We previously reported on our investigation of an outbreak of hepatitis A in the village of Manokotak (Bulletin No. 8, Week ending April 6). A fortuitous serosurvey, conducted before the outbreak, was used to establish that all Manokotak residents born before 1964 were immune to hepatitis A. Immune globulin was offered on February 29 to the 126 Manokotak residents known to be susceptible to hepatitis A and was administered to 107 of them. One IG recipient developed hepatitis A March 3. One non-recipient developed hepatitis A March 1. When Manokotak residents were again sampled for antibodies to hepatitis A on April 6, five persons, none of whom had symptoms, were found who developed antibodies between February 29 and April 6. A third serosurvey was conducted May 29. One person who was seronegative on February 29 and April 6 was hepatitis A-immunoglobulin M (HAV-IgM) positive on May 29, indicating that he had developed asymptomatic hepatitis A between April 6 and May 29.

Before February 29, when we administered immune globulin to 107 susceptible Manokotak residents, the number of new symptomatic cases was rising markedly week-by-week. While we cannot be certain that immune globulin cut short the epidemic, its use in this community appears to be associated with the diminution of symptomatic disease. This is very much in contrast with the outbreak of 1964, when every susceptible Manokotak resident developed antibody to hepatitis A. Memories of the 1964 epidemic are still strong among Manokotak residents. No cases of hepatitis A have been identified in other Bristol Bay area villages.

Cases of Symptomatic Hepatitis A among Manokotak Residents
November 1983-March 1984

(Reported by Jan Housman, PHN, Dillingham; Linda Green, R.N., Anchorage; Carmen Hall, Dillingham Health Center; Anuska Niketa and Lucy Gloko, Community Health Aides, Manokotak. The Epidemiology Office thanks Mayor Moses Toyukak, Principal Nat Good, and the residents of Manokotak for their generosity and support of our hepatitis A control program.)