

TIP SHEET For Local Boards of Health (Ver. 1.0 July 2023)

Hepatitis A Case Investigations

Goals of investigation:

- Determine if suspect case represents a real infection (rule out false positive)
- For a confirmed case:
 - Collect demographic, clinical, and risk data
 - Identify close contacts to recommend post-exposure prophylaxis (PEP)
 - Identify foodhandlers to restrict them from work

Step 1: Call ordering provider

Your first call should always be to the ordering provider or infection preventionist. The hepatitis A IgM test is prone to false positives and you should rule out the possibility of a false positive before calling the case. Ask why the case was tested. What were their symptoms? (Hepatitis A infection in adults is almost always symptomatic, and can cause jaundice, dark urine, clay-colored stool, fever, abdominal pain, nausea, vomiting, and diarrhea.) What were the ALT, AST, and total bilirubin values? (These should be significantly elevated.) Is there any known risk for exposure, for example international travel? Discuss the possibility of a false positive with the provider and ask for their interpretation of the result. (This [tip sheet](#) contains some potentially helpful talking points for this conversation.) You should also ask the provider for occupation information; we are particularly interested in foodhandling.

Step 2: Call case

If you determine this is a real case, call the case to get more information. Key variables include:

- *Demographic:* Occupation. Does case work as a [foodhandler](#)? (Remember, most healthcare and daycare providers are considered foodhandlers.)
- *Clinical:* Symptom onset date. This determines the case's infectious period, which spans three weeks: from two weeks prior to symptom onset, to one week after.
- *Risk:* Travel, sexual activity, drug use, homelessness, recent incarceration, and contact with a hepatitis A case. If case did not travel internationally or have contact with a known case, please also complete the food history questions.

While speaking to the case, it is critical to identify the case's close contacts during their infectious period. Because hepatitis A is transmitted via the fecal-oral route, close contacts include household members, sexual contacts, and anyone the case might have prepared food for or shared food, beverages, or cigarettes with. Close contacts who are not already immune (either via vaccination or prior infection) should be referred to their healthcare providers for PEP, which consists of one dose of vaccine. (Immunoglobulin may also be recommended for certain people). PEP is not known to be effective more than two weeks after exposure, so timeliness is key. Non-immune close contacts who work as foodhandlers must be restricted from work until they have received PEP.

If the case works as a foodhandler, ask where they work, what their specific job duties are, and what days they worked during their infectious period. Work with the assigned DPH epidemiologist to determine the next steps, which may include restricting the case, inspecting the facility, requiring PEP for exposed coworkers, and even patron notification (very rare). These situations can be complicated and you will have significant support from DPH.