



Expanding Hepatitis A & B vaccination among gay and bisexual men and transgender people

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thefenwayinstitute.org

OUTLINE



- I. Basics of Hepatitis A&B, vaccines, and why gay, bi men, trans women should care in particular
- II. Results from focus group research study
- III. Recommendations

WHAT IS HEPATITIS A?

Hepatitis A (Hep A) is a vaccine preventable disease that causes infection and inflammation in the liver.

Symptoms can last up to two months and include: fatigue, nausea, vomiting, abdominal pain and jaundice.

Hep A is usually self-resolving with low rates of mortality. However average hospitalization rates in the US due to Hep A infection are above 60%.

Source: CDC, Hepatitis A, 2020; CDC, Viral Hepatitis: Information for Gay and Bisexual Men, 2013.

WHAT IS HEPATITIS B?

Hepatitis B (Hep B) is also a vaccine preventable disease that causes infection and inflammation in the liver.

Hepatitis B infection can cause an acute illness that can persist long-term (chronic) and cause cirrhosis or liver cancer.

**Note: Other forms of Hepatitis do exist. They will not be covered in this presentation.*

Source: CDC, Hepatitis A, 2020; CDC, Viral Hepatitis: Information for Gay and Bisexual Men, 2013.

How are they transmitted?

Hepatitis A virus:

Consumption of contaminated food or water

Any sexual contact with a person infected with Hepatitis A, including oral-anal contact (“rimming”)

Hepatitis B virus:

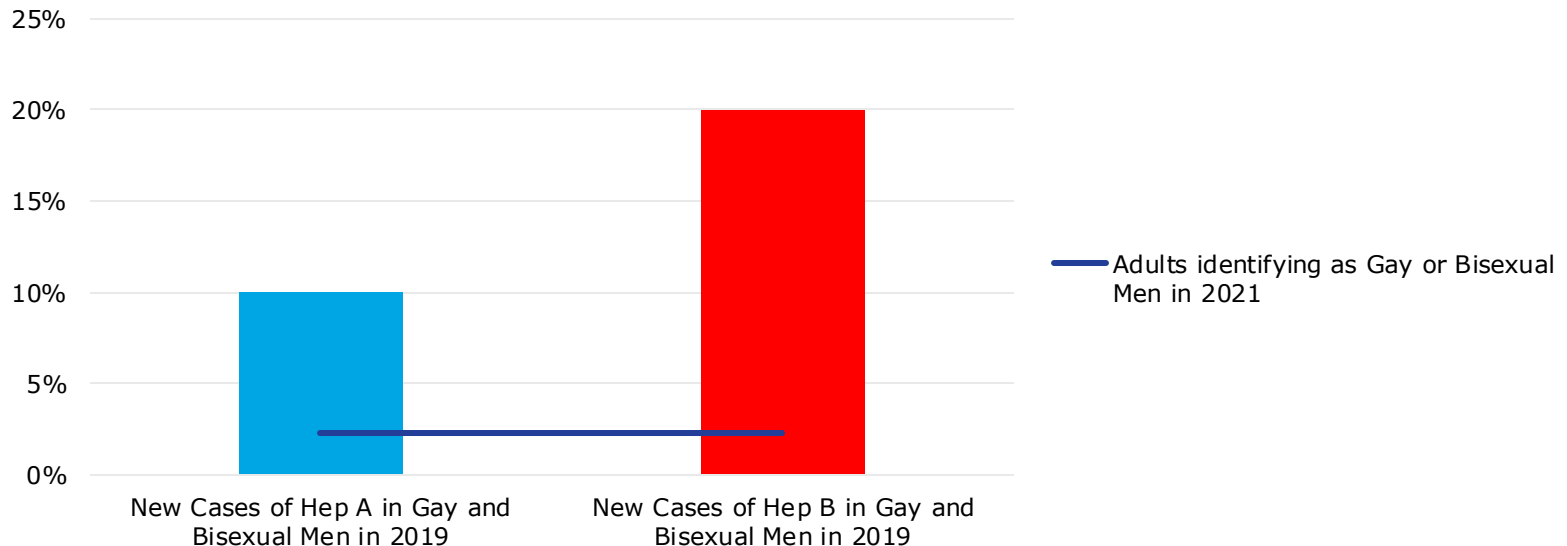
Exchange of blood, semen or other bodily fluids through sexual contact, sharing drug equipment, or during pregnancy/delivery

Source: CDC, *Sexual Transmission and Viral Hepatitis*, 2020.

