Hepatitis A virus (HAV) infection is transmitted through a fecal-oral route by the ingestion of contaminated food or water or by direct contact with an infectious person and is associated with poor sanitation and hygiene. Congregate living conditions, both within and outside shelters, increase the risk for disease transmission. Since 2017, large outbreaks of HAV disease among persons who use drugs or persons experiencing homelessness have occurred in several states including California.

**Vaccination is the most reliable means of protection from HAV infection.** Persons experiencing homelessness may have difficulty implementing recommended non-vaccine strategies to protect themselves from hepatitis A virus (HAV) exposure, such as access to clean toilet facilities and regular handwashing. HAV vaccination of persons experiencing homelessness is safe and effective, will reliably provide individual protection, and will increase herd immunity over time, reducing the risk of large-scale outbreaks in this population.

**On Feb. 15, 2019, the CDC published a national recommendation that all persons aged 12 months and older experiencing homelessness should be routinely immunized against HAV.** See: [https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm](https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a6.htm)

- The HAV vaccine series consists of 2 doses administered at least 6 months apart. Routine immunization for children begins at age 12 months. The dose of HAV vaccine is 0.5 mL IM for ages 1-18 years, and 1 mL IM for ages 19 years and up. For details of the child and adult HAV immunization schedules, see: [https://www.cdc.gov/vaccines/schedules/hcp/index.html](https://www.cdc.gov/vaccines/schedules/hcp/index.html)

- Concern about loss to follow-up before HAV vaccine series completion should not be a deterrent to initiating the vaccine series in persons experiencing homelessness. One dose of HAV vaccine can provide protection for several years; the second dose confers longer-term immunity.

- Clinicians can check vaccination history via medical records and/or the California Immunization Registry ([http://cairweb.org](http://cairweb.org)). If records are unavailable, concern about giving an extra dose of HAV vaccine should not be a deterrent to immunizing persons experiencing homelessness; safety concerns have not been evident in studies where patients received a 3rd dose of HAV vaccine.

In addition, CDC recommends offering HAV vaccine to the following groups: people who use drugs (injection or non-injection), men who have sex with men, people with chronic liver disease, and travelers to countries with endemic HAV.

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