



Edwin M Lee  
Mayor

San Francisco Department of Public Health

Barbara A Garcia, MPA  
Director of Health

Tomás J. Aragón, MD, DrPH  
Health Officer

Communicable Disease Control & Prevention

[sfdph.org/cdcp](http://sfdph.org/cdcp)

Tel (415) 554-2830 Fax (415) 554-2848

## HEALTH ADVISORY: Hepatitis A among Men Who Have Sex with Men, San Francisco SEPTEMBER 28, 2017

**SITUATION:** An increase in hepatitis A virus (HAV) cases has been identified among MSM (gay, bisexual, and other men who have sex with men) in San Francisco. Seven cases have been confirmed since August 1, 2017. All seven cases lacked documentation of prior HAV immunization. No clear chain of transmission or common exposure among these cases has been identified, nor was international travel a risk factor. There is no genotypic or epidemiologic evidence linking these cases to the current outbreaks or clusters of HAV in homeless or illicit drug-using individuals elsewhere in California or the USA.<sup>1</sup> However, limited genotype information suggests at least some of the cases could be linked to other HAV outbreaks among MSM in the United States and Europe.

HAV is a highly infectious enteric virus excreted by infected persons in high quantities in stool and in smaller quantities in saliva. Transmission occurs by consuming contaminated food or liquids and in the context of close personal contact, sexual contact and by sharing equipment related to illicit drug use. HAV is preventable with immunization, and HAV vaccine has been routinely recommended for MSM by the Advisory Committee on Immunization Practices (ACIP) since 1996.

### **ACTIONS REQUESTED OF CLINICIANS:**

1. **Routinely identify and immediately vaccinate unvaccinated patients who are at risk for HAV. Populations at risk per the Advisory Committee on Immunization Practices include MSM, persons with chronic liver disease (including those with alcoholic cirrhosis and those with hepatitis B or C infection), international travelers to HAV-endemic areas, persons who use injection or non-injection drugs. Persons who are homeless should also be prioritized for vaccination.**

Either monovalent HAV vaccine or combined hepatitis A/B vaccine can be used. Serologic testing to evaluate immunity prior to vaccinating is not recommended.

2. **Suspect acute hepatitis A** in individuals from the risk groups mentioned above who present with consistent symptoms (abdominal pain, nausea, vomiting, fever, jaundice and significant elevation in LFTs). **Confirm via serum hepatitis A IgM testing.**
3. **Report cases** of symptomatic, lab-confirmed hepatitis A infection by phone to the SFDPH Communicable Disease Control Unit at (415) 554-2830. After hours, follow instructions to contact the On Call Physician.

Post-exposure prophylaxis with HAV vaccine (or in some cases, IM immune globulin) is effective in non-HAV-immune persons who have been exposed to HAV in the prior 2 weeks.

### **ADDITIONAL RESOURCES:**

SFDPH Hepatitis A Information: [sfdcp.org/hepatitisa.html](http://sfdcp.org/hepatitisa.html)

SFDPH HAV and Other Vaccinations for MSM in SF: [sfdcp.org/vaccinesgaybimen.html](http://sfdcp.org/vaccinesgaybimen.html)

SFDPH HAV Drop-In Vaccination Locations in SF (homeless focus): [sfdcp.org/preventhepA.html](http://sfdcp.org/preventhepA.html)

CDPH HAV Information for Health Professionals: [archive.cdph.ca.gov/HealthInfo/discond/Pages/HepatitisA.aspx](http://archive.cdph.ca.gov/HealthInfo/discond/Pages/HepatitisA.aspx)

CDC 2017 Adult Immunization Schedule: [cdc.gov/vaccines/schedules/hcp/adult.html](http://cdc.gov/vaccines/schedules/hcp/adult.html)

CDC Hepatitis A Q&A for Health Professionals: [cdc.gov/hepatitis/hav/havfaq.htm](http://cdc.gov/hepatitis/hav/havfaq.htm)

<sup>1</sup> See recent SFDPH Health Advisories concerning the HAV outbreaks in homeless and drug-using individuals here: <http://sfdcp.org/healthalerts.html>