Why should gay and bi men and trans women care in particular?

Hepatitis A and B rates in the US remain disproportionately high among gay and bisexual men, indicating a lack of vaccine use.

Hepatitis Prevalence among Gay and Bisexual Men



Source: CDC (2013); Gallup (2022)

Why is this of particular importance to gay and bi men and trans women?

Transgender women also experience elevated prevalence of Hepatitis A and B. Hispanic and Black transgender women have a much higher incidence of Hep B virus.

Transgender women have a higher prevalence of viral Hepatitis compared to transgender men yet receive less testing for Hepatitis A and Hepatitis B compared to transgender men.



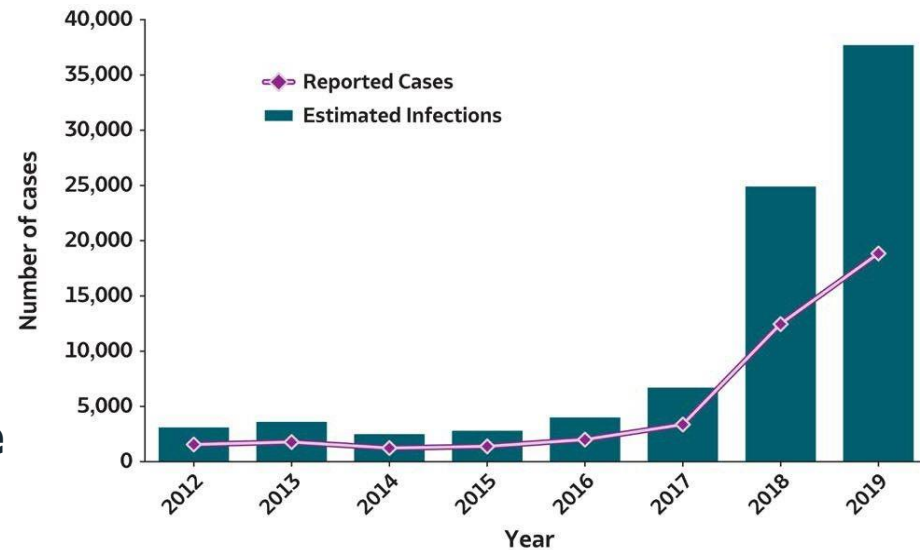
Source: Nuttbrock et al. (2009); Shover et al. (2017)

Prevalence and Recent Trends

Most cases of Hepatitis A in the U.S. are a result of **person-to-person transmission during communitywide outbreaks**, usually among persons who use drugs, persons experiencing homelessness, and MSM. Men are twice as likely to be diagnosed with Hepatitis A.

Until 2015, men and women were diagnosed with Hepatitis B at about the same rate, but in 2019 **men were nearly twice as likely to be diagnosed as women.**

