



# OFFICE OF POLICY, PROCEDURES AND TRAINING

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Executive Deputy Commissioner

DHS-PB-2020-005

<b>SUBJECT:</b>  Guidelines for Site Staff: Hepatitis A Infection	<b>APPLICABLE TO:</b>  Adult Services, Families with Children, and Streets Homeless Solution Divisions	<b>ISSUED:</b>  March 09, 2020
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<b>ADMINISTERED BY:</b>  Office of the Medical Director	<b>APPROVED BY:</b>  Joslyn Carter, Administrator Department of Social Services/ Department of Homeless Services
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## ■ PURPOSE

To provide guidance to Department of Homeless Services (DHS) site staff for the management of clients with hepatitis A infection who are residing in DHS sites or participating in DHS programs.

## ■ BACKGROUND

In the United States, about 1,500-2,000 cases of hepatitis A are reported annually.<sup>1</sup> Since 2016, 30 states have experienced outbreaks of hepatitis A spread through person-to-person contact, with more than 25,000 cases reported to date.<sup>2</sup> These recent outbreaks have included large numbers of persons who use drugs and/or experience homelessness. Hepatitis A is caused by the hepatitis A virus (HAV) that infects and can damage the liver. HAV enters the body through fecal-oral route (i.e., eating something that has been contaminated with feces of an infected person). It can be spread through food, drinks, or contact with the stools of someone who is infected with HAV.

<sup>1</sup>CDC. Overview and statistics. <https://www.cdc.gov/hepatitis/hav/havfaq.htm#general>

<sup>2</sup>CDC. Widespread outbreaks of hepatitis A across the United States <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

A person with HAV is most infectious during the two weeks before onset of symptoms through one week after onset. HAV can cause mild to serious illness, and signs and symptoms include jaundice (yellowing of the eyes and skin), stomach pain, nausea, and diarrhea. HAV infection leads to death in approximately 0.1-0.3% of cases, but in the recent outbreaks affecting the homeless and persons who use drugs, deaths have occurred in about 1% of cases. People who have chronic liver disease, people with weakened immune systems, and older persons are at a higher risk for serious illness and death. Infants and young children tend to have very mild symptoms and are less likely to develop jaundice than older children and adults. **Hepatitis A can be prevented by vaccination.** The following groups are at higher risk of acquiring HAV infection and should be offered hepatitis A vaccine in order to prevent or control an outbreak:<sup>3</sup>

- People who use drugs (injection or non-injection)
- People experiencing unstable housing or homelessness
- Men who have sex with men (MSM)
- People who are currently or were recently incarcerated

In addition, people with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C, are at higher risk of severe liver disease if they acquire HAV infection, and should be offered hepatitis A vaccine.

## ■ DEFINITIONS

### I. Client

A person who is experiencing homelessness and receiving services in a DHS site.

### II. Sites (DHS Sites)

DHS-operated sites or programs, or DHS-contracted sites or programs, which provide services to clients. These include congregate sites, drop-in and reception centers, Safe Havens, Tier IIs, commercial hotels, and cluster sites.

### III. Patient

A client with a confirmed diagnosis of hepatitis A.

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<sup>3</sup> CDC. <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

## ■ PROCEDURE

### I. Notification

- A. If site staff becomes aware of a client with hepatitis A, staff will immediately inform the site director and follow the DHS Serious Incident Unit (SIU) protocol.<sup>4</sup> The site director will inform the program administrator who will inform their leadership and the Office of the Medical Director (OMD):
- Site directors for single adults, street outreach, and safe havens will inform program administrator within two (2) hours from the time shelter becomes aware of the case.
  - Site directors for families with children and adult families will inform program administrator within five (5) hours from the time shelter staff becomes aware of the case.
- B. If DOHMH becomes aware of a person diagnosed with hepatitis A and is experiencing homelessness, DOHMH will immediately notify DHS OMD and provide the name and date of birth of the patient. DHS OMD will inform the appropriate DHS program about the patient if DHS OMD confirms that the patient is a DHS client or known to DHS outreach teams. Site staff must report to DHS SIU as per the protocol.<sup>5</sup>

### II. Action Steps

- A. If a DHS client is confirmed to have hepatitis A:
1. Site/program staff will make a list of clients (name, date of birth, gender, and CARES ID) with potential exposure, and a list of staff (name, date of birth, and gender) who shared a room, bathroom, and/or food with the patient using the “*Hepatitis A Exposure Log*” (DHS-56b).
  2. Staff will submit the complete lists of clients and staff to DHS OMD, which will send the list to DOHMH using secure email service or encrypted email.

