Hepatitis A Vaccination Low in People Living With HIV

Since 2020, the hepatitis A vaccine has been recommended for people living with HIV because of their increased risk for severe infection.

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A study found that people living with HIV and people with active substance use disorders were less likely to be vaccinated against hepatitis A virus (HAV), which is recommended nationally for all people living with HIV, according to the American Journal of Managed Care (AJMC).

HAV is an acute form of hepatitis, meaning that it does not cause long-term (chronic) infection. While HAV is typically spread through contaminated food and water, in the United States, the disease is commonly spread from person to person, according to the Centers for Disease Control and Prevention (CDC).

People living with HIV who have underlying liver disease are at an increased risk for severe disease from HAV infection. Widespread HAV outbreaks associated with person-to-person transmission have been occurring in the United States since 2016, according to the CDC.

Although there was a slight decrease in HAV cases from 2019 to 2020, the number of reported cases in 2020 was seven times higher than during 2015, according to the U.S. Department of Health and Human Services.

In 2020, the CDC and the Advisory Committee on Immunization Practices (ACIP) recommended HAV vaccination for this population. Prior to this recommendation, the CDC and ACIP recommended HAV vaccination for people living with HIV who had other risk factors for the disease.

Published in Vaccine: X, the study collected data from patients in Houston from 2010 to 2018 to evaluate the likelihood that people without risk factors would get vaccinated for HAV.

A total of 1,372 people living with HIV involved in the study were eligible for an HAV vaccine and had negative anti-HAV immunoglobulin G (IgG) and no history of vaccination. The cohort was mostly made up of men, and the average age was 38 years. About 70% of patients were Black, 11% were Latino and about 17% were white.

Substance use history was reported among 1,214 patients.; of these, about 20% of individuals had an active substance use disorder, and 18% reported a history of substance use disorder.

Some 29.2% of patients had received a single dose of the HAV vaccine six months after entering care. At 12 months and 24 months, this increased to 37.1% and 47.8%, respectively.

What's more, about 10% of patients had received at least two doses of the HAV vaccine six months after entering care, which increased to 21.2% after 12 months and 33.4% after 24 months, according to AJMC.

Researchers emphasize the importance of both testing a person's anti-HAV IgG at the entry of care and sending electronic reminders to vaccinate for HAV to help boost uptake of the shot.

To learn more, click #Hepatitis A or Hep Mag's Health Basics on Hepatitis A. It reads in part:

> Not everyone who contracts HAV will experience noticeable symptoms. For example, many babies and young children with HAV do not experience any symptoms of infection. Symptoms are much more likely to occur in older children, adolescents and adults.
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> Symptoms of hepatitis A (and acute hepatitis in general) can include:
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> - Yellowing of the skin, whites of the eyes and under the fingernails (jaundice)
> - Feeling tired and rundown (fatigue)
> - Pain in the upper-right abdomen
> - Loss of appetite
> - Weight loss
> - Fever
> - Nausea
> - Diarrhea
> - Vomiting
> - Dark urine and/or pale stool
> - Joint pain.
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> The best way to prevent hepatitis A is to be vaccinated. Two HAV vaccines are available: Havrix and Vaqta. Both vaccines require two injections, usually administered six months apart. Twinrix, a combination vaccine for HAV and hepatitis B virus, is also available.

The Centers for Disease Control and Prevention recommends routine hepatitis A vaccination for:

- All 1-year-old children;
- Those who may be at risk for hepatitis A-related complications;
- People who are at risk for infection or who want protection against hep A.

Hepatitis A vaccination is specifically recommended for:

- Anyone who has come in to direct contact with someone who has hepatitis A;
- Adults and children traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those in Central or South America, Mexico, Asia, Africa and Eastern Europe;
- Children and adolescents up to age 18 who live in states or communities where routine vaccination has been implemented because of high disease rates;
- Men who have sex with men;
- People using street drugs;
- Anyone with an occupational risk for hepatitis A;
- Persons with chronic liver disease, such as fatty liver disease, alcoholic liver disease, and hepatitis B or C;
- People who are treated with clotting factor drugs.

The HAV vaccine is very effective. More than 99% of people who are vaccinated develop immunity against the virus and will never get the virus even if they are exposed to it.