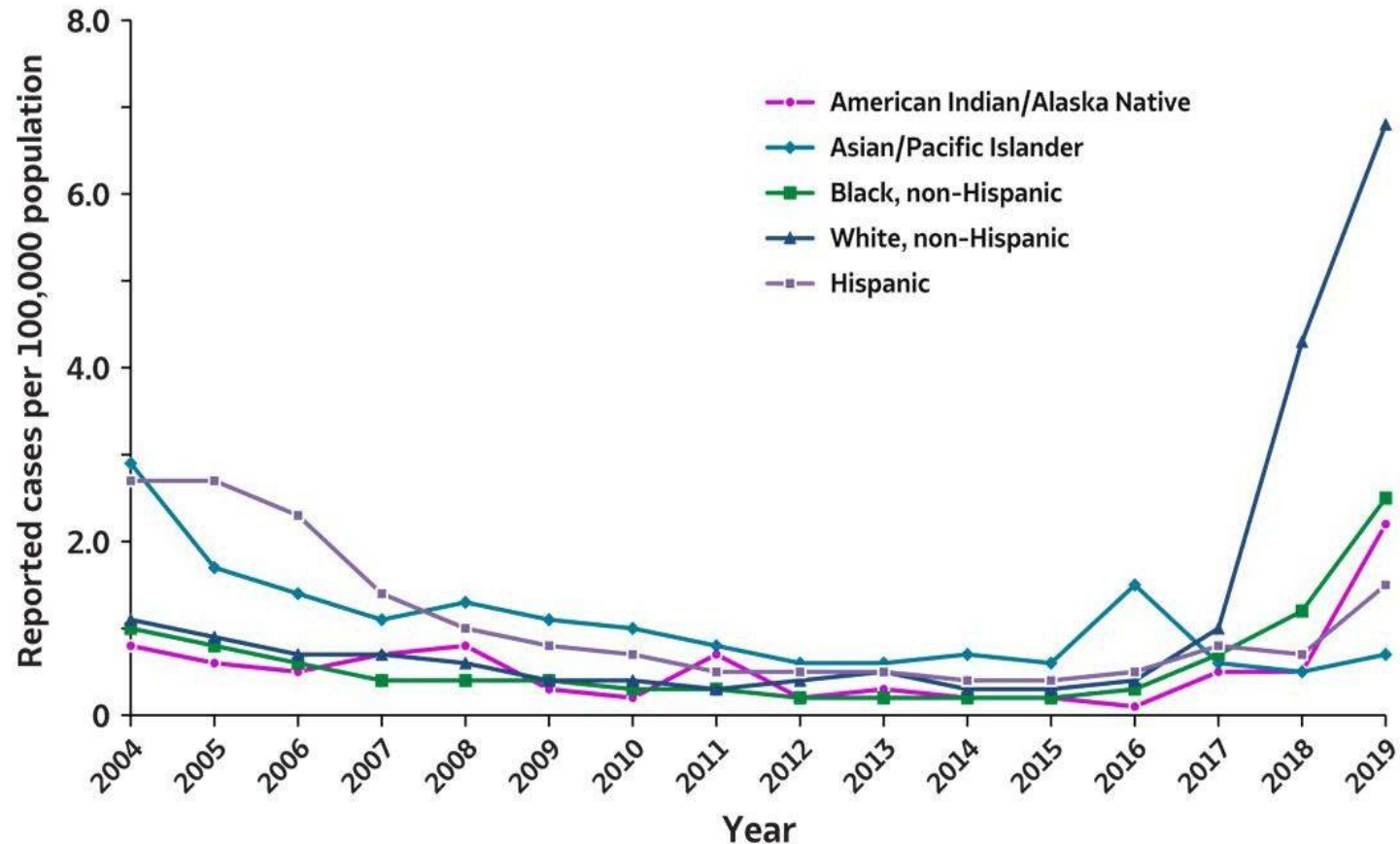
Number of reported hepatitis A virus infection cases and estimated infections* — United States, 2012–2019



