic area, and dates of possible exposure.
- If the local health department notification does not include advice for specific individuals or groups to be evaluated for preventive, in most cases, the blood collection facility should notify the local health department to better determine if action needs to be taken.
- During the outbreak period, a question may be temporarily asked in addition to the DHQ to elicit information on any potential donor in relation to HAV exposure.

#### **Procedure**

The following steps describe how the blood center becomes aware of an outbreak...

Step	Action			
1	Notification of a Hepatitis A virus outbreak will come via			
	the CDC, AABB, local health departments or possibly local			
	media.			
	Potential localized outbreaks may be brought to our attention			
	from the California State Department of Health and Human			
	Services or other local agencies.			
2	<ul> <li>Notification will occur when there has been a common source outbreak and post exposure prophylaxis (PEP) is recommended for groups of individuals.</li> <li>The potential for an outbreak may also exist due to the discovery of an infected food handler or other common source and PEP is recommended for groups of individuals.</li> </ul>			
	<b>Note:</b> In contrast, when the local health department notification does <i>not</i> include advice for specific individuals or groups to be evaluated for PEP, (which is most often the case), the blood collection facility does <i>not</i> need to take action. Blood collection facilities will need to consult with the local health department when specific incidents arise and there is uncertainty about the potential of exposure in a community.			

### Procedure

The follo	The following steps describe the process that the blood donor center				
should take when the blood center becomes aware of an outbreak					
Step	Action				
1	<ul> <li>When the above criteria are met, blood collection facilities should take measures to identify donors who may have been exposed to HAV during a common source outbreak. This information may be elicited from donors using one or more mechanisms such as the following:</li> <li>Providing written information to all presenting blood donors in the affected geographic area about the name of the involved establishment or food outbreak and the dates of possible exposure.</li> <li>Asking an additional question during the health history interview in the affected geographic area about possible exposure to the hepatitis A outbreak.</li> <li>These measures should remain in place for at least 120 days after the date of the last possible exposure.</li> <li>Document the donor response in the comment section of the DHQ.</li> </ul>				
2.	Donors who are affected by the outbreak, are deferred from donating for a period of 120 days from the date of last potential exposure, (this represents more than two maximal incubation periods and is the observed period to clear Hepatitis A virus).				
3.	Prospective donors who may have been exposed to HAV during the outbreak should be deferred regardless of reported HAV vaccination status.				
4.	<ul> <li>If the donor is identified as a result of post donation information, the donor would be deferred for 120 days from the date of the last potential exposure.</li> <li>Market withdrawal and recipient notification is initiated for the units donated during the outbreak or time the donor may have been infected.</li> </ul>				

#### **Procedure**

The follo	The following steps the donor center should perform of post-donation				
market withdrawal of blood components					
Step	Action				
1	Once notified of a potential HAV donation, the donor center will quarantine all in-date components.				
2	<ul> <li>If it is determined that at the time of a previous donation, the donor was exposed in a common source outbreak and/or was diagnosed with Hepatitis A.</li> <li>Perform Market withdrawal of all in-date components distributed during the outbreak and for 120 days after the outbreak was reported or after the latest donation, whichever</li> </ul>				
3	<ul> <li>Recipient notification (Lookback) is performed for all blood components transfused during the outbreak or up to 120 days after the last potential exposure of the donor.</li> </ul>				
	The notification to the recipient physician should recommend the recipient be tested for;  • anti-HAV IgM  • Nucleic acid tests, if available.  • Liver enzyme tests may be helpful if Hepatitis A is suspected				

# **Uncontrolled documents**

AABB Bulletin: 13-Updated Criteria for Donor Deferral and Blood Component Retrieval in Known or Suspected Common Source Outbreaks of Hepatitis A Virus Infection, July 25, 2013.

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Distribution

All SCPMG Blood Donor Centers

MasterControl History of Change:				
Change type: new, major, minor etc.	Version #	Description of Change		
New	1			