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HEPATITIS A CONTINUES RURAL SPREAD

Since January 1987, 142 cases of hepatitis A have been reported to the Section of Epidemiology. This is in addition to the 75 cases reported from August through December, 1986. Of the 142 cases, 78 (55%) were reported from Anchorage; many of these cases were suspected to be part of the outbreak linked to contaminated marijuana that we documented and reported on in January. In addition, 64 cases (45%) were reported from 21 Alaskan villages and towns. The largest cluster of cases (N=22) occurred in Newtok where an outbreak among young children was discovered. Of the 22 cases, 21 were in children less than 15-years of age. Of these 21 cases, 13 were in 5- to 9-year-old age group. An additional case was identified in a school teacher.

We investigated these rural cases in an intensive effort to detect additional cases, drawing blood specimens on individuals less than 30-years of age in 3 villages close to Newtok. We found 3 additional cases in children at Toksook Bay, a nearby village. Two of these occurred in children less than 4 years of age, the additional child was 12 years of age. Recently, six new cases among children were identified in Toksook Bay. Currently, public health nurses are in the community conducting follow-up among family members of known cases. A cluster of illness (N=6) was identified in Tyonek among members of an extended family, including a school teacher.

Other villages with reported cases since January are: Fairbanks (4), Shemya (4), Wasilla (3), Bethel (2), Klawock (1), Dora Bay (1), Wrangell (1), Petersburg (1), Mentasta (1), Seward (1), Homer (1), Ninilchik (1), Kodiak (1), Dutch Harbor (1), Galena (1), Kotzebue (1), Point Hope (1), and St. Michael (1).

Alaska continues to see new cases of hepatitis A. All regions have reported cases. Physicians and other health care providers should be suspicious of illness compatible with hepatitis A (dark urine, light stool, abdominal tenderness, nausea, and fever) and should be especially alert for cases in children less than 15 years of age, since these individuals may not present with jaundice. All patients suspected of hepatitis should have blood tests to establish a definitive diagnosis.

There is no specific treatment for hepatitis A, and there is currently no available preventive vaccine. Use of ISG for household members of known cases within 14 days of onset may prevent clinical illness in these contacts. ISG is most effective if given immediately after exposure. Use of ISG beyond 14 days after exposure is of little or no benefit in preventing illness in contacts and is not indicated. Adequate hygiene, especially washing hands after diapering young children, can help prevent spread. In an effort to limit spread of this disease, we recommend:

- Serum should be drawn on all patients in whom hepatitis is suspected or diagnosed and submitted to the Northern Regional Laboratory for appropriate diagnostic tests. Hepatitis A and B cannot be diagnosed clinically.
- All known or suspected cases of hepatitis A should be reported immediately to the Section of Epidemiology, 561-4406.
- ISG should be offered to all family, household contacts of known cases of hepatitis A only if it can be administered within 14 days of onset of disease.
- Prophylactic ISG should be offered to rural school teachers who have daily contact with children less than 15 years of age.
- When administered, the dose of ISG is 0.02 ml/kg.