Source: CDC, *2019 Viral Hepatitis Surveillance Report*, 2021

Racial and Ethnic Disparities

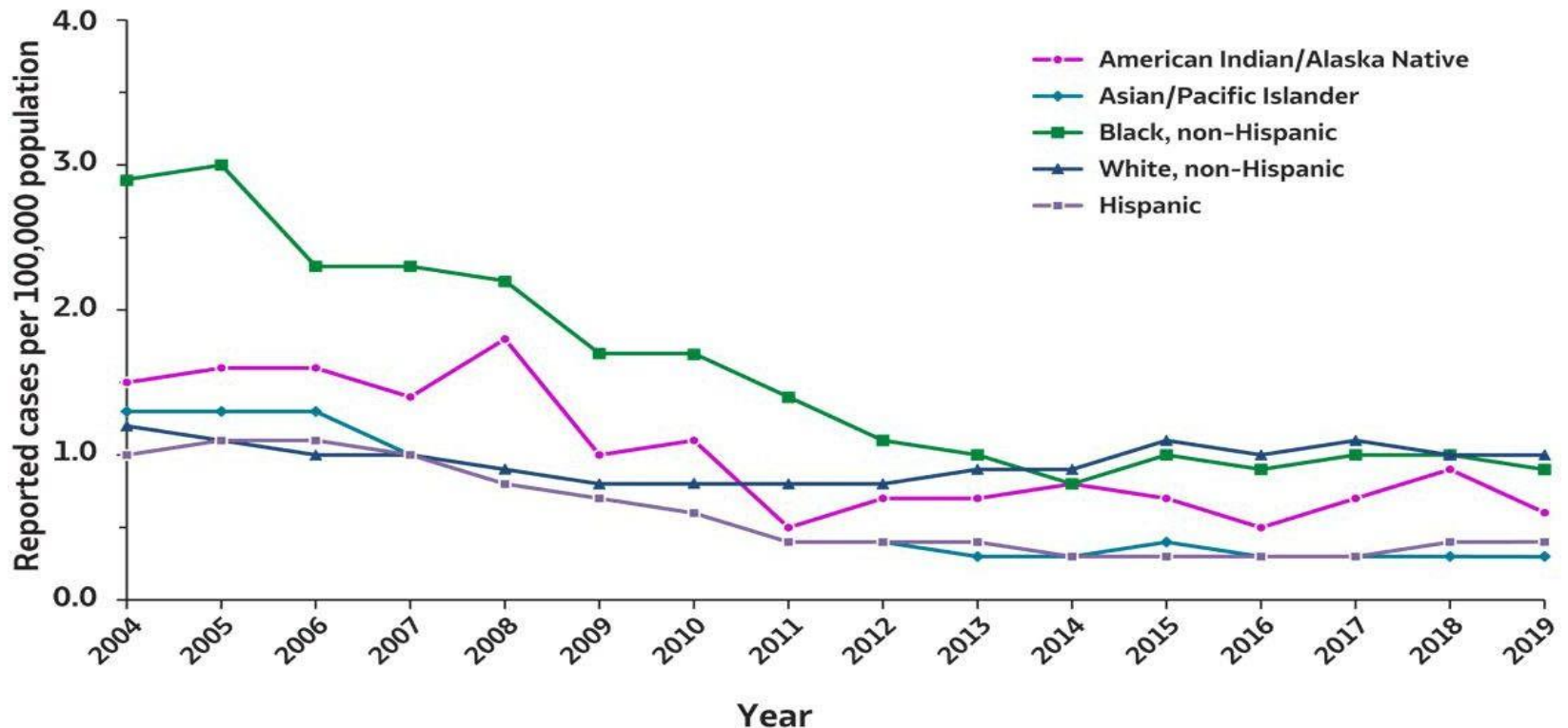
Rates of reported hepatitis A virus infection, by race/ethnicity — United States, 2004–2019



Source: CDC, *2019 Viral Hepatitis Surveillance Report*, 2021

Racial and Ethnic Disparities

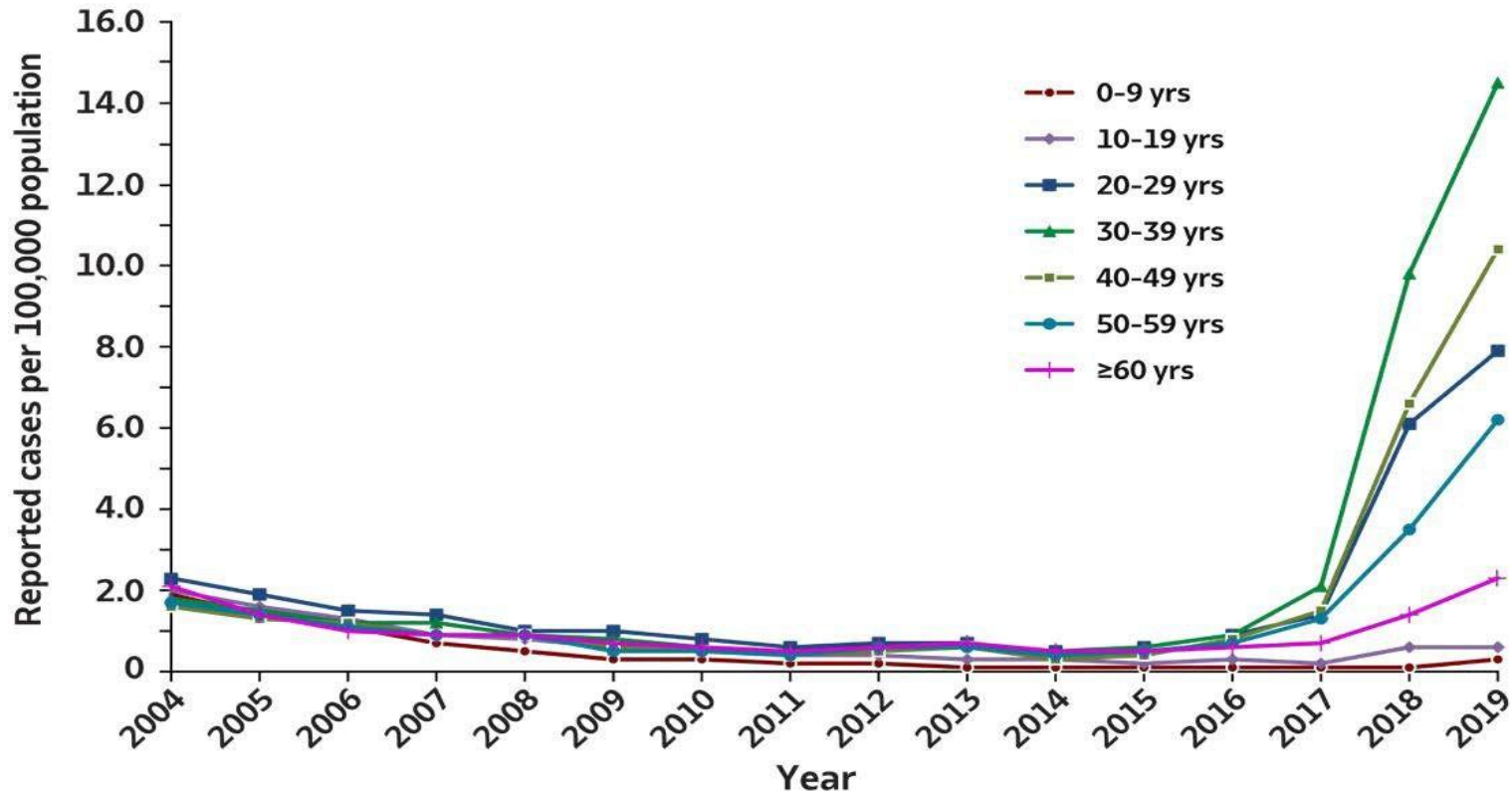
Rates of reported acute hepatitis B virus infections, by race/ ethnicity — United States, 2004–2019



