



epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND
EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

Multi-state Outbreak of Hepatitis A

The California Department of Public Health (CDPH) reported that an outbreak of hepatitis A began in San Diego County in November 2016, among people who experience homelessness and/or use substances. Person-to-person transmission of hepatitis A among these groups can happen from sharing contaminated equipment, limited access to handwashing facilities, and general unsanitary living conditions. Through April 2018, CDPH reported that 704 people became ill as part of the outbreak; 461 were hospitalized, and 21 died. During the response, CDPH distributed approximately 123,000 doses of hepatitis A vaccine to local public health agencies.

Since 2016, additional states, including two neighboring states (Utah and New Mexico) have reported increases in hepatitis A infections among similar groups. From March 2018 - January 2019, West Virginia reported 2,214 people had experienced hepatitis A. To date, the Center for Disease Control and Prevention (CDC) reports that 16 states have been impacted; Colorado brings that number to 17. CDC viral sequencing suggests linkages among multiple states.

Colorado Impacted by Hepatitis A Outbreak

During 2017 and early 2018, several sporadic cases of hepatitis A were reported in Colorado among these same groups, including one case identified in Boulder County. However, case investigations concluded that all of the people had been exposed outside of Colorado.

Since October 2018, 13 cases of hepatitis A have been reported in Colorado among people experiencing homelessness and people who report substance use issues; 10 of these people have been hospitalized. Of the 13 cases, 11 were in El Paso County, and 2 were in Pueblo County; 85% were male. Most report substance use (85%), and over half (61%) report experiencing homelessness. None of the individuals reported travel within the exposure period. The Colorado Department of Public Health and Environment (CDPHE) is maintaining a statewide response to this outbreak, including mobilizing vaccination for high-risk groups and disseminating educational materials.

Partnering with Homeless Service Providers

When sporadic cases began to impact Colorado, Boulder County Public Health (BCPH) began collaborating with homeless service providers to offer hepatitis A vaccination to visitors to congregate housing facilities and other agencies that provide services for people who experience homelessness. Since December 2017, a total of 11 vaccination clinics have been held in Boulder and Longmont in collaboration with Boulder Shelter for the Homeless, HOPE for Longmont, and St. Benedicts Health and Healing Ministry. In addition, the syringe access program has referred participants to receive vaccine at co-located BCPH immunization clinics. As of January 18, 2019, hepatitis A vaccine has been provided to 91

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Influenza (Flu) Activity Continues to Rise

The 2018-2019 flu season is underway with widespread or regional flu activity reported in 48 states, including Colorado during the week ending January 26, 2019.¹ It is too soon to tell how long or how severe this season will be. Every flu season is different, but for the past 5 seasons, the average duration has been 16 weeks, with a range of 11-20 weeks.

To determine the severity of a flu season, the following indicators are assessed: 1) the percentage of visits to outpatient clinics for influenza-like illness (ILI), 2) the rate of influenza-associated hospitalizations, and 3) the percentage of deaths resulting from pneumonia or influenza during the season. To date, these indicators suggest that this Colorado flu season is not as severe as last season at this time.

Colorado Influenza Season Severity Indicators for Week Ending January 26, 2019.

Indicator	Colorado	Comments
ILI patient visits at outpatient clinics	5.5%	Above 5.05% baseline for Colorado ²
Hospitalizations	1,548	Highest rate among 0-4 year old children ²
Mortality due to pneumonia and influenza*	8.0%	Above 7.2% national level ¹

* Due to reporting delays, percentage includes data for week ending January 12, 2019

Boulder County Public Health is monitoring and reporting on ILI syndromic surveillance data each week throughout the 2018-2019 influenza season using the [Colorado North Central Region \(CO-NCR\) Syndromic Surveillance system](#). As of January 26, 2019 the rate of

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Communicable Disease Control Program
HIV Prevention Program
Emergency Management Program
Immunization Program
TB Control Program

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people who experience homelessness and/or use substances in Boulder County and 25 staff who provide services to people in these groups.

In September 2018, one case of hepatitis A was identified in Boulder County. The individual had traveled to Boulder from another state experiencing a hepatitis A outbreak. They had briefly worked at a retail food establishment in Boulder County. Post-exposure vaccination was provided to 22 staff members at the facility and 3 additional contacts. No additional risk to the public was identified.

