

# Hepatitis A outbreak worsens in West Virginia, Kentucky

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Hundreds of Kentuckians and West Virginians have been diagnosed with Hepatitis A, with dozens of new cases being reported in recent weeks. More than 1,200 cases have been reported in Kentucky, over half resulting in hospitalization. Eight Kentuckians have died from the infection. In West Virginia, at least 699 people have been diagnosed and two have died.

Officials in both states caution that the real rate may be far higher, and that the outbreak may take months or even years to peak.

Hepatitis A is a highly contagious infection of the liver, caused by contact with infected fecal matter. The virus can take several weeks to manifest symptoms. It causes abdominal pain, vomiting, diarrhea, fever, and jaundice. A large number of those diagnosed with Hep A are intravenous drug users, and many are homeless.

Although restaurants where workers are infected have dominated news headlines, overcrowded shelters and jails are among the primary sources of contracting the infection.

In Lexington, Kentucky, the Catholic Action Center homeless shelter began mandating a Hep A vaccine for people seeking overnight shelter, and has put clients on sanitizing all surfaces to help prevent contamination. Unlike many viruses, Hep A can remain alive on a surface for months.

Catholic Action Center co-founder Ginny Ramsey pointed out in a July 30 interview with reporter Mary Meehan of the *Ohio Valley ReSource* that low-wage restaurant workers and the homeless population are not mutually exclusive groups. “We do have a lot of people who do that,” she said; “about 40 percent of our clients have full-time jobs.”

In Ashland’s Boyd County, on the border with West Virginia, a spate of infections among food service workers prompted county health officials mandating vaccination of all food workers. The mandatory order

reflects business owners’ distress at plummeting restaurant visits by many who are scared by local news reporting. *Ohio Valley ReSource* cited one restaurant franchise owner who said another restaurant “lost 70 percent of its customers after a Hep A infection was linked to the business.”

Since 2016, the CDC has warned of the danger of an HIV and Hepatitis C outbreak in Kentucky and West Virginia. In February, the Northern Kentucky Health Department reported a cluster of 43 cases of HIV, centered in injection drug users. Similarly, the federal Centers for Disease Control and Prevention (CDC) found 40 new cases of HIV last year in West Virginia, spreading in 15 largely rural counties. Ten of the HIV-diagnosed individuals had already developed AIDS.

In Madison County, Kentucky, south of Lexington, the local health department has warned of a Hep A outbreak in the massively overcrowded detention center in Richmond. The facility was built to house 240 inmates, but currently houses over 400 people. Most of the inmates are drug addicts.

“It’s like a petri dish, they are packed so close together,” Health Department spokesperson Jim Thacker told the *Ohio Valley ReSource* July 27. Thacker expressed frustration that the CDC offers free vaccines to counties—but only after the county has triggered a threshold of five confirmed cases. Madison County has registered only one confirmed case, leaving the Health Department with only a few dozen doses of the vaccine.

Most jails and prisons around the state are confronting the same overcrowding dangers. All of the state’s prisons, as well as all 70 county jails housing state inmates, are full.

Some county jails are more than 200 percent over capacity, with inmates forced to sleep on mats on cell floors. Jailers have converted gyms and “multi-purpose rooms” into inmate housing, according to a report by the

*Lexington Herald-Leader.*

A state study issued in December last year found Kentucky prison admissions have grown 32 percent over the past five years (from 20,000 in 2013 to 24,600 in early 2018) due to the drug epidemic and other non-violent and low-level offenses. The state's incarceration rate is among the top five per capita in the US.

Earlier this year, the state legislature shot down a bill aiming to reduce sentencing for drug crimes; instead, the state has resumed use of three private prisons to house hundreds of inmates. The prisons are all run by Nashville-based CoreCivic, a company with a long history of abuse, overcrowding, and riots at its facilities.

Aside from convicted inmates, the state jails a huge number of low-level offenders before they ever receive a trial. The close quartering has raised the possibility of accidents, mass injuries from fires or fights, and disease outbreaks.

In West Virginia, the drug epidemic continues to rage, likewise feeding a rising incarceration rate, straining social services and emergency response budgets. The state has registered the highest fatal overdose rate in the nation for several years in a row.

Although the population of West Virginia is only 1.8 million, the state has reported 699 confirmed cases of Hep A. By comparison, California's Hep A outbreak, officially declared over in April of this year, totaled 704 cases for a population of 39 million. In June alone, some 300 cases were confirmed in West Virginia, and officials estimate the outbreak could last another two years before receding.

State Department of Health and Human Resources data shows most diagnosed cases are clustered in the state capital Charleston's Kanawha County (363 cases), and in Huntington's Cabell County (155 cases) and surrounding areas. Both Charleston and Huntington have populations of around 50,000.

Of those diagnosed with Hep A, over 80 percent are drug users; about one in seven are homeless. The West Virginia Bureau of Public Health reports that an increase of cases since March has been concentrated among drug users, the homeless, and the recently incarcerated. Two in three cases (428 cases) have required hospitalization, and two people have died of the illness.

Significantly, 408 of 604 cases screened have found co-infection of Hep A with Hepatitis C—a rate of 67.5 percent. Hepatitis C (HCV) is a long-term, chronic liver infection commonly spread through injection drug use that develops into cirrhosis or liver cancer. The infection

can take anywhere from two weeks to six months to manifest symptoms. There is no vaccine for HCV.

"Harm reduction" services that could provide Hep A vaccination, including needle exchange programs, have encountered political opposition. In Charleston, Mayor Danny Jones ordered the Kanawha-Charleston Health Department to close in March, calling it a "mini-mall for junkies and drug dealers." The health department's location across the street from the currently expanding Charleston Civic Center and mall is likely a factor in the city's clampdown on services for the drug addicted.

Needle exchanges regularly screen for hepatitis and HIV and offer counseling services, and have proven to reduce opioid overdose deaths. They have also reduced the number of dirty needles left in public places.

Before being shuttered, Charleston's services saw nearly 500 people exchange needles in 8 hours—a sign of the profound level of addiction gripping the city. Officials estimate some 3-4 percent of Charleston residents inject drugs. More than a quarter of those drug users screened at the health department tested positive for Hepatitis C.

In rural counties, treatment and needle exchange programs are nearly non-existent, and officials warn that many cases of hepatitis simply go unreported.

Beyond the drug epidemic, deep poverty in both West Virginia and Kentucky exacerbate conditions wherein viruses like hepatitis can thrive. In both cities and rural areas, thousands of people lack access to clean water, adequate housing, and sanitation.

A shortage of medical care providers, lack of transportation, along with social stigma, official indifference, starved municipal budgets, and lack of knowledge about disease prevention have all compounded the dangers of a major epidemic.



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