Source: CDC, *2019 Viral Hepatitis Surveillance Report*, 2021

Age Cohort Disparities

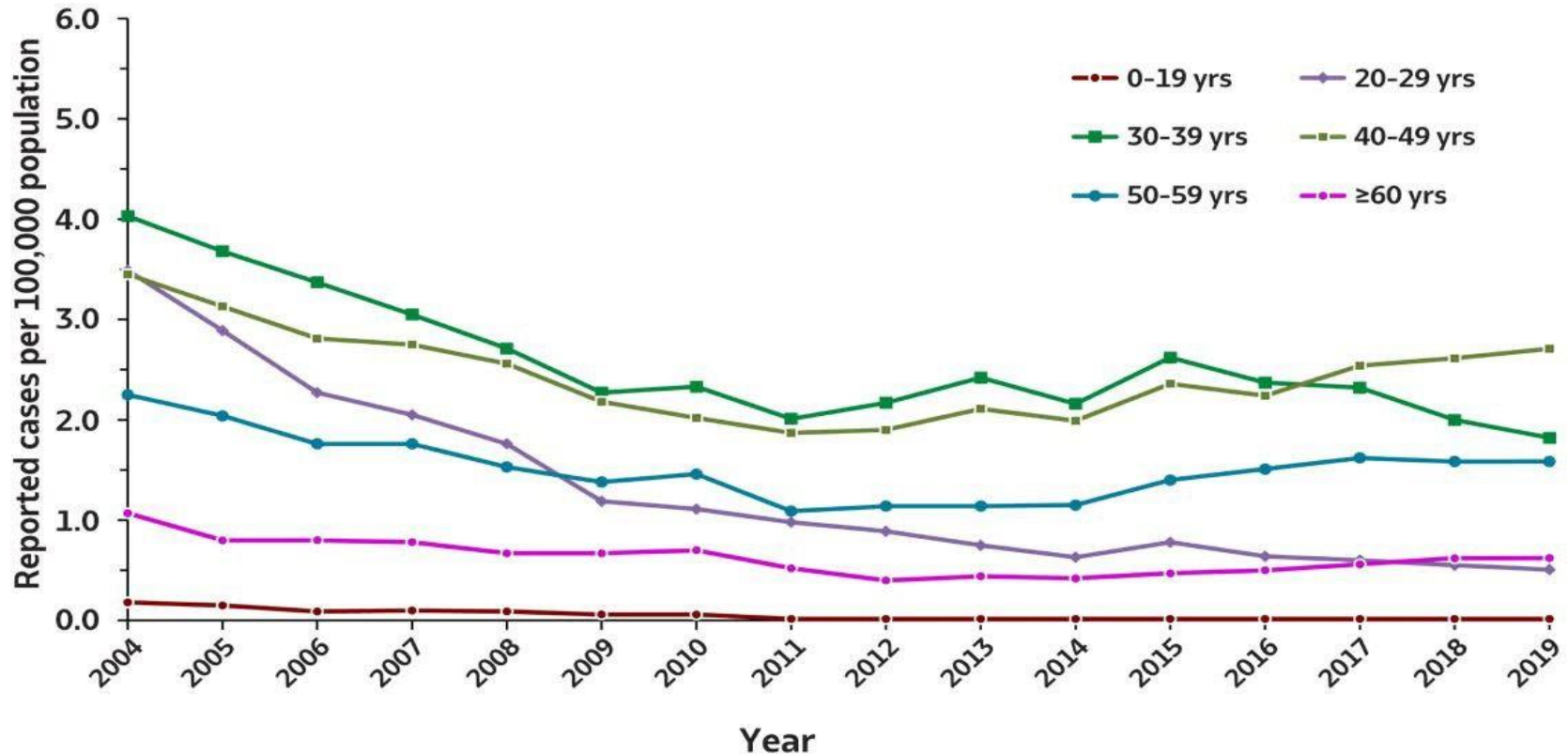
Rates of reported hepatitis A virus infection, by age group — United States, 2004–2019



