UK Health Security Agency

Serial number: 2025/015 **Date: 17/04/2025**

Event: Two national hepatitis A clusters under investigation

Notified by:
Virus Reference Department (VRD), Colindale
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IRP Level: Routine

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Instructions for Cascade
This briefing note is intended to be cascaded to the following stakeholders:

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Regions Directorate:
  UKHSA Field Services
  UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
  Deputy Directors in Regions Directorate
- UKHSA Laboratory Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- National NHSE EPRR
- NHSE National Operations Centre

Cascade also to:

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements.

- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists / Consultants in Public health Infection** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists / Consultants in Public health Infection** to cascade to NHS Trust infection leads

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Summary:

The UKHSA and partner agencies have identified an increase in hepatitis A cases and are investigating two clusters of different viral genetic sequences of hepatitis A virus (HAV): VRD25_HAV017 and VRD25_HAV016 (with linked sequence VRD25_HAV049 which has a 1nt difference). The majority of cases identified have been symptomatic, jaundiced and have required hospitalisation.

VRD25_HAV017

As of 17th of April 2025, there were 31 cases within this cluster, 23/31 residing in England (2/23 secondary cases), 7/31 in Scotland (1/7 was a secondary case), 1/31 in Northern Ireland, and 0 in Wales. 28/31 overall are primary cases. Cases in England with geographical information available are resident in the following regions: South East (n=2), South West (n=2), East of England (n=5), East Midlands (n=1), West Midlands (n=5), North East (n=1), London (n=4), North West (n=2), Yorkshire and Humber (n=1).

The sample dates for these cases range from January 2021 to the 1st March 2025, with 23/31 cases observed since August 2024. Only 4/30 had recorded international travel in the past 50 days. Cases are approximately evenly split by sex (15/31 female, 16/31 male). Cases have an age range of 5-80 years old (median age 50). Cases are spread across all age groups apart from 0-4 years old, with 45% (14/31) of cases in the 50-69 age group.
The majority (19/29, 66%) have been hospitalised and no deaths have been reported to UKHSA.

The sequence clusters with those isolated from travellers returning to the UK from Slovakia.

Descriptive analysis of case questionnaires suggests a foodborne source. A particular food item purchased from a particular supermarket has emerged as a possible vehicle of transmission due to its frequent reported consumption. Further epidemiological and virological investigations are ongoing with Public Health Scotland leading the Incident Management Team on behalf of the UK nations for this cluster. The FSA is aware and involved in the investigations into a possible foodborne source.

VRD25_HAV016 and VRD_HAV049

As of 17th of April 2025, there were 64 cases, of which 57/64 are in England (8/57 secondary and 1/57 tertiary), 4/64 in Northern Ireland, 3/64 in Scotland and 0 in Wales.

56/64 cases have sequence VRD25_HAV016, and 8/64 have VRD25_HAV049. Cases in England with geographical information available are resident in the following regions: South East (n=13), South West (n=15), East of England (n=4), East Midlands (n=6), North East (n=8), London (n=4), North West (n=4), Yorkshire and Humber (n=3).

Sample dates range from January 2023 to March 2025, with 53/64 cases since December 2024. Only 7/53 had recorded international travel in the 50 days prior to

symptom onset. Sex distribution is approximately equal (37/64 female, 27/64 male). Cases have an age range of 3-80 years, median age 32, with the majority of cases in the 10-29 years (25/64, 39%) and 50-69 years (19/64, 30%) age groups. The majority (39/53, 74%) have been hospitalised and no deaths have been reported to UKHSA.

The sequences cluster with those isolated from travellers returning to the UK from Morocco.

Descriptive analysis of case questionnaires has identified multiple food categories of interest. The FSA have been alerted and we are liaising with them.

The UKHSA Viral Hepatitis Leads Group have been informed to ensure that all local teams continue to carry out a comprehensive follow up of cases and identification and management of close contacts, including post exposure immunisation.

At a UKHSA dynamic risk assessment last week, it was agreed to continue to manage these clusters as a national routine incident in the Blood Safety, Hepatitis, STI and HIV (BSHSH) Division and Virus Reference Department (VRD), Colindale.

Background and Interpretation:

In the UK there are approximately 400 reported cases of hepatitis A virus infection per year though case numbers have been increasing and there were over 800 cases in 2024. It is acquired through faecal-oral transmission and most commonly occurs in travellers who have recently visited countries where the disease is more common, with travel associated cases often peaking in the autumn. Clusters and outbreaks associated with food items with origins from HAV endemic countries also occur, more frequently at the start of the year. Given the reported lack of international travel in most cases, and implicated food items, further investigations into the possible sources of these clusters are in progress to inform control measures.

Implications & Recommendations for UKHSA Regions:

UKHSA Regions and Field Services are asked to:

- Share this briefing note with Directors of Public Health and Environmental Health Teams.
- Follow the UKHSA public health guidance on the management of hepatitis A available at Hepatitis A infection: prevention and control guidance - GOV.UK to ensure susceptible close contacts are identified and offered post exposure vaccination and, if eligible, Human Normal Immunoglobulin (HNIG).
- Ensure that all cases of hepatitis A reported to HPTs have a completed surveillance questionnaire available at **Hepatitis A: case questionnaire - GOV.UK,** paying particular attention to food consumption history.
    - Please prompt cases to look at their online supermarket delivery activity or any food tracker apps if required.
    - Please ask for their supermarket loyalty card number and record in the questionnaire.
- Ensure all questionnaires are uploaded to CIMS.
- Ensure hepatitis A positive serum samples are sent from the local laboratory to the Virus Reference Department at Colindale for confirmation and sequencing.
- Please link non-travel associated hepatitis A cases to CIMS Incident 200529273: Non-travel associated hepatitis A cases

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Implications & Recommendations for UKHSA sites and services:

UKHSA sites and services should continue to report hepatitis A cases for national enhanced molecular surveillance following normal procedures and should promptly refer samples to the Viral Reference Department for confirmation and sequencing.

Implications & Recommendations for NHS:

Clinical laboratories:
To ensure hepatitis A positive serum samples are sent from the local laboratory to the UKHSA Virus Reference Department at Colindale for confirmation and sequencing, as per the national enhanced molecular surveillance of hepatitis A.

Implications and recommendations for Local Authorities:

Local authority environmental health teams may also be asked to contact businesses to trace products if those businesses are in their area, or potentially undertake sampling if a suspected source is identified.

References/ Sources of information:

Guidance on the public health investigation and management of hepatitis A can be found here:
Hepatitis A infection: prevention and control guidance - GOV.UK
National hepatitis A case questionnaire**:**
Hepatitis A: case questionnaire - GOV.UK
Hepatitis A Use of Immunoglobulin:
Immunoglobulin: when to use - GOV.UK
