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HEPATITIS A OUTBREAK IN ANCHORAGE: ITS TIP AND ITS TOTALITY

On December 6, 1982, an Anchorage physician reported that an employee of an Anchorage bar was ill with hepatitis. The following day the manager of the bar called to report similar illness in three more employees. The manager stated that another bartender was ill with "serum hepatitis" approximately four weeks before. An epidemiologic investigation was begun in cooperation with the Anchorage Municipal Health Department.

Interviews with the 3 identified patients implicated shared marijuana and/or drinks mixed by the index bartender. Although diagnostic serology was not at first available, it was assumed, and later confirmed, that all cases were due to hepatitis A virus. Initial control measures included: 1) exclusion from work of employees with nausea and vomiting, fever, or jaundice pending diagnosis, 2) surveillance of well employees, 3) weekly serologic testing of well employees for liver enzymes, 4) administration of immune serum globulin (ISG) to well bar employees, 5) enforcement of a rigid handwashing policy in the bar, and 6) institution of special surveillance in the community to detect hepatitis occurring in Anchorage and to determine if cases could be linked to patronage at the bar.

Although hepatitis A and B are reportable diseases in Alaska, reporting is far from complete. Calls were made to private physicians, to hospital laboratories, infection control nurses and emergency departments, to the military, and to clinics likely to see large numbers of walk-in patients. Patients with hepatitis A were interviewed about contact with the bar and with other individuals known to have had hepatitis. No cases in the community were associated with patronage at the bar.

Cases in the community did admit to significant contact with each other. Investigation established that this outbreak was generally confined to the Anchorage gay community. Cases among bar employees represented an offshoot of the larger chain of transmission. So far, 18 cases have been traced to a homosexual male who arrived in Anchorage in late September, one week prior to the onset of his own illness. The outbreak has involved 4 generations including the bar employees and 13 homosexual or bisexual males. Six Anchorage residents, male and female, who have had hepatitis A diagnosed since October 1, 1982 do not appear to be related to this outbreak.

This outbreak is instructive in many ways. 1) Cases of Hepatitis A among foodhandlers may represent person-to-person transmission of illness and do not often result in transmission of illness to the public at large. 2) Hepatitis in gay individuals and in the gay community need not be due to Hepatitis B virus. Gay lifestyles support transmission of hepatitis A virus from person-to-person. Specific serologic testing is essential to diagnose hepatitis; without specific diagnosis, proven control measures (immune serum globulin, education of the patient, community surveillance) will be overlooked. 3) Reporting of all viral hepatitis is mandatory. Individual case reports may trigger an investigation of great significance to public health.

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