Source: CDC, 2019 Viral Hepatitis Surveillance Report, 2021

Age Cohort Disparities

Rates of reported acute hepatitis B virus infection, by age group — United States, 2004–2019



Source: CDC, 2019 Viral Hepatitis Surveillance Report, 2021

Sexual Risk Reduction Approaches

Hepatitis A can be transmitted through any kind of sexual contact, especially between two men, and not only through oral-fecal contact (“rimming”).

Hepatitis B is also frequently sexually transmitted. For this reason, the **CDC recommends that all sexually active MSM be vaccinated against Hepatitis A&B.**

Given similar STI risk burden for transgender women, we believe that **sexually active transgender women should also be vaccinated** against Hepatitis A&B.

Sexual Risk Reduction Approaches

In addition, it is important for those living with HIV to be vaccinated for all preventable infections to safeguard the immune system.

If one is HIV negative, and considering or on pre-exposure prophylaxis (PrEP), a medication used to help prevent HIV, it is also important to ensure immunity to Hepatitis A&B and prevent HIV.

*It is recommended that **all people living with HIV or on HIV pre-exposure prophylaxis be vaccinated for both Hepatitis A and B.***

2023 CDC: UNIVERSAL SCREENING FOR HEPATITIS B

Last year the U.S. Centers for Disease Control and Prevention recommended that all adults 18 and older in the U.S. be screened for Hepatitis B at least once in their lifetime using a triple panel test.



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

**GOOD NEWS:
THERE ARE VACCINES TO
PROTECT YOURSELF.**

HOW CAN I GET A VACCINE?



Several options:

- Call your doctor
- Visit a community health center
- Contact your local commercial pharmacy



Most public and private insurance plans will pay in full if you get these vaccines from an in-network provider.

ARE THERE ANY SIDE EFFECTS?

Common, mild side effects last for up to a couple of days:

- Swelling, tenderness, redness at site of vaccine
- Low fever
- General ill feeling (e.g., nausea, headache, loss of appetite)

I WAS VACCINATED MANY YEARS AGO. SHOULD I GET VACCINATED AGAIN?

It depends! It is important to check with a clinician (Doctor, Nurse, Physician's Assistant) to see if you have immunity to Hepatitis A and B, or if you require a repeat in vaccination, as this immunity can wane over time.

WHERE CAN I LEARN MORE?

CDC:

<https://www.cdc.gov/hepatitis/index.htm>

Fenway Health:

www.fenwayhealth.org/hepatitisA&B

Talk with your health care provider or visit a community health center

RESEARCH PROJECT

The Fenway Institute

Research, education and training, and policy development arm of Fenway Health focused on SGM health and HIV/STIs

Sponsor: MPact Global Action for Gay Men's Health and Rights

Advocacy group focused on health of MSM

Funder: GlaxoSmithKline

British multinational pharmaceutical and biotechnology company

Study purpose

Conduct online focus groups in English and Spanish to learn more about Hepatitis A & B vaccinations in Black and Hispanic/Latino/e gay and bisexual men who have sex with men (GBMSM) and transgender women in the U.S. and Mexico.

