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## Hepatitis A - Continuing Rural Spread

Between January 1 and April 30, 1993, 281 cases of hepatitis A were reported to the Section of Epidemiology. Of these cases, 254 (90%) occurred in the Tok-Glennallen or Kotzebue areas (Table 1). Because many children with hepatitis are asymptomatic or only mildly ill, the actual number of hepatitis A cases in affected villages is undoubtedly larger than the number reported. Hepatitis A has caused major disruptions in the most heavily impacted villages and resulted in several hospital admissions for fulminant hepatitis as well as at least two deaths.

**Table 1. Hepatitis A cases, by location; Alaska, January 1-April 30, 1993.**

Location	Number	Percent*
Kotzebue area	217	77
Tok-Glennallen area	37	13
Southcentral	16	6
Fairbanks area	7	2
Nome area	3	1
Southeast	1	0
Total	281	99%

\*Total does not add to 100% due to rounding.

Of the 254 cases from either the Tok-Glennallen or Kotzebue areas, nearly all have been less than 40 years of age (Table 2). Extensive experience with hepatitis A in Alaska has demonstrated that almost all persons who grew up and reside in rural villages and are more than 30-40 years of age have had hepatitis A in the past and are immune. The pattern of the current outbreak is consistent with those of previous outbreaks which have occurred in rural Alaska approximately every decade. As in the past, most transmission appears to be person-to-person by the fecal-oral route; common-source outbreaks due to contaminated food or water are unusual.<sup>1</sup>

Control efforts to date have focused on the importance of adequate personal hygiene (i.e., handwashing) and administration of immune globulin to household contacts. Unfortunately, these activities have had very limited success and have failed to prevent hepatitis A from spreading. Generally, once an outbreak begins in a village, even when these control measures are applied, it has taken 6-12 months for the outbreak to subside.

The Section of Epidemiology, in conjunction with the Indian Health Service, has obtained a limited supply of inactivated hepatitis A vaccine under a protocol approved by the U.S. Food and Drug Administration. Although the vaccine has undergone extensive testing in the U.S. and other countries and is now licensed in most European countries, licensure in the U.S. is still pending. Hepatitis A vaccine has recently been provided to residents of the Tok-Glennallen area and, with assistance from the Manillaq Association, is now being made available to residents of several villages near Kotzebue. Based on previous reports evaluating inactivated hepatitis A vaccine efficacy, we are hopeful that the current outbreak can be halted with this vaccine.<sup>2,3</sup>

The single most important step in preventing hepatitis A is adequate handwashing. Disease transmission can be significantly reduced if persons in affected villages carefully wash their hands both before preparing food or eating as well as after going to the bathroom or diapering a child. **Handwashing is especially important for persons who are around young children since many children with hepatitis A are asymptomatic but still infectious.** Nearly all symptomatic individuals with hepatitis A are noninfectious after the first week of jaundice. Health care providers are required by law to report all cases of viral hepatitis to the Section of Epidemiology by calling 561-4406 or the rapid telephonic reporting system at 800-478-1700.

**Table 2. Hepatitis A cases, by age; Tok-Glennallen or Kotzebue areas, January 1-April 30, 1993.**

Age Group (years)	Number	Percent*	Cumulative Percent*
0-4	27	11	11
5-9	55	22	33
10-14	65	26	59
15-19	34	13	72
20-24	12	5	77
25-29	17	7	84
30-34	15	6	90
35-39	8	3	93
40-44	8	3	96
≥45	6	2	98
Unknown	7	3	101
Total	254	101	

\*Total do not add to 100% due to rounding.

**References:**

1. Hepatitis A continues rural spread. State of Alaska Epidemiology Bulletin No. 27; Dec 23, 1992.
2. Hepatitis A: a vaccine at last. Lancet 1992; 339:1198-1199.
3. Werzberger A, Mensch B, Kuter B, et al. A controlled trial of formalin-inactivated hepatitis A vaccine in healthy children. N Engl J Med 1992; 327:453-457

(Contributed by Michael Beller, MD, MPH, Section of Epidemiology.)