Hepatitis A in a Local Restaurant: Considerations for Food Worker Vaccination

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INTRODUCTION

Current Hepatitis A vaccination rates in the United States are low, with only 40% of adults having received at least one dose of vaccine. This rate is lower among food workers, where only 30% have received one dose of vaccine. The identification of laboratory-confirmed Hepatitis A in a food worker at a local restaurant highlights the need for increased awareness and evaluation of the impact of Hepatitis A vaccination in food workers.

Epidemiological Investigation

On November 29, 2011, received report of 20 Incremental Vaccine Recommendations since licensure: Cost

2006 = recommended for all children at one year of age, Dalton CB et al. The cost of a food

2010 Census population = 36,858 residents

Vaccine less effective in those with chronic liver disease,

Immune Globulin provided to food workers 50 years and older

Two other food establishments inspected due to close contact and potential spread due to their food service positions

During the ten days prior to symptom onset, when she may have been communicable, the client worked five days at Restaurant A. Coordinated all public health messages and all on

Serological testing will be fee exempt at Wisconsin State Laboratory of Hygiene (WSLH) per Basic Agreement with Wisconsin loc

Liver disease caused by an acute infection of Hepatitis A virus (HAV), Talecris) with education about the benefits to Hepatitis A vaccination in the future. The Wisconsin Department of Health Serv

A total of 98 food workers from Restaurant A were identified as having direct contact with the index case. Six food workers had received at least one dose of Hepatitis A vaccine prior to symptom onset.

Hepatitis A Epidemiology in Wisconsin

• 2010 Census population = 36,858 residents

• Disease is not seasonal

• 77% have received one dose of Hepatitis A vaccine

• 11% have received two doses of vaccine

• 95% have received at least one dose (2011 National Immunization Survey data indicate that 77% have received one dose of Hepatitis A vaccine, 12.6% have received two doses and 95% have received at least one dose). The contracted laboratory informed all food workers who were not currently vaccinated that they would receive a second dose of vaccine and that pre-employment and yearly Hepatitis A vaccination is required to work at the restaurant.

Table 2: Comparison of Costs for Two Hypothetical Models of Pre-Exposure Hepatitis A Vaccination with Actual Total Costs to Investigate and Control Hepatitis Case in Food Worker, Greenfield, WI, November-December, 2011.

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
<th>Cost</th>
<th>Total</th>
<th>Compared to Outbreak Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARRA-funded Hep A Vaccination</td>
<td>92</td>
<td>$10.00</td>
<td>$920.00</td>
<td>70.7%</td>
</tr>
<tr>
<td>Health Department Hep A Vaccination</td>
<td>30</td>
<td>$2,760.00</td>
<td>$82,800.00</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

Compared to the ARRA model, the health department only had to pay $2,760.00 to vaccinate 30 food workers, which is a significant cost savings compared to the ARRA-funded model, which cost $920.00 to vaccinate 92 food workers. The health department was able to vaccinate 30 food workers at a cost of $2,760.00, which is a significant cost savings compared to the ARRA-funded model, which cost $920.00 to vaccinate 92 food workers.

The research described herein is not without limitations. The primary limitation is that this research centers on a small suburban health department in a large metropolitan area. The results of this study may not be generalizable to other jurisdictions nationwide. The health department in Greenfield, Wisconsin, may be unique in its ability to conduct this research.

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REFERENCES


