



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, M.D., M.P.H.
Commissioner

2017 ALERT # 6

Increase in Cases of Hepatitis A among Men Who Have Sex with Men

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

- **Hepatitis A is a vaccine-preventable disease that may have severe complications in adults**
- **In the first two months of 2017, the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) has investigated five non-travel related cases of hepatitis A among men who have sex with men (MSM), nearly twice the number of such cases investigated in a typical year**
- **In accordance with the Centers for Disease Control (CDC) and Advisory Committee on Immunization Practices (ACIP) DOHMH strongly recommends that all MSM receive 2 doses of hepatitis A vaccine in accordance with national standards of care.**

March 9, 2017

Dear Providers,

The New York City (NYC) Health Department has noted an increase in hepatitis A cases among men who have sex with men (MSM) who did not report international travel. Typically, the NYC Health Department receives 0-3 reports of non-travel related hepatitis A cases in MSM. As of March 8, 2017, five cases of hepatitis A have been reported among *unvaccinated* MSM since January 1, 2017. Patients resided in three of the five boroughs, and ranged in age from 27-47 years. Three of the five patients (60%) were hospitalized, and all patients have since recovered without complications.

Since 1996, the Advisory Committee on Immunization Practices (ACIP) has recommended that all MSM receive two doses of 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 was recommended in 2015. Estimated coverage for pre-teens and adolescents 11-18 in NYC is 93% for at least one dose of hepatitis A vaccine and 80% for 2 doses. However, many susceptible adults, specifically MSM, may still not be vaccinated.

Three hepatitis A vaccines are licensed in the United States: Vaqta® (Merck), Haverix® (GSK), and Twinrix® (GSK), a combination hepatitis A and hepatitis B vaccine. The single antigen hepatitis A vaccine is 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. 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 who are immune compromised. Evidence suggests that vaccination should provide immunity for at least 25 years; pre- and post-vaccination serologic testing is not recommended.

Repeated outbreaks of hepatitis A have occurred among MSM in urban areas in the United States, Canada, Australia, and Europe. 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 the NYC Health Department's [Citywide Immunization Registry \(CIR\)](https://immunize.nyc/provider-client/servlet/PC) (<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) (<https://myvaccinerecord.cityofnewyork.us/myrecord/home.htm>), an on-line application for [IDNYC](http://www1.nyc.gov/site/idnyc/about/about.page) (<http://www1.nyc.gov/site/idnyc/about/about.page>) card holders, to look for their vaccination records. Serologic testing is not indicated to evaluate exposure history or immunity prior to administering vaccine. If you want to check your patients' prior immunity (due to infection or previous vaccination), draw blood, but do not delay administration of a dose of hepatitis A 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), 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 NYC Health Department Sexual Health Clinics. Locations and hours of the clinics can be found at: <https://www1.nyc.gov/site/doh/services/sexual-health-clinics.page>.

Please immediately report laboratory-confirmed cases of Hepatitis A infection to the Health Department 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 Health Department can assist with notification and prophylaxis if notified promptly.

We greatly appreciate your assistance.

Sincerely,

Demetre Daskalakis, MD, MPH
Demetre Daskalakis, MD, MPH
Acting Deputy Commissioner
Division of Disease Control

Marci Layton, MD
Marcelle Layton, MD
Assistant Commissioner
Bureau of Communicable Disease