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<sup>4</sup> See DHS-PB-2018-004 “*Process for Reporting Incidents Occurring in Shelters*”.

<sup>5</sup> Ibid.

3. DOHMH will match the list with the City Immunization Registry (CIR) to determine the hepatitis A immunization status (if available) of the clients and staff on the list.
4. DOHMH will issue two letters to a point person at the shelter (one for immune people and one for non-immune people or those with unknown immune status who require vaccine). A list of immune and non-immune/unknown immune status staff and clients will also be provided so the shelter point person can distribute the letters accordingly.

### **III. Vaccination (if there is a case of hepatitis A)**

- A. All non-immune persons and those with unknown immune status who are considered exposed are strongly encouraged to receive hepatitis A vaccination within three weeks after the index patient's onset of symptoms to ensure protection against hepatitis A infection. For those who are exposed with unknown immune status medical provider may not check for the vaccination status or antibodies titer values before vaccinating them. Clients who have documented immunity to HAV or have documented immunization records indicating receipt of two doses of hepatitis A vaccine need not be vaccinated.
- B. Clients who shared a bedroom, bathroom, and/or food with the patient will be prioritized for vaccination.
- C. Staff or clients who are involved in food handling or providing any medical care either as an employee or volunteer and who may have been exposed to the index case are required to receive hepatitis A vaccine as post-exposure prophylaxis if they are not immune or have unknown immune status. If non-immune/unknown immune status staff/clients in these settings do not receive vaccine within the prophylaxis window, they will be excluded from participating in their work/volunteer duties for up to 8 weeks.
- D. **If the site has an onsite clinic** and has the capacity to administer the HAV vaccine, and is able to store and monitor the vaccine properly, then they will administer vaccines to the clients.
  - If the clinic needs assistance in obtaining an additional supply of vaccine, DOHMH may provide a limited supply of vaccine free of charge if available. Clients may also choose to receive the vaccination from their primary care provider or a community clinic, urgent care, or other location.

- Exposed staff will be referred to their primary care provider.
- If vaccination is administered by an outside entity, the client must bring a doctor's note or immunization record to confirm that they were vaccinated.
- The on-site medical provider or site director will maintain a "*Hepatitis A Vaccination Record Sheet*" (**DHS-56a**) for the vaccines provided by DOHMH or DHS.

E. To obtain vaccines from DOHMH (if available and appropriate):

- DHS OMD will connect the on-site medical director with DOHMH to obtain hepatitis A vaccines and arrange delivery at the designated clinic site.
- The on-site medical provider will be responsible for appropriate storage of the vaccines (i.e., in a functional refrigerator) upon delivery and for vaccinating the clients.
- In case of immunization of contact to a hepatitis A case in shelter, the on-site medical provider will maintain a record of vaccinated clients and vaccine refusals (Attachment B), and provide these records to DHS OMD on daily basis to share with DOHMH and enter the vaccination into CIR in accordance within applicable laws.

F. On-site medical provider (if available) will monitor residents/staff for new cases of hepatitis A infection. Any newly suspected must be tested for hepatitis A as per standard guidelines. Newly suspected or confirmed cases of hepatitis A should be reported to DHS OMD and DOHMH when identified to determine if further response is necessary. Through routine DOHMH surveillance (hepatitis A case reporting and investigation), DOHMH will be able to identify residents/staff who may have been diagnosed with hepatitis A.

G. **If a site does not have a medical provider**, clients can be sent to DOHMH immunization clinic or nearby H+H facility. If a large group (that is over 10) is being sent to clinic, DHS OMD will inform DOHMH in advance. If needed, DHS OMD will collaborate with H+H facility, urgent care and providers of the homeless to vaccinate clients. DHS OMD will notify H+H leadership in advance for vaccinating DHS clients. Shelter director will track new cases (clients who are sick) and will inform program administrator.

