



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, MD, MPH  
*Commissioner*

### **2017 DOHMH Alert #34:**

#### **UPDATE: Increase in Cases of Hepatitis A among Men Who Have Sex with Men 40 New Cases among Men Who Have Sex with Men since March 2017**

*Please Share this Alert with All Emergency Medicine, Family Medicine, Primary Care Physicians, HIV Specialists, Infectious Disease, and Internal Medicine Staff in Your Facility*

- **A 10-fold increase in hepatitis A among men who have sex with men (MSM) has been detected in 2017 by the New York City (NYC) Department of Health when compared to previous years.**
- **Outbreaks of hepatitis A in MSM in 16 European countries continue, and appear to be linked to some cases in NYC**
- **DOHMH continues to recommend 2 doses of hepatitis A vaccine for all MSM who have never been vaccinated or are unsure of their vaccination status in accordance with guidelines published by the Centers for Disease Control (CDC) and the Advisory Committee on Immunization Practices (ACIP).**

September 25, 2017

Dear Providers,

The NYC Department of Health is continuing to investigate an increase in hepatitis A cases among men who have sex with men (MSM), most of whom did not report international travel. Typically, the NYC DOHMH receives 0-3 reports of non-travel-related hepatitis A cases in MSM annually. From January through August 2017, 45 cases of hepatitis A were reported among MSM, as well as one case in a woman reporting sexual contact with an MSM. Patients resided in all five boroughs and ranged in age from 19-55 years. Fifteen of the 46 patients (33%) were hospitalized and all patients have since recovered without complications. Only 3 patients (7%) reported previously receiving hepatitis A vaccine; one patient received 1 of 2 doses of hepatitis A vaccine as post-exposure prophylaxis. Prior vaccination could not be confirmed for the two other patients beyond their self-report.

Health departments in the metropolitan region outside NYC have also investigated cases of hepatitis A infection with a similar risk-exposure profile in this same time period. In addition, 16 countries in Western Europe that historically have low levels of endemic hepatitis A have reported recent outbreaks of hepatitis A infection among MSM. Twenty-three cases in NYC have strains of hepatitis A that are identical to strains of hepatitis A currently circulating among European MSM.

Since 1996, ACIP has recommended that all MSM receive two doses of single-antigen hepatitis A vaccine; the second dose should be administered 6-12 months after the first dose. Hepatitis A vaccine was added to the routine ACIP childhood immunization schedule in 2005, and in NYC catch-up for all unvaccinated children and adolescents through age 18 years was recommended in 2015. In 2016, estimated coverage for pre-teens and adolescents aged 11-18 years in NYC was 93% for at least one dose of hepatitis A vaccine and 80% for 2 doses, based on data from the DOHMH Citywide Immunization Registry (CIR). However, many susceptible adults, specifically MSM, still may not be vaccinated.

Two hepatitis A single-antigen vaccines are licensed in the United States: Vaqta® (Merck) and Havrix® (GSK), administered intramuscularly; the adult formulation, for persons 19 years of age and older, is 1.0 mL. Pediatric formulation (0.5 mL) should be used for persons 1 through 18 years of age. A combination hepatitis A and hepatitis B vaccine is also licensed: Twinrix® (GSK), which should be administered in a three-dose schedule, with the second dose administered 1 month after the first dose, and the third dose administered 6 months after the first dose. Hepatitis A vaccine is an inactivated vaccine; it is well-tolerated and has an excellent safety profile. Seroconversion after the first dose is estimated at greater than 95% and at nearly 100% after the second dose. Hepatitis A vaccine may be given to persons with compromised immune systems. Evidence suggests that vaccination provides immunity for at least 25 years; pre- and post-vaccination serologic testing is not recommended to confirm vaccine “take” or prior exposure.

Hepatitis A is transmitted person-to-person through the fecal-oral/sexual route. Among MSM, hepatitis A can be spread through direct anal-oral contact or contact with fingers or objects that have been in or near the anus of an infected person and contaminated with stool. Hepatitis A can also be spread through contaminated food or water, which most often occurs in countries where hepatitis A is common. While most patients will fully recover, 50% of adult patients in NYC with hepatitis A are hospitalized, and in the United States, hepatitis A is responsible for approximately 100 deaths annually.

***Providers should offer hepatitis A vaccine to all MSM who have not been vaccinated or do not know their vaccination status.*** Providers can check CIR (<https://immunize.nyc/provider-client/servlet/PC>) for their patients’ vaccination status. Most vaccine records are for persons born after 1995 and about 1 in 5 adults have vaccine records in the CIR, especially if they were seen at a DOHMH clinic. You can also ask your patients to call 311 or go to MyVaccineRecord (<https://myvaccinerecord.cityofnewyork.us/myrecord/home.htm>), an on-line application for IDNYC (<http://www1.nyc.gov/site/idnyc/about/about.page>) card holders, to look for their vaccination records.

***If you elect to check serology to evaluate exposure, do not delay administration of a dose of hepatitis A vaccine.*** Note that serologic testing is not indicated to evaluate exposure history or immunity prior to administering vaccine. An extra dose of vaccine is safe to administer whether the patient has had previous infection or vaccination-induced immunity.

Some health insurance plans will pay a vaccine acquisition cost and administration fee (such as Medicaid), so check with the patient’s insurance to confirm coverage. Providers can purchase vaccine from the manufacturer or from their usual distributor.

***If you do not stock hepatitis A vaccine or do not have a strategy to acquire vaccine for your patients, please refer your patients to a facility that does, or to the Fort Greene Immunization Clinic. The NYC Sexual Health Clinics also offer hepatitis A vaccines to sexually active MSM at low-to-no cost.***

Locations and hours of the clinics can be found at:

<https://www1.nyc.gov/site/doh/services/immunization-clinics.page> and  
<https://www1.nyc.gov/site/doh/services/sexual-health-clinics.page>.

Immediately report laboratory-confirmed cases of hepatitis A infection to the DOHMH by telephone. To report a case and for information about hepatitis A please call 866-NYC-DOH1 (1-866-692-3641). You may also report via NYC MED at <http://www.nyc.gov/html/doh/html/hcp/hcp-urf1.shtml>. As with other sexually transmitted infections partners should be notified of exposure and offered vaccination for

hepatitis A if unvaccinated. The NYC DOHMH can assist with notification and prophylaxis if cases are promptly reported.

We greatly appreciate your assistance.

Sincerely,

*Marcelle Layton*

Marcelle Layton, MD  
Assistant Commissioner  
Bureau of Communicable Disease



Demetre C. Daskalakis, MD, MPH  
Deputy Commissioner  
Division of Disease Control