

Hepatitis A Vaccine and International Travel

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Travelers are an important population because of their movement, the potential exposure to diseases outside their home country, and the risk that they will either bring non-endemic diseases into their country of origin or spread non-endemic diseases to the countries they visit. In 2016, U.S. airlines carried an all-time high number of passengers – with 103.9 million international travelers. Ever-increasing travel to destinations in Asia and in Africa place travelers at risk for a variety of travel-related conditions including malaria, yellow fever, measles, and other tropical or vaccine-preventable infections. Compound this with travel vaccine shortages (e.g., yellow fever) and limited travel vaccine education or preparedness. Travel-related illnesses have direct public health effects.

Health care providers (HCP) are encouraged to practice their role in preventing infection. Many travelers do not seek pre-travel medical care, which may diminish the benefits created by those travelers who do seek care. Even if a practice is not designated as a travel medicine clinic, it still has a responsibility to assess, recommend, and administer recommended vaccines, as well as documenting administered doses in the Michigan Care Improvement Registry (MCIR). If the practice doesn't have hepatitis A vaccine, patients should be referred to a local health department or a pharmacy that carries the vaccine.

Hepatitis A is a vaccine-preventable disease. While the hepatitis A vaccine is recommended as part of the routine childhood vaccination schedule, most adults have not been vaccinated and may be susceptible to the hepatitis A virus. According to the MCIR, 56 percent of children who were 19 to 35 months of age as of December 31, 2016, had received two doses of hepatitis A vaccine. With low vaccine coverage across populations, infection persists in a community.

According to 2015 National Health Interview Survey (NHIS) data, the estimated proportion of adult travelers (19 years and older) who received at least 2 doses of hepatitis A vaccine was only 16 percent. The overall adult population coverage for hepatitis A is even lower at 9 percent. The public health and infection control costs that go with outbreak response to vaccine-preventable pathogens can be staggering to a community – consider both the financial and the social costs. When an outbreak enters a community, like hepatitis A, it prompts extensive contact tracing, intervention, and follow-up.

Public health officials in the City of Detroit, Macomb, Oakland, and Wayne counties and the Michigan Department of Health and Human Services (MDHHS) are reporting an elevated number of hepatitis A cases in Southeast Michigan. From August 1, 2016, to March 21, 2017, 107 cases of lab-confirmed hepatitis A have been reported to public health authorities in these jurisdictions. This represents an eight-fold increase over the same time period a year earlier (n=13). Ages of the cases range from 22 to 86 years, with an average age of 45 years. Eighty-five percent of the cases have been hospitalized with two deaths reported. Approximately one-third of the cases have a history of substance abuse, and 16 percent of all cases are co-infected with hepatitis C. No common sources of infection have been identified.

Hepatitis A vaccination is recommended for:

- All children at age 12 months
- Close personal contacts (e.g., household, sexual) of hepatitis A patients
- Persons who use injection and non-injection illegal drugs
- Men who have sex with men
- Persons with chronic (lifelong) liver diseases, such as hepatitis B or hepatitis C. Persons with chronic liver disease have an elevated risk of death from fulminant hepatitis A
- Persons who are treated with clotting-factor concentrates
- Travelers to countries that have high rates of hepatitis A
- Family members or caregivers of a recent adoptee from countries where hepatitis A is common

Travelers are often at a higher risk of exposure to diseases for which routine vaccines provide protection – routine vaccines that many health care providers do stock. Stronger patient-provider communication is needed in order to address this lack of patient awareness. This is particularly important in communicating timing and availability of vaccines and the intervals of vaccine series so that travel plans and daily life can proceed smoothly. In order for HCP to make strong recommendations for adults to receive all needed vaccines, they need access to educational opportunities that will update them on the most recent vaccination recommendations.

[Adult Immunization Summit – June 14, 2017](#)

MDHHS is hosting a conference entitled *Adult Immunization Summit: Healthier Together* on June 14, 2017. This will be an excellent opportunity to get updates on travel vaccines and other adult immunization topics. This event will be offered at the Lansing Center in Lansing, MI. To register, please visit <http://register.mihealth.org/AdultImmSummit2017>. For more information, please contact Jackie Chandler, Outreach Coordinator, at ChandlerJ3@michigan.gov.

Additional educational resources are available to provider offices, including free immunization education sessions through the Physician Peer Education Project on Immunization and the MDHHS Immunization Nurse Education program. The education sessions through both education programs are approved for continuing medical education credit. Visit www.aimtoolkit.org – click “Information for Health Care Professionals” and “Education & Training” for more complete information.

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