



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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**July 27, 2018**

**To:** North Carolina HIV Providers  
**From:** Victoria Mobley, MD MPH, HIV/STD Medical Director, NC Division of Public Health  
**Subject:** Increase in hepatitis A infections among men who have sex with men (MSM)

The North Carolina Division of Public Health (DPH) alerted North Carolina medical providers of the expanding nationwide hepatitis A outbreaks involving more than 2,500 cases in a [clinician memo](#) distributed July 17, 2018. North Carolina DPH has also observed an increased number of hepatitis A cases in the Charlotte area since April 2018, mainly among MSM, with significant hospitalization rates (75%) reported. Additionally, one-third of the cases were persons living with HIV (PLWH), including individuals who had prior documentation of serologic immunity to hepatitis A or an incomplete hepatitis A vaccine series.

Hepatitis A virus can be spread through contaminated food and drink or through person-to-person contact including sexual contact, especially oral-anal sex (rimming). Fingers, hands or penises that come into contact with the anus and then the mouth could also provide a route of transmission.

Increasing vaccination rates is critical to preventing a large scale hepatitis A outbreak. Thanks to your efforts, over 80% of HIV-positive MSM receiving Ryan White Part B services in the previous year received hepatitis A serologic screening as part of their HIV care. However, only 32% had documentation of having completed the hepatitis A vaccine series. Although a single dose of hepatitis A vaccine can provide protection for several years, completion of the entire vaccine series is important for the development of life-long hepatitis A immunity.

#### **Actions for Clinicians**

In addition to the guidance given by Dr. Zack Moore (State Epidemiologist), in the [July 17<sup>th</sup> memo](#), we are asking all North Carolina HIV providers to take the following important steps to help prevent the spread of hepatitis A infection among PLWH, especially those with risk factors for hepatitis A transmission:

1. Verify that hepatitis A serologies have been checked for all your patients, per [DHHS HIV clinical care guidelines](#). Vaccinate any patient without serologic evidence of immunity.
2. To promote the development of life-long immunity, consider completing the vaccine series for any patient with vaccine-induced immunity who does not have documentation of completing the entire hepatitis A vaccine series.\*

*\*Even if years have elapsed since the initial hepatitis A vaccine dose was given, there is no need to restart the entire vaccine series.*

Thank you for your dedication to the health of the patients and communities you serve. Additional information on hepatitis A can be found on the CDC website [here](#). Please feel free to contact the Communicable Disease Branch with any questions or concerns.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

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