

ARE MEN WHO HAVE SEX WITH MEN (MSM) LIVING IN PORTUGAL BEING SYSTEMATICALLY VACCINATED FOR HEPATITIS A VIRUS?

GAT
CHECKPOINT LX

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Keywords

Hepatitis A, Key populations, Testing, Vaccination

Background

Between June 2016 and September 2017, a hepatitis A virus (HAV) outbreak occurred in twenty countries of the European Region, affecting mostly young MSM (76% of cases all male cases)^[1].

The main measure of controlling the outbreak was through vaccination, and countries consequently updated their national guidelines. In Portugal's case the guidelines were updated to include MSM and people traveling into endemic countries - access through a medical prescription and with copay. During the outbreak vaccination was accessible through medical prescription, but free of charge.

Other key groups for HAV vaccination would be sex workers, people who use drugs (PUD) and people experiencing homelessness^[2,3], Portugal's guidelines do not include these groups^[4].

Objectives

Evaluate the presence of HAV-IgG antibodies in MSM.

Methods

Antibodies will be present after vaccination or resolving infection, resulting in immunity against the infection.

For six months rapid tests for IgM and IgG antibodies were offered in GAT Checkpoint LX (a community-based centre for MSM).

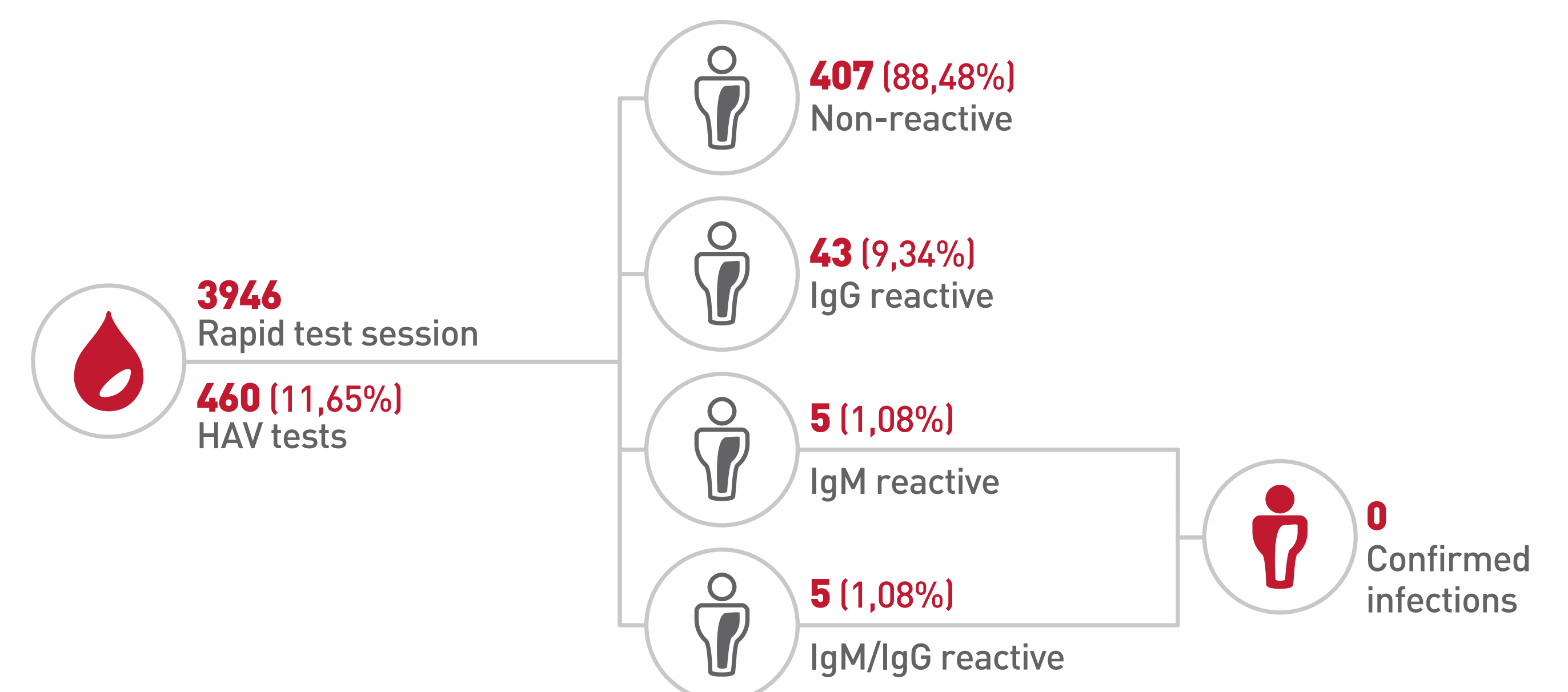
From July 2022 to January 2023, HAV rapid testing was added to our integrated HIV, syphilis, hepatitis B and C virus rapid testing. Community health workers (CHW) asked about previous vaccination or infection if the person denied both then the CHW would recommend HAV rapid test without having to disclose which, if having completed a vaccination course or prior diagnosis. MSM could refuse any rapid tests offered, HAV included, irrespective of their eligibility.

