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HEPATITIS A OUTBREAKS IN ANCHORAGE

In Bulletin Number 3, Week Ending January 21, 1983, we reported information on parallel epidemics of hepatitis A among employees of an Anchorage bar and among Anchorage male homosexuals and bisexuals. New cases of hepatitis A have continued to occur.

Between April 5 and May 8, 20 additional individuals have been diagnosed with acute clinical hepatitis A. Among the 20 are 3 individuals from the "Lower 48" who visited Anchorage during mid-March. We asked all 20 patients about exposure to young children, to day care centers, to raw clams and oysters, and to restaurants frequented the month prior to their onset of illness. The only common exposure mentioned was a single restaurant in Anchorage which was named by all patients. Eight patients were able to provide a charge card receipt or a check stub which established that they had eaten at or had taken out food from the implicated restaurant between March 10 - March 17. Foods eaten included cold sandwiches and salad plates. No single food could be implicated as vehicle for the transmission of hepatitis A.

Epidemiologic investigation established that on March 16 a restaurant employee had onset of nausea and lethargy, subsequently became jaundiced, and presumptively was diagnosed as having acute hepatitis B. A specific antibody test (HAV-IGM) reported on March 26 established that he was, in fact, suffering hepatitis A. Shift records revealed that the days worked by this restaurant employee corresponded to exposure dates of the restaurant associated hepatitis A cases who had retained charge card receipts and check stubs. The employee's job was to pass sandwiches and salads from a rear counter to customers. Although the personal hygiene of this employee was said to be satisfactory, he did admit to snacking occasionally on ingredients used in the preparation of salads and sandwiches.

In addition to this restaurant associated foodborne outbreak of hepatitis A, surveillance data indicates that the person-to-person chain of transmission of hepatitis A documented in January among homosexual males has continued. Six additional cases of hepatitis A in homosexual and bisexual males have been linked to the group of 14 documented in Bulletin Number 3.

The Anchorage Municipal Health Department has initiated an aggressive program of immunoprophylaxis of contacts of new cases of hepatitis A. Such measures are particularly indicated in those who have had recent sexual contact with newly diagnosed cases. Physicians seeing patients with hepatitis are urged strongly to inquire about sexual contacts and housemates exposed between 10 days before until 7 days after onset of symptoms (the period which corresponds to maximal viral shedding and to greatest risk of transmission of hepatitis A virus). The value of specific serologic diagnosis in all cases of viral hepatitis cannot be stressed enough.

Surveillance of employees of the implicated restaurant has detected one additional employee case whose onset of illness was 5 weeks after that of her co-worker. The importance of impeccable hygiene has been stressed to employees, and they have been instructed to wear disposable gloves while handling cold food. Intensive surveillance will continue to detect new cases.

We emphasize that reporting of cases of viral hepatitis is required by Alaska regulations and by good medical practice. Follow-up of individual case reports can lead to a common source which, when controlled, benefits the public health. The contribution of the many physicians who promptly reported cases has been of great assistance in quickly delineating this outbreak.

(Reported by Jean Wolf, Physical Health Division Manager, Department of Health and Environmental Protection, Municipality of Anchorage; and Jan Daigle, Registry Clerk, Communicable Diseases, Oregon State Health Department)