Notes

Financial support. This work was supported by the Centers for Disease Control and Prevention.

Potential conflicts of interest. All authors: No reported conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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Received 11 February 2015; accepted 3 March 2015; electronically published 17 March 2015.
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The Journal of Infectious Diseases® 2015;212:1009–10
Published by Oxford University Press on behalf of the Infectious Diseases Society of America 2015. This work is written by (a) US Government employee(s) and is in the public domain in the US. DOI: 10.1093/infdis/jiv151

Reply to Ly et al

To the Editor—The article and letter from Ly and Klevens [1, 2] document the substantial decline in reported cases of hepatitis from hepatitis A virus (HAV) infections and an increasing proportion of cases and hospitalizations among adults after the policy of routine immunization of children with HAV vaccine was instituted in the United States in 2006. Reported hepatitis from HAV infection in the United States decreased progressively from 30,021 cases in 1997 to 1376 cases in 2011 after routine immunizations of children at 12 months of age was instituted in 2006 [1, 3]. However, an increased proportion of HAV-related hepatitis and hospitalizations have occurred among adults in recent years, and the mean age of cases has increased.

Among deceased patients whose death certificates listed HAV, over half had underlying liver disease. These data document the need for clinicians to identify patients with underlying liver disease more effectively and immunize them with HAV vaccine as advised by the Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control and Prevention [4]. Recent data from the National Health Interview Study indicate that the ACIP recommendations for administration of HAV vaccine have been rarely followed. These data indicate that only 13.3% (95% confidence interval [CI], 9.7%–17.9%) of persons aged 19 years or older with chronic liver disease had received HAV vaccine in 2013 [5]. Also, only 18.8% (95% CI, 17.3%–20.3%) of adults who had traveled to a country where HAV is endemic since 1995 had received HAV vaccine. The warning by Ly and Klevens of the current need for healthcare providers to more effectively identify and immunize adults who are at increased risk of significant morbidity or mortality from an HAV infection is timely.

Note

Potential conflict of interest. Author certifies no potential conflicts of interest.

The author has submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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The Journal of Infectious Diseases® 2015;212:1010
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DOI: 10.1093/infdis/jiv152