Goal of using information gained to inform best practices for increasing uptake of Hepatitis A & B vaccines.

GBMSM Participants

- We spoke with 22 GBMSM.
- All the U.S. MSM were from states in the southern half of the U.S.

Black	10
Latino/Hispanic	5
White	5
Asian American	1
Native American or Alaska Native	1
Other	6
Multiple Races*	2
Prefer Not to Answer	1

TGD Participants

- We spoke with 23 TGD individuals.
- Twelve identified as queer, eight identified as transgender men, and three identified as transgender women.
- Nine were assigned male at birth, 12 were assigned female at birth, and two preferred not to answer.

Black	4
Latinx/Hispanic	4
White	15
Asian American	3
Native Hawaiian	1
Multiple Races	3
Other	3

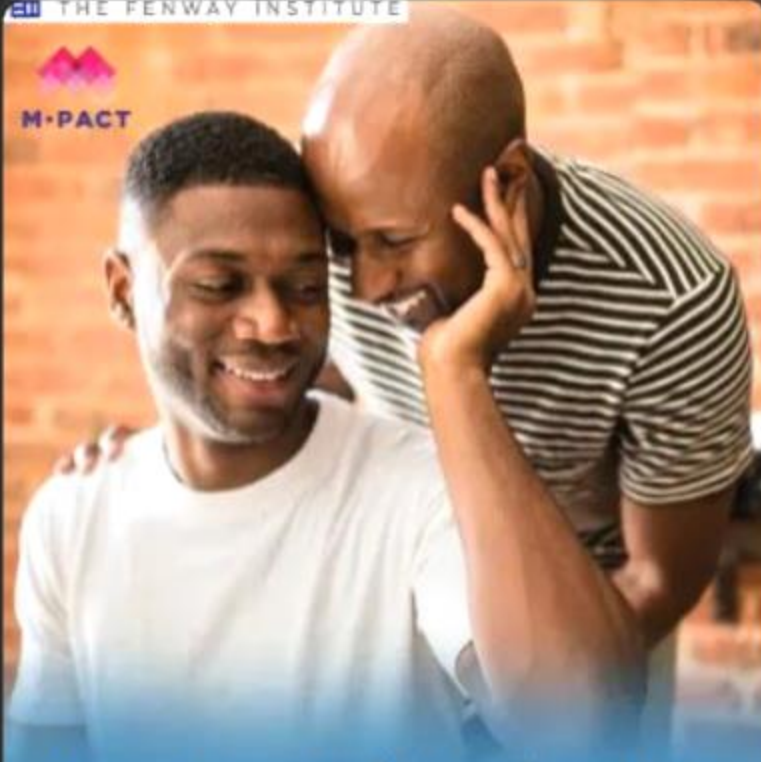


¡Actúa ya!



¿Eres una mujer trans? Puedes ser elegible para participar en un breve grupo de discusión anónimo sobre salud sexual.

mpactstudy@fenwayhealth.org



Are you a gay or bisexual man? You may be eligible to participate in an anonymous focus group about sexual health.

Recruiting Now!

mpactstudy@fenwayhealth.org

¿Es usted un hombre gay o bisexual? Puede ser elegible para participar en un breve grupo de discusión anónimo sobre salud sexual.

¡Actúe ya!



mpactstudy@fenwayhealth.org



Are you a gay or bisexual man? You may be eligible to participate in an anonymous focus group about sexual health.

Recruiting now!



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Are you a trans woman? You may be eligible to participate in an anonymous focus group about sexual health.

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KEY COMMUNITY FOCUS GROUP FINDINGS

Knowledge and experiences with Hepatitis A & B and other STIs

- Various levels of knowledge/awareness at community level for GBMSM
- Personal experiences helped drive interest and awareness

"I just received a positive result for hepatitis C, so I did some research on the internet and from the information my doctor gave me... I had not been told about anything until I received my diagnosis."

Gay & Queer, Black Nonbinary indiv., 23, Mexico, MSM Group

Accessing information about Hepatitis A & B

- Participants learned about Hep A & B from social networks (e.g., family, friends, providers) and online sources (e.g., medical websites, social media, government agency websites)

“I’m Gen Z, and I get most of my influence on health issues on TikTok, following doctors (not everyday people).”

Gay, Other Race Nonbinary/Genderqueer person, 27, California, MSM Group

“I’ve gotten it from CDC, public health sources, research, news, etc.”

