



## Department of Health

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March 20, 2017

**TO:** Healthcare providers, Hospitals, Healthcare Facilities and Local Health Departments

**FROM:** New York State Department of Health (NYSDOH)

**HEALTH ADVISORY: PREVENTION OF HEPATITIS A INFECTIONS IN MEN WHO HAVE SEX WITH MEN**

*Please distribute immediately to the Infection Control Department, Emergency Department, Employee Health Service, Infectious Disease Department, Director of Nursing, Medical Director, Laboratory Service, Pharmacy, and all patient care areas.*

### SUMMARY

- The New York City Department of Health and Mental Hygiene (NYCDOHMH) has reported a recent increase in hepatitis A infections in men who have sex with men (MSM).
- At least two cases of Hepatitis A infections have been reported during the last 9 weeks in metropolitan region outside of NYC with a similar risk exposure profile.
- Healthcare providers should be aware of current recommendations for hepatitis A immunization, including vaccinating all men who have sex with men.

### BACKGROUND

The NYCDOHMH has reported a recent increase in hepatitis A infections in men who have sex with men (HAN 2017 # 6 attached). In addition to the cases reported in the NYC HAN Advisory, at least two cases of Hepatitis A infections have been reported during the last 9 weeks in metropolitan region outside of NYC with a similar risk exposure profile.

As a result, the New York State Department of Health is recommending that healthcare providers initiate and complete a hepatitis A vaccine series in all men who have sex with men who are either not previously immunized or who do not know their vaccination status.

## **HEPATITIS A VACCINE RECOMMENDATIONS**

Since 2006, children have been routinely vaccinated in New York State against hepatitis A. In the United States, hepatitis A vaccine is currently recommended for the following adults and adolescents who have not been previously vaccinated:

- men who have sex with other men,
- travelers to countries where hepatitis A is common,
- users of recreational drugs, whether injected or not
- people with chronic liver disease such as hepatitis B or hepatitis C,
- people with clotting-factor disorders,
- people who work with hepatitis A-infected animals or in a hepatitis A research laboratory, or
- people who anticipate close personal contact with an international adoptee from a country where hepatitis A is common

The hepatitis A vaccine is given as two intramuscular injections, six months apart. The hepatitis A vaccine also comes in a combination form, containing both hepatitis A and B vaccine, that can be given to persons 18 years or older. This form is given as three intramuscular injections, over a period of six months or as three shots over one month and a booster shot at 12 months.

The current increase in cases of hepatitis A in men who have sex with men in New York underscores the need to discuss appropriate behavior-based screenings and prevention measures. Along with the hepatitis A vaccination, those men who have sex with men at risk for hepatitis A as the result of sexual activity would also merit screening for sexually-transmitted infections, HIV and hepatitis C and should be considered for HIV prevention with pre-exposure prophylaxis (PrEP) medication.

Hepatitis A vaccine costs and administration are reimbursable through the New York State Medicaid program, AIDS Drug Assistance Program and most commercial insurance programs for their respective enrollees.

Health care providers are required to report suspect and confirmed cases of hepatitis A to the local health department where the patient resides, under the New York State Sanitary Code (10NYCRR 2.10). It is essential to evaluate the occupation of any

suspected cases, as suspected cases occurring in a food handler must be reported immediately by telephone.

Post-exposure prophylaxis should be offered to all previously unvaccinated persons who are or have been in close contact with a person who has hepatitis A, including household members, sex partners, and persons who have shared illicit drugs with an infected patient. These individuals should be administered a single dose of single-antigen Hepatitis A vaccine or intramuscular immune globulin (IG) as soon as possible, within 2 weeks after exposure.

For questions about hepatitis A reporting or post-exposure prophylaxis, please contact your local health department or the NYSDOH Bureau of Communicable Disease Control via e-mail at [bcdc@health.ny.gov](mailto:bcdc@health.ny.gov) or by phone at (518) 473-4439. New York City residents with laboratory-confirmed Hepatitis A infection should be reported to the New York City Department of Health and Mental Hygiene by telephone 866-NYC-DOH1 (1-866-692-3641) or via NYCMED at <http://www.nyc.gov/html/doh/html/hcp/hcp-urf1.shtml>.

Other resources:

New York State Department of Health <http://www.health.ny.gov/publications/1859/>

CDC <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.html>



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,

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