H. If a client appears to need an accommodation for a disability or asks for help because of a disability, shelter staff must offer to help them. They do not need to use any particular word. Depending on the need, shelter staff can help the client immediately to the best of their ability or let them know that they can ask for a reasonable accommodation (see DHS RA Procedure (15-2I 1) for more detailed

information). If the client requests a reasonable accommodation, shelter staff must offer to help them complete the DHS M Request Form (DHS-13) and submit it.

#### **IV. Food Handler with a Hepatitis A infection**

- A. If a hepatitis A patient is a food handler, DOHMH will conduct a food handler assessment to determine the risk to shelter/program clients and staff.
- B. DHS and DOHMH will work together to determine vaccination plans and when staff can return to work in a food service establishment.

#### **V. Preventing Hepatitis A Infection**

- A. Get vaccinated. One dose of hepatitis A vaccination can provide immunity for 11 years and with two doses (6 months apart) immunity lasts for at least 20 years.<sup>6</sup>
- B. Wash hands with soap and warm water regularly, especially after using the bathroom or changing diapers and before preparing or eating food.
- C. Avoid sexual practices that may result in hand or mouth exposure to stool from an infected person (condoms prevent other sexually transmitted infections, including HIV, but may not prevent hepatitis A).
- D. Avoid eating shellfish that may have come from a contaminated water source in countries such as Caribbean, Central and South America, Africa, Eastern Europe, and parts of Asia.
- E. Site staff will:
  - Ensure bathrooms have soap and water for handwashing.
  - Reinforce the importance of handwashing with soap and water after using bathroom and before eating.
  - Display handwashing posters (**Attachment A**) inside and outside the bathroom.
  - Educate staff and clients on hepatitis A using the “*Facts about Hepatitis A for Staff and Clients*” (**DHS-56**).

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<sup>6</sup> CDC Viral Hepatitis <https://www.cdc.gov/hepatitis/hav/havfaq.htm>

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For more information on hepatitis A visit: <https://www1.nyc.gov/site/doh/health/health-topics/hepatitis-a.page> or call 311.

*Effective Immediately*

## ■ ATTACHMENTS

Attachment A	“Wash Your Hands” Poster (English)
Attachment A (S)	“Wash Your Hands” Poster (Spanish)
DHS-56 (E)	Facts about Hepatitis A for Staff and Clients
DHS-56a (E)	Hepatitis A Vaccination Record Sheet
DHS-56b (E)	Hepatitis A Exposure Log
FLY-1023	“What is Hepatitis A and who’s at Risk” Flyer

# wash your hands



WET



SOAP



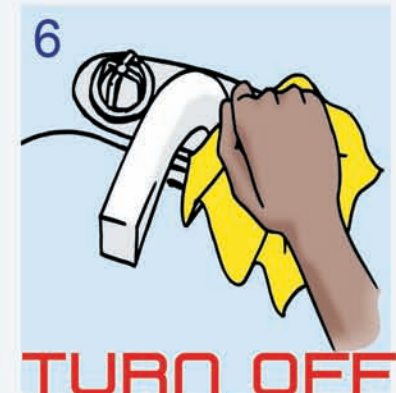
SCRUB



RINSE



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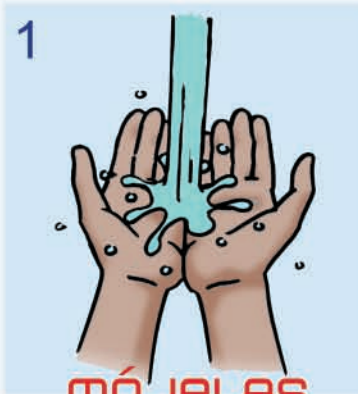


TURN OFF  
WATER





# lávese las manos



## **FACTS ABOUT HEPATITIS A (For Staff and Clients)**

### **What is Hepatitis A?**

Hepatitis A is a virus that infects and can damage the liver. It is usually passed from one person to another through contaminated food or water. There is a vaccine to prevent hepatitis A.

### **What are the symptoms of hepatitis A?**

Symptoms include jaundice (yellowing of eyes and skin), fatigue (feeling tired), abdominal pain, nausea, and diarrhea. People typically develop symptoms about one month after they are exposed to the virus. Not everyone who is infected will have all of these symptoms.