Offer Vaccination to People at Risk

Health care providers should provide the two-dose series of hepatitis A vaccine to individuals age one year and older who have not been vaccinated or do not know their vaccination status. Special consideration should be given to ensure vaccination for people in our community who are experiencing homelessness, who use injection and non-injection drugs, and people who provide services for those in risk groups.

Hepatitis A vaccine is also recommended for:

- People who are traveling to countries where hepatitis A is common.
- Men who have sex with other men.
- People with chronic liver disease, such as hepatitis B or C.
- People being treated with clotting factor concentrates.
- People who work with hepatitis A-infected animals or in a hepatitis A laboratory.
- People who are expected to have close personal contact with an international adoptee from a country where hepatitis A is common.

Submitted by Carol Helwig, Epidemiologist, Chelwig@bouldercounty.org

Refer TB Patients to Denver Metro TB Clinic

Boulder County Public Health works with the Denver Metro Tuberculosis Control Program to prevent the spread of tuberculosis (TB) and eliminate it as a public health problem in the seven-county Denver metro area. If you are concerned about or suspect active TB, a reportable condition in Colorado, patients should be referred to the Denver Metro TB Clinic at Denver Health. While inactive/latent TB infection is not currently a reportable condition, the Denver Metro TB Clinic can help with the diagnosis or treatment of latent TB.

To refer a patient, complete the TB patient referral form at www.denverpublichealth.org/clinics-services/tuberculosis/resources-education/for-providers and fax it to the clinic at 303-602-7263. Carolyn Bargman, RN case manager is available to answer questions and provide support at 303-602-7240 or 303-413-7516.

Practicum: Skin Testing and Tuberculosis Update March 28, 2019, 12:30 – 5:00 p.m.

Denver Public Health, 605 Bannock St, Denver

Register today at:

www.denverpublichealth.org/clinics-services/tuberculosis/tb-classes-for-providers

epiEye

A Look Outside Our Community
and Around the World

International Travelers at High Risk for Measles

The World Health Organization (WHO) reports that more than 41,000 people within the European region were infected with measles from January-June 2018. This is nearly double the number of individuals infected with the disease in the same region for the entire year of 2017 (23,927). Preliminary WHO surveillance for measles estimates that over 229,068 people were impacted across all regions in 2018, with the highest number of cases occurring in Southeast Asia.

In the United States, approximately 100-200 cases of measles are reported each year. The highest burden in recent years was in 2014 when 667 people became ill from the disease. The year with the second highest burden of disease was 2018 (349 cases). On January 15, 2019, the Colorado Department of Public Health and Environment (CDPHE) sent a health alert* confirming an imported case of measles in Colorado. While infectious, the individual visited several public locations in the Denver and Stapleton area over the course of five days. The response is currently ongoing.

All children should receive their first dose of measles, mumps, and rubella (MMR) vaccine between age 1-1.5 years, and the second at age 4-6 years. The vaccine can be given as early as six months of age if an infant is travelling internationally. All teens and adults should also be vaccinated. Special recommendations are outlined on the WHO website at www.who.int/immunization/diseases/measles/en/.

Sources: <https://www.cdc.gov/measles/cases-outbreaks.html>
<https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html>

*If you are a medical provider in Boulder County and would like to receive health alert notifications (HANS) released by national, state, and local public health, please visit www.BoulderCountyDiseaseControl.org to sign up.

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Boulder County residents presenting to hospital emergency departments with ILI continues to exceed the seasonal baseline of 1.78%.

To view weekly ILI data, please visit the Boulder County Public Health Communicable Disease Program web page at www.BoulderCountyDiseaseControl.org, or sign up to receive the update periodically via email by contacting Kaylan Stinson at kstinson@bouldercounty.org or 303-413-7531.

1- Data obtained from the CDC FluView at: <https://www.cdc.gov/flu/weekly/index.htm>

2- Data obtained from the Colorado Flu Report at: www.colorado.gov/pacific/cdphe/influenza

Presentation: Rationale for the Immunization Platform for 16-Year-Olds

Amanda Dempsey, MD, MPH will talk about the Adolescent Immunization Initiative's rationale for an immunization platform at 16 years old.

March 7, 2019, 12:30 – 2:00 p.m.

Boulder County Public Health, 3482 Broadway St., Boulder
Email Lesly at Lfeaux@bouldercounty.org to register.