

## Expanding cluster of hepatitis A in Minnesota

Since late May, we have been addressing a cluster of hepatitis A cases that continues to expand. These cases were infected in Minnesota and had risk factors seen in national outbreaks of hepatitis A. The national outbreaks started in 2016 and many are ongoing. Since the U.S. outbreaks were first identified, there have been over 20,500 cases, 11,700 hospitalizations, and 194 deaths in 24 states.

In these outbreaks, the highest risk groups for acquiring hepatitis A include:

- People who use injection and non-injection drugs.
- People experiencing homelessness or unstable housing.
- People who are currently or were recently incarcerated.
- Men who have sex with men (MSM).

Prevention of any cases of hepatitis A is important because hepatitis A can cause severe illness. These national outbreaks have also been very hard to contain. We are urging providers to take these steps to prevent and quickly identify cases:

- Expand efforts to promote and vaccinate with hepatitis A vaccine, prioritizing high-risk groups.
  - Hepatitis A vaccine is given in a 2-dose series, but even one dose has been effective at controlling outbreaks in other states.
  - You do not have to screen for previous vaccination history if it is a barrier to vaccination.
- Test patients with hepatitis A symptoms.
  - Testing should include hepatitis A IgM antibody testing and liver function tests.
  - Do not test asymptomatic patients.
- Report suspect cases to MDH at 1-877-676-5414 (toll-free) or 651-201-5414.

For resources to give to patients about hepatitis A, including a new visual fact sheet titled “What to know about hepatitis A,” go to our About Hepatitis A ([www.health.state.mn.us/diseases/hepatitis/a/basics.html](http://www.health.state.mn.us/diseases/hepatitis/a/basics.html)) website.

## Traveling patients? Assess MMR vaccination status

Several of the current U.S. measles outbreaks started when an unvaccinated traveler got infected abroad and brought measles back to the U.S. Measles is occurring in many countries including Europe, the Middle East, Asia, and Africa. Make sure international travelers age 12 months and older have documentation of 2 doses of MMR vaccine. If they don't, vaccinate them. Infants age 6 to 12 months should also receive 1 dose of MMR vaccine before international travel. For more information, see CDC's Global Measles Outbreak Notice (<https://wwwnc.cdc.gov/travel/notices/watch/measles-global>).

## Minnesota school requirements: Meningococcal vaccine booster

Don't forget that the MenACWY booster dose or a legal exemption will be required for 12th graders soon. The Minnesota Immunization Information Connection (MIIC) forecaster will soon be updated to help you identify adolescents age 16 years or older who need a booster dose. As of July 2018, only 47% of adolescents had received a dose of MenACWY after age 16. For more information, check out our *Got Your Shots? News Special Edition: Meningococcal Vaccine Booster Dose* ([www.health.state.mn.us/people/immunize/hcp/gys/menmay19.pdf](http://www.health.state.mn.us/people/immunize/hcp/gys/menmay19.pdf)) sent in May 2019.

## Meningococcal forecasting changes in MIIC

We are working on updates to the MIIC forecaster for both meningococcal vaccine groups:

- MenACWY booster dose forecasting will apply a minimum age of 16 years. This change helps support on-time vaccination to get optimal immune boosting during the years when teenagers and young adults are at highest risk.
- MenB forecasting will recommend a dose for all clients at age 16 years. This change helps remind providers to start a conversation about the MenB vaccine at that time.

Both of these changes will be live in MIIC on July 15, 2019. Please contact the MIIC Help Desk at 651-201-5207 or [health.miichelp@state.mn.us](mailto:health.miichelp@state.mn.us) with any questions.

## Tdap and maternal vaccination: Missing opportunities

We recently received a report of an infant hospitalized with severe pertussis (whooping cough). This served as an important reminder of why we want to vaccinate all pregnant women with Tdap vaccine. When we dug into the data, we found that we are missing opportunities to protect vulnerable infants.

In 2017 and 2018, Minnesota had 33 cases of pertussis among infants less than age 6 months. Upon review, only 14 (42%) of the mothers received Tdap during pregnancy. We also analyzed rates of maternal Tdap vaccination for children born in 2013-14 with children born in 2017. We found that coverage dropped from 58% to 52%.

The Advisory Committee on Immunization Practices (ACIP) recommends that all pregnant women receive a Tdap vaccine during each pregnancy with the optimal interval being between 27 and 36 weeks of gestation. Giving Tdap vaccine during pregnancy allows the mother to pass protective antibodies to her baby, which will provide protection until the baby is old enough to get vaccinated. Don't miss an opportunity to give Tdap vaccine to pregnant women. For more information, see CDC's Pregnancy and Whooping Cough ([www.cdc.gov/pertussis/pregnant/index.html](http://www.cdc.gov/pertussis/pregnant/index.html)) website.