

## **Making Every Contact Count – Utilising the Travel Consultation to Increase Hepatitis A Vaccine Coverage Amongst the MSM Community.**

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### **Background**

Recent years have seen hepatitis A outbreaks within the men-who-have-sex-with-men (MSM) community. Public Health England identifies MSM as an at-risk group and recommends that vaccination for hepatitis A is offered. Travelling abroad to non-endemic countries was implicated in a recent hepatitis A outbreak in the MSM community<sup>1</sup>.

### **Observation**

In non-endemic countries, risk of hepatitis A from contaminated food and water is low. However, faecal-oral transmission is still possible and remains a risk, especially in certain cohorts, dependant on behaviours. One at-risk cohort are MSM.

Plunkett et al<sup>1</sup> described how the outbreak in England between July 2016 and January 2018, of which 71% of identified cases were in those identifying as MSM, potentially started with newly infected individuals returning to the UK after travel to European countries.

In October 2016 the European Union Early Warning and Response System reported two MSM cases with a new strain of hepatitis A virus<sup>2</sup>. The initial infections were traced back to EuroPride in Amsterdam in July/August 2016. By 26<sup>th</sup> June 2017 thirteen EU Member States had reported 509 cases with a matching strain and, of the cases with documented information, 80% identified themselves as MSM. This strain, whilst newly seen in Europe, had previously been reported in Asia and linked to an outbreak of hepatitis A in MSM in Taiwan<sup>4</sup>.

As of 7<sup>th</sup> September 2018, a total of 4,475 outbreak-confirmed cases had been reported in 22 EU/EEA countries since 1<sup>st</sup> June 2016 with three specific strains implicated.<sup>3</sup>

### **Conclusions**

MSM are already identified as an at-risk group and recommendations in the UK are for MSM to be routinely vaccinated against hepatitis A.<sup>5</sup>

As well as the prospective destination, travel health consultations routinely contain questions about planned activities and behaviours. In the context of hepatitis A risk in non-endemic countries, high risk sexual behaviour presents one of the most likely routes of infection. Therefore, a travel health consultation may be a useful point for opportunistic recommendation of hepatitis A vaccination in MSM in the UK, even when travel is to a non-endemic country.

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## References

<sup>1</sup> J. Plunkett et al. Vaccine: X 1 (2019) 100014

<sup>2</sup> European Centre for Disease Prevention and Control. Hepatitis A outbreaks in the EU/EEA mostly affecting men who have sex with men – third update, 28 June 2017. Stockholm: ECDC; 2017

<sup>3</sup> European Centre for Disease Prevention and Control. Epidemiological update: Hepatitis A outbreak in the EU/EEA mostly affecting men who have sex with men. Stockholm: ECDC; 2018

<sup>4</sup> W. Chen et al. Outbreak of hepatitis A virus infection in Taiwan, June 2015 to September 2017. Euro Surveill. 2019;24(14)

<sup>5</sup> Public Health England. The Green Book Chapter 17