Hepatitis A

Hepatitis A is a Class B Disease and must be reported to the state within one business day.

Reportable cases of hepatitis A virus (HAV) infections are those newly infected individuals who are symptomatic with elevated liver enzymes and have IgM antibodies to hepatitis A. IgM antibodies to HAV are the main indicator of recent infection, but there may also be false positive test results. To meet the case definition, a person has to meet both the clinical and the laboratory criteria.

Epidemiology

Hepatitis A is a viral infection caused by the hepatitis A virus (HAV), which primarily affects the liver. It is a Class B disease and must be reported to the state within one business day. The infection is typically transmitted via the fecal-oral route, most often through person-to-person contact or the ingestion of contaminated food or water. Unlike other forms of hepatitis, HAV does not result in chronic infection, but it can cause acute illness that ranges in severity from mild to severe.

History

Reporting of HAV started in 1970. During the 70s and early 80s the number of cases varied between 500 and 700 a year, for a reporting rate ranging from ten to 20 per 100,000 population. National incidence models showed that the number of cases may have been ten times higher. The U.S. prevalence of infection was 31% during the National Health and Nutrition Examination Survey by the Centers for Disease Control and Prevention (CDC) (1988-1994). Most cases were due to person-to-person transmission for sporadic cases and small community outbreaks. In the late 1980s, the number of cases started to decline sharply to five to ten per 100,000 population. This decline may have been the consequence of better sanitation and stricter application of case definitions.

An inactivated HAV vaccine was approved in 1995. In subsequent years, there was a further decline to very low rates. However, vaccination rates still remain lower than for other common vaccines. It is recommended that any household or sexual contacts of confirmed cases receive the vaccination as post-exposure prophylaxis.

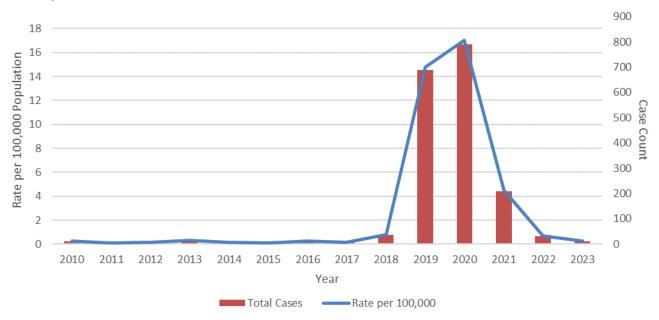
Nationally, hepatitis A cases were decreasing dramatically, but then saw an increase in 2012 and 2013 due to a large multi-state outbreak. Since 2014, the national case counts have continued to slowly rise. Cases have been linked to contaminated foods and spread among at-risk populations, such as men who have sex with men and individuals with behaviors associated with injection drug use. International travel is the most common risk for HAV infection.

Section

Incidence

The CDC reported 1,648 new cases of hepatitis A in 2023, resulting in an incidence of 0.5 cases per 100,000 population. By comparison, in 2023 Louisiana had an incidence of 0.26 reported cases per 100,000 population, with 12 reported cases (Figure 1).

Figure 1: Reported hepatitis A Cases and Incidence Rates per 100,000 Population Louisiana, 1990-2023



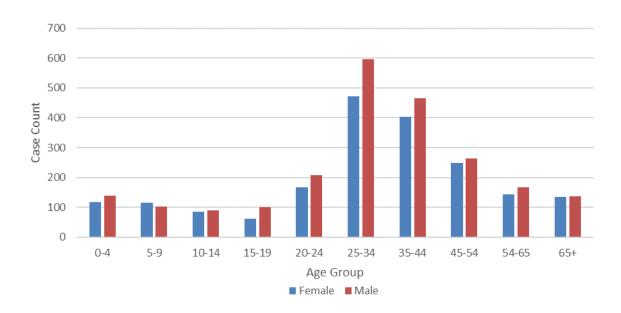
The spike in HAV cases in 2019 was part of a large outbreak primarily affecting people with a history of drug use, those experiencing homelessness, recently incarcerated and incarcerated individuals, and men who have sex with men. The outbreak was largely driven by person-to-person transmission. These groups are at higher risk for infection and have lower vaccination rates. In 2020, cases continued to rise as the outbreak from 2019 continued. However, in 2020, an additional outbreak was identified connected to a restaurant. An investigation revealed that the source was likely an employee who worked while ill.

