Outbreak of Hepatitis A in MSM: the London response

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INTRODUCTION

- Outbreaks of hepatitis A virus (HAV) have previously been described in men who have sex with men (MSM)¹
- British Association for Sexual Health (BASHH) (2015) has recommended vaccination for 'at risk MSM during a local outbreak' but not between outbreaks unless injecting drug user/HIV+/HCV+/ HBV+ ²
- A UK cluster of HAV cases was identified in November 2016 ³.
- 228 outbreak cases had been identified by the end of May 2017 in London. We describe the London response to the outbreak.
- London sexual health commissioning has been in transition to new arrangements in spring 2017⁴; commissioning responsibility for pre-exposure vaccine is unclear.

Cumulative number of cases reported on HP zone, by year, London 2013 - 2017

METHODS

- For each case notified, Health Protection Teams (HPT) routinely assessed source, offered infection control advice to the case and organised vaccination of household and sexual contacts.
- A London outbreak control team (OCT) comprised epidemiologists, commissioners and providers of immunisation and sexual health services, health promotion partners and communications.
- The OCT identified and coordinated measures to control the outbreak, and worked with partners to overcome the challenges associated with surveillance, vaccination and health promotion.

RESULTS

Surveillance challenges

Speaking to cases – too unwell, did not answer phone, did not want to complete questionnaire.

Identifying the contacts – cases unable to share the contact's details.

HPT staff not accustomed to detailed sexual history taking.

Vaccination challenges:

Vaccination of those at risk is the cornerstone of managing vaccine preventable disease outbreaks.

This includes both post exposure vaccination of contacts and pre exposure vaccination of those who engage in risk activity. Challenges around vaccination included:

- Complexity of commissioning of vaccination for outbreak control beyond the initial outbreak period:
- London has 33 local authorities, many of which were engaged in a change of sexual health commissioning arrangements
- Commissioning for hepatitis A vaccination had not been specifically included in the new arrangements
- Concerns about the vaccine supply meant that prioritisation was needed to those at highest risk
- Concerns about reaching MSM who did not use GUM clinics
- Post exposure prophylaxis could not be completed for casual or anonymous partners
- Costs of illness falls to a different part of the health economy from the costs of sexual health clinic vaccination.

Actions taken

Liaison with providers and commissioners:

- Commissioning discussions including all the stakeholders at London level
 - Inform GPs to promote awareness and expedite post exposure prophylaxis of known, named contacts
 - Use SXT contacting tracing tool
 - Provide training for HPT staff in sexual history taking
 - Survey current practice in GUM for HAV immunisation in recent years, to **inform** vaccination interventions
 - Vaccinate MSM opportunistically in GUM clinics (if had a new or casual partner in last 3 months), especially if known to be susceptible.
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Actions taken

Set up vaccination clinics near and in popular venues where sex on premises takes place and offer health promotion advice

Work with existing networks, building on previous outbreak responses
e.g. Vauxhall One partnership to get stakeholders on board

Actions taken

Link with existing health promotion networks working with gay venues, to get understanding and cooperation.

Health promotion challenges

Lack of ready prepared health promotion material specifically for hepatitis A

Negotiating access to the sex on premises venues

Actions taken

Communication with health

professionals –
including GPs (case
finding, post
exposure action),
acute trusts (early
identification and
notification),
GUM, DsPH,
national experts.

Actions taken

Use of oral fluid testing in a population at high behavioural risk to assess susceptibility

Actions taken

Awareness raising re risk behaviour: Distribution of nationally commissioned leaflet with safer sex advice to cases and genitourinary medicine (GUM) clinics, plus relevant content on digital platforms.

CONCLUSIONS

- There is potential to prevent or reduce the size of hepatitis A outbreaks if MSM are offered vaccine in sexual health clinics between outbreaks.
- Onsite clinics in sex on premises venues can be held and appear acceptable to venues and clients but evaluation is needed as they are resource intensive.
- Commissioning arrangements need to include provision for response to outbreaks of sexually transmitted infections, to enable sexual health services to intervene early.

REFERENCES

Communicable Disease and Public Health 01 Sep 2001, 4(3):163-170 An outbreak of hepatitis A among young men associated with having sex in public venues. [Bell A](#) , [Ncube F](#) [Hansell A](#) ,[Davison KL](#) ,[Young Y](#) , [Gilson R](#) , [Macdonald N](#) , [Heathcock R](#) , [Warburton F](#) , [Maguire H](#) .
British Association of Sexual Health and HIV United Kingdom National Guideline on the Management of the Viral Hepatitides A, B & C 2015 available from https://www.bashh.org/documents/United%20Kingdom%20National%20Guideline%20on%20the%20Management%20of%20the%20Viral%20Hepatitides%202015_NICE.pdf accessed 20170609
[Euro Surveill](#). 2017 Feb 2;22(5). pii: 30454. doi: 10.2807/1560-7917.ES.2017.22.5.30454.
Outbreak of hepatitis A associated with men who have sex with men (MSM) England July 2016 to January 2017
[Beebeejaun K](#) , [Degala S](#) , [Balogun K](#) , [Simms I](#) , [Woodhall SC](#) , [Heinsbroek E](#) , [Crook PD](#) , [Kar-Purkayastha I](#) , [Treacy J](#) , [Wedgwood K](#) , [Jordan K](#) , Mandal S , [Ngui SL](#) , [Edelstein M](#) .
London Sexual Health Transformation Programme available from <http://www.londoncouncils.gov.uk/our-key-themes/health-and-adult-services/public-health/sexual-health-0/london-sexual-health> accessed 20170609 © Crown copyright 2017