Pan, Hispanic/Latino and Other Race Queer person (AFAB), 24, Illinois, TGD Group

Perceptions of vaccines

- Vaccine perception shaped by personal experience (e.g., in accessing other vaccinations) and access to relevant medical/sexual health information
- Virtually all participants were open to being vaccinated but described structural barriers (e.g., insurance coverage, anti-queer spaces, racist structures) that impede access
- Some participants hesitant due to medical mistrust

Perceptions of vaccines

“It all depends on how accessible the vaccines are and if they are free or how much they cost.”

Bisexual, Asian American & White, 35, California, MSM Group

Barriers to insurance coverage

- Concerns about how insurance policies change from year to year, making it difficult to know what is covered
- Socioeconomic barriers that prevent insurance coverage, especially for trans communities

Importance of shared identity between patient and provider

"I would feel confident if it [vaccine] came from a health care worker, it would be great if they are also gay as it will make you feel more comfortable,...that they know it's effective on you and will help you."

Gay, Black, 30, Louisiana, MSM Group

"My PCP is also queer and a BIPOC so he's always shown his support towards me."

Gay, Black Nonbinary/Genderqueer person, 24, North Carolina, MSM Group

"In the past I've had 'straight' PCPs leave out info, such as vaccines and important things like getting a regular anal pap."

Gay, Black, 32, Georgia, MSM Group

Suggested Improvements for Experiences in Healthcare

Importance of language, tone, and communication in healthcare interactions

- Language should be accessible, free of stigma, prejudice
- Provider should be warm and empathetic in tone

Practitioners should be well-educated on health needs of LGBTQ+ people

“Instead of seeing me as an experiment that you have to fix, look at me like a painting that you are trying to understand.”

Queer and Pan, Black and Hispanic/Latinx Queer person (AMAB), 28, Illinois, TGD Group

KEY PROVIDER FOCUS GROUP FINDINGS

Not a lot of patient awareness of hepatitis A&B

“Probably not a lot of awareness honestly, we don't talk about Hep A as much since the transmission is so different.”

Heterosexual, White, Female, 40, Kansas

“I don't think there is an awareness on HAV and HBV among general populations out there, as most of them cannot differentiate the difference between the 2 e.g., mode of transmission.”

Gay and Queer, Asian, Male, 43, California

How stigma affects attitudes toward vaccination

“To avoid stigma for Hep A and B, really appropriate for anyone to receive. If we target MSM and TGW specifically, may leave others feeling invulnerable to Hep A and B, which is not true. Hep B is super infection.”

Gay, White, Male, 42, California

“COVID worsened baseline vaccine hesitancy. It hardened the stance many patients took. Many more refusals of the flu shot after COVID vaccine fear took hold...Difficult to convince patients to get MPox vaccine due to concerns about stigma.”

Bisexual, White, Female, 30, Mississippi

Barriers to accessing two dose vaccine regimens

Institutional and structural barriers to healthcare access cause people to be unvaccinated: lack of transportation, inability to make appointments, financial constraints, undocumented status.

“Return visits are hard for people with transportation issues or general life stuff going on that makes medical care a low priority.”

Queer, White, Female, 46, Massachusetts

“If they don’t have a specific reason to come back to clinic other than a second dose of vaccine, then it’s hard to get pts to come back. If they have to f/u for another complaint then it’s easier to do second dose like that.”

Bisexual, Other Race, Female, 30, California

Recommendations for community members



Prioritize your sexual health—talk to your healthcare provider and don't be embarrassed.



Get vaccinated against Hepatitis A&B. Then you have one less thing to worry about.



If you were vaccinated in the past, talk to your provider about whether you should get vaccinated again.



Tell your friends about Hep A&B vaccines and advocate for vaccine equity and justice.

RECOMMENDATIONS FOR PROVIDERS

Normalize

- Normalize sexual health discussions with patients, emphasizing their importance and encouraging them not to be embarrassed.

Encourage

- Encourage all MSM and TGD patients to get vaccinated against Hepatitis A&B.

Ask

- Ask them if they were vaccinated in the past, and if so test them to see if they still have immunity.

Ask

- Ask all patients about sexual orientation, gender identity, and sexual health, including straight and cisgender patients.

Build your patients' confidence and knowledge about their sexual health! Prioritize sex positive, culturally competent, affirming, and non-stigmatizing language.

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