Increased cases prompted a large-scale public health response, including widespread vaccination efforts targeting individuals at increased risk for HAV and those potentially exposed to confirmed or suspected cases. More than 14,000 hepatitis A vaccinations were administered by the state to at risk persons. These efforts appear to have been effective, with incidence rates declining from 17.01 cases per 100,000 population in 2020 to 0.26 cases per 100,000 in 2023.

Age, Gender and Race

Hepatitis A cases occur more often among males than females. HAV can affect people of all ages, but most reported cases occur in people who are 25 to 44 year old, in men and women, (Figure 3).

Figure 3: Reported Hepatitis A Cases and Average Incidence Rates per 100,000 Population by Gender and Age - Louisiana, 1990-2023



Incidence rates among White individuals increased significantly compared to rates among Black or African American individuals in 2019 through 2021 (Figure 4). However, by 2023 rates had returned to historical patterns, with no significant difference observed between the two groups.

24.00
22.00
20.00
18.00
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023
Year

Black or African American White

Figure 4: Acute HAV Average Annual Incidence Rates by Race and Age - Louisiana, 2010-2023

Geographical Distribution

The geographical distribution is unremarkable. Large numbers of cases are reported in heavily populated areas like Orleans and Jefferson parishes with other parishes reporting fewer cases. A ten-year average indicates that parishes with high incidence rates often have smaller populations and report a high number of cases within a short period. For example: St. Lafourche - 20 cases in

2021; Morehouse -25 cases in 2019; Livingston -161 cases in 2019 (Table). The data does not indicate any parishes with consistently high levels of hepatitis A activity.

Table: Hepatitis A 10-Year Incidence Rate by Parish - Louisiana, 2014-2023

Parish	Incidence Rate 2014-2023	Parish	Incidence Rate 2014-2023
Acadia	3.65	Madison	0.94
Allen	1.23	Morehouse	16.16
Ascension	5.36	Natchitoches	0.53
Assumption	4.13	Orleans	5.48
Avoyelles	1.00	Ouachita	10.39
Beauregard	0.27	Plaquemines	3.45
Bienville	6.04	Pointe Coupee	3.74
Bossier	5.57	Rapides	1.15
Caddo	4.90	Red River	3.68
Calcasieu	0.59	Richland	6.93
Caldwell	5.10	Sabine	1.72
Cameron	0.00	Saint Bernard	3.31
Catahoula	1.07	Saint Charles	1.91
Claiborne	1.32	Saint Helena	2.85
Concordia	0.00	Saint James	0.97
De Soto	5.16	Saint Landry	2.78
East Baton Rouge	3.64	Saint Martin	1.52
East Carroll	1.40	Saint Mary	3.00
East Feliciana	6.19	Saint Tammany	3.46
Evangeline	3.03	St John the Baptist	2.83
Franklin	2.00	Tangipahoa	3.46
Grant	1.35	Tensas	0.00
Iberia	0.99	Terrebonne	4.82
Iberville	1.58	Union	5.51
Jackson	3.23	Vermilion	2.04
Jefferson	2.12	Vernon	1.02
Jefferson Davis	1.58	Washington	9.80
La Salle	0.00	Webster	8.94
Lafayette	4.72	West Baton Rouge	4.12
Lafourche	26.23	West Carroll	4.77
Lincoln	1.89	West Feliciana	1.30
Livingston	13.20	Winn	0.00