Hepatitis A virus transmission among men who have sex with men (MSM), Slovenia, May 2017–March 2018

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Background:
Hepatitis A outbreak among MSM in Europe is still ongoing. In Slovenia detection of hepatitis A virus (HAV) circulation among MSM was mainly based on self-identification of cases which may underestimate burden. We performed an epidemiological investigation coupled with sequence-based typing to characterise circulating HAV strains linked to MSM outbreaks in order to tailor preventive measures and improve surveillance.

Methods:
A case was defined as a reported laboratory-confirmed hepatitis A (confirmation of anti-HAV specific antibodies and/or detection of HAV RNA in serum or stool by PCR) from May 2017–March 2018. We interviewed cases and performed
sequence-based typing of HAV isolates using HAVNET protocol.

Results:
Thirty-eight cases (17 females and 21 males) were reported. Among male cases with known vaccination status (n = 18), 1 received pre-exposure vaccination with single dose of HA vaccine. All male cases tested (n = 17) were infected with one of the three HAV genotype IA outbreak strains (VRD_521_2016 (n = 9); RIVM-HAV16-090 (n = 4); and V16-25801 (n = 4)). Among those, five self-identified themselves as MSM. Among females 8/13 were infected with an outbreak strain (RIVM-HAV16.090 (n = 4) and VRD_521_2016 (n = 4)), 5 with suspected secondary household transmission.

Conclusions:
Epidemiological investigation coupled with sequence-based typing allowed identification of circulating outbreak strains. Routine HAV sequence-based typing of all isolates should be routinely implemented. Circulation of HAV among MSM calls for improved health education activities and promotion of freely available two-dose vaccination. Control measures to prevent secondary household transmission of HAV should always be included in health education material.

Key messages:
- Enhanced surveillance with routine real-time sequence-based typing is needed to provide better insight on disease burden among risk groups.
- Tailored health education activities, including prevention of household transmission and promotion of free two-dose vaccination, are needed to reduce the risk of disease.