Most people get better within a few weeks without any problems. Infants and young children tend to have very mild symptoms and are less likely to develop jaundice than are older children and adults.

People who have chronic liver disease or a weakened immune system could experience more severe illness.

### **How is the hepatitis A virus spread?**

The hepatitis A virus enters the body through the mouth and is passed in the stool (feces). The virus can be carried on an infected person's hands and can be spread by direct contact or by consuming food or drink that has been handled by the individual. Proper hand washing with soap can prevent transmission.

### **When could I first get sick and when could I spread the infection?**

Symptoms may appear anytime two to seven weeks after exposure, although usually they appear within three to four weeks. Infected people are most at risk to spread the virus in the two weeks before symptom onset and the week after symptom onset.

### **Is hepatitis A fatal?**

While some people who have chronic liver disease or a weakened immune system could experience more severe illness and require hospitalization, hepatitis A is rarely fatal (fewer than 1 percent of cases).

### **Does past infection with hepatitis A make a person immune?**

Yes. Once a person recovers from hepatitis A, they are immune (protected) for life and no longer carry the virus.

### **Is there any treatment for hepatitis A?**

No. There is no treatment for hepatitis A other than supportive care. If you believe you may have hepatitis A, call your doctor. Most people recover fully on their own.

### **How is hepatitis A diagnosed?**

If your doctor suspects hepatitis A, they can request a blood test.

### **What is the treatment for hepatitis A?**

There is no treatment for hepatitis A once symptoms appear. Generally, rest and not drinking alcohol is all that is needed.

### **How can hepatitis A be prevented?**

Get the hepatitis A vaccine. Anyone who wants lasting protection against hepatitis A should get two doses of the vaccine at least six months apart. In addition, routine vaccination is recommended for people in the following groups:

- All children between ages 1 and 2 years
- People who live on the street, in a shelter, or otherwise do not have a permanent address (people experiencing homelessness)
- People who use drugs
- Men who have sex with men
- People who have chronic liver disease
- People who have clotting-factor disorders
- Travelers to areas where hepatitis A is common, including countries in the Caribbean, Central and South America, Africa, Eastern Europe, and parts of Asia

To prevent person-to-person spread, wash your hands carefully with soap and water after using the bathroom or changing diapers.

Avoid sexual practices that may result in hand or mouth exposure to stool from an infected person (condoms prevent other sexually transmitted infections, including HIV, but may not prevent hepatitis A).

If you travel to a country where hepatitis A is common, use bottled or canned drinks, and boil tap water for one minute before using. Avoid using ice, raw fruit and vegetables unless washed or peeled, and eating shellfish that may have come from a contaminated water source.

Ask your doctor about getting the Hepatitis A vaccine or call 311 to find a vaccine provider.

**Source:** NYC, DOHMH, <https://www1.nyc.gov/assets/doh/downloads/pdf/cd/hep-a.pdf>





# WHAT IS HEPATITIS A AND WHO'S AT RISK?

Hepatitis A is a liver infection caused by the Hepatitis A virus. The Hepatitis A virus enters the body through the mouth and passes out of the body in the feces (bowel movements) of an infected person. It can be carried on an infected person's hands and spread through contact. It is very contagious.

Hepatitis A is different from Hepatitis B and C – if you're vaccinated for Hepatitis B, you still need vaccinations for Hepatitis A.

People with a higher risk of infection or severe illness should get a second vaccination six months after the first dose. People at higher risk of severe illness include those with HIV, chronic liver disease, or people who use injection drugs.

**If you have unstable housing or are experiencing homelessness, protect yourself and others.**

## Get Vaccinated for Hepatitis A

The vaccine is safe and effective.



## Wash Your Hands Often



**If you have any of the symptoms below, see a health professional as soon as possible:**



Feeling tired



Joint pain



Fever



Abdominal pain



Loss of appetite



Nausea & vomiting



Yellow skin or eyes



Dark urine and/or gray-colored stools

## HEPATITIS A CAN BE SERIOUS

People can get sick for a few weeks to many months. Some people need to be treated in a hospital. Sometimes Hepatitis A can even cause death.

- Ask your social service worker or outreach worker where to get the Hepatitis A vaccine.
- The vaccine may also be available wherever you usually get medical care – be sure to ask when you go to a clinic.