Those with IgM reactive results would be referred to a medical appointment on site to confirm the result.

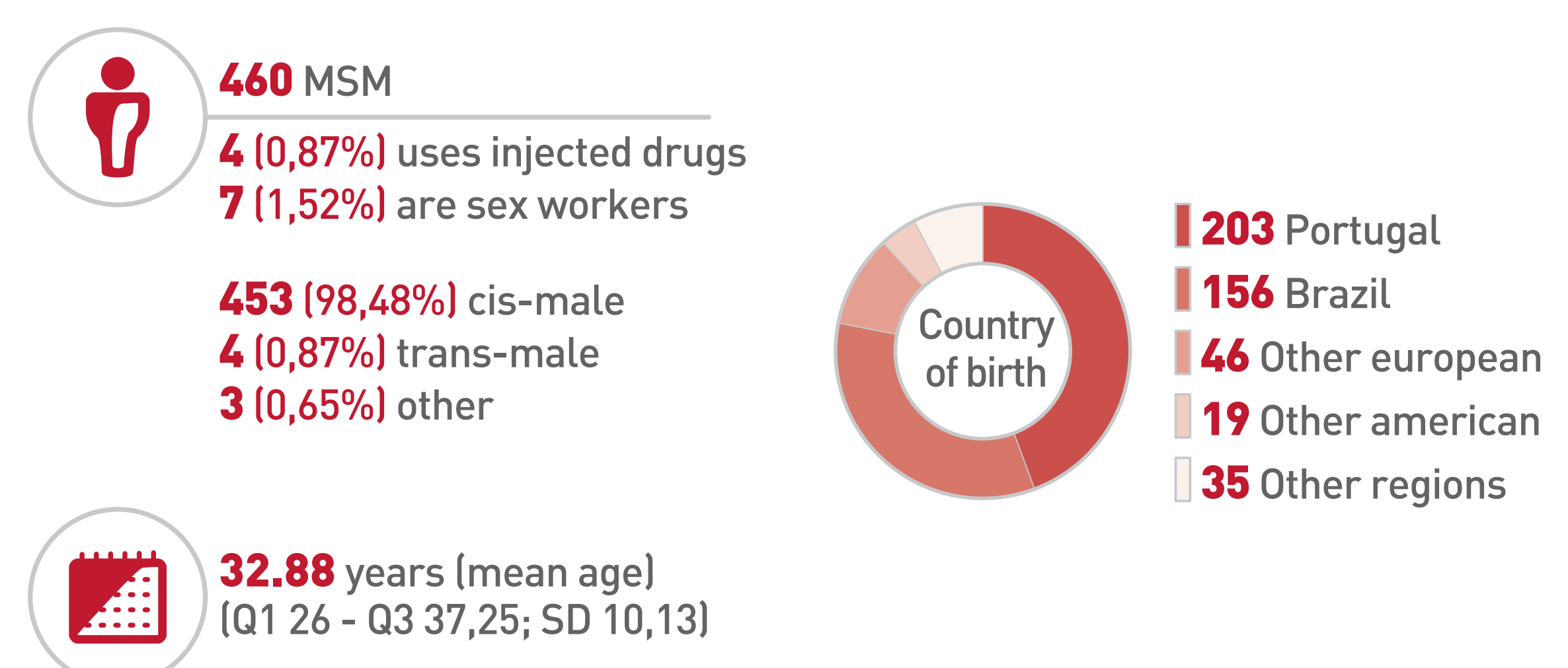
Those with IgG non-reactive results would be referred to a medical appointment on site to received HAV vaccination prescription.

Results/Outcomes

Of all 3946 people tested, 460 (11,65%) were tested for HAV antibodies - IgM and IgG, most were not protected against the infection.



Brief characterization of the people tested for HAV antibodies:



Conclusions / Lessons learnt

Regardless of national HAV vaccination guidelines, most MSM tested are not protected from HAV, and a few with HAV immunity disclose prior asymptomatic HAV infection. We did not find actual HAV infections. Efforts need to be made to achieve group immunity to prevent future outbreaks.

Structural changes such as a universal prescription and free-of-charge HAV vaccination may have a greater impact than ongoing individual approaches.

Disclosure of Interest

None Declared

References

- [1] ECDC, 2017, "Epidemiological update: hepatitis A outbreak in the EU/EEA mostly affecting men who have sex with men";
- [2] EMCDDA, 2023, "Drug-related infectious diseases: health and social responses";
- [3] McCosker, L.; El-Heneidy, A.; Seale, H.; Ware, R.; Downes, M., 2022, "Strategies to improve vaccination rates in people who are homeless: A systematic review"
- [4] DGS, 2018, Norma 019/2018 "Vacinação contra a hepatite A"

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