



# Scaling up Hepatitis A and B vaccination for gay and bisexual men and transgender people

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## EXECUTIVE SUMMARY

Hepatitis A (HAV) and Hepatitis B (HBV) are vaccine preventable diseases that cause infection and inflammation in the liver. Gay and bisexual men and other men who have sex with men (GBMSM) and transgender women are at increased risk for Hepatitis A and B in the United States. Additionally, there are notable racial and ethnic disparities. Patients are more likely to get vaccinated when this is recommended by their providers. However, there are significant barriers to communication and access to care that affect patients' ability to successfully become educated and get vaccinated for Hepatitis. Moreover, patients' experiences with intersecting oppressions of systemic racism and homophobia provide an additional burden to their health maintenance. The Fenway Institute and MPact: Global Action for Gay Men's Health and Rights conducted online community focus groups with residents of the U.S. and Mexico in 2023 that provided patient-centered insights on community knowledge of Hepatitis A and B and attitudes toward vaccination against the disease. This brief summarizes key findings from those focus groups and describes implications for gay and bisexual men and transgender and gender diverse people (TGD), LGBTQ+ community leaders, health care providers and public health professionals.

Focus group participants were from diverse racial and ethnic backgrounds and ranged in age from 23 to 62. Many knew about Hepatitis through personal experience with family members and friends. Participants said that they got a lot of information about sexual health and how to prevent sexually transmitted infections (STIs) through social media and sites like Reddit, as well as through social networks. Many also read health websites such as WebMD and the Mayo Clinic website, the sites of LGBTQ-focused health organizations such the Fenway Institute, and government websites, such as that of the Centers for Disease Control and Prevention (CDC), for information about sexual health. While some participants expressed medical mistrust and mistrust of vaccines, many said that they are willing to get vaccinated, and for some individuals vaccine trust increased since the start of the COVID-19 pandemic in 2020. Many had questions about any side effects of Hepatitis A&B vaccines, and about insurance coverage of the vaccine and how much it costs. Participants also described experiencing discrimination and a lack of affirming treatment in health care settings, and noted the importance of LGBTQ-responsive care as a setting for accessing culturally responsive sexual health care.

## BACKGROUND AND SIGNIFICANCE

Hepatitis A (HAV) and Hepatitis B (HBV) are vaccine preventable diseases that cause infection and inflammation in the liver. Hepatitis A is transmitted through consumption of contaminated food or water (when an uninfected person eats or drinks food or water that has been contaminated with the feces (shit) of an infected person). Hepatitis A can also spread through contact of one person's mouth with another person's anus (butt), i.e. "rimming." Symptoms of HAV can last up to two months and include fatigue, nausea, vomiting, abdominal pain, and jaundice. While HAV is self-resolving with low rates of mortality, average hospitalization rates in the U.S due to HAV are above 60%. HBV is transmitted through exchange of blood, semen, or other bodily fluids, and can cause an acute illness that has the potential to persist long-term (chronic) and cause cirrhosis or liver cancer.<sup>1</sup> Most who become infected with HBV as adults completely recover within 4 to 8 weeks, but about 1 in 20 adults who contract HBV become carriers and have chronic HBV infection.<sup>2</sup>

**According to the CDC, about 10% of new Hepatitis A cases and 20% of new Hepatitis B cases each year occur among gay and bisexual men.**

Hepatitis vaccines are available and accessible, yet many gay and bisexual men – especially gay and bisexual men of color – are unvaccinated.<sup>3</sup> Hepatitis A and B rates in the US remain disproportionately high amongst gay and bisexual men, indicating a lack of vaccine use. According to the CDC, about 10% of new Hepatitis A cases and 20% of new Hepatitis B cases each year occur among gay and bisexual men.<sup>4</sup> This is a higher percentage than the 4.5% of men who identified as gay or bisexual in 2021, according to the Gallup Poll, which is only about 2% of the adult population.<sup>5</sup> Transgender women also experience elevated prevalence of Hepatitis A and B, although less data are available.<sup>6</sup>

There has been a sharp rise in the number of reported Hepatitis A cases in the US: from 1,390 cases in 2015 to 18,846 cases in 2019. Estimated Hepatitis A infections rose from 2,800 in 2015 to 37,700 in 2019.<sup>7</sup> Most cases of Hepatitis A in the United States are a result of person-to-

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<sup>1</sup> CDC. Viral Hepatitis: Information for Gay and Bisexual Men. Fact sheet. Published online October 2013. Accessed October 3, 2023. <https://www.cdc.gov/hepatitis/populations/pdfs/hepgay-factsheet.pdf>

<sup>2</sup> Planned Parenthood. How do I get treated for hepatitis B? No date. [https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hepatitis-b/how-do-i-get-treated-hepatitis-b#:~:text=There's%20no%20cure%20for%20hepatitis,%20lasting\)%20hepatitis%20B%20infection](https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hepatitis-b/how-do-i-get-treated-hepatitis-b#:~:text=There's%20no%20cure%20for%20hepatitis,%20lasting)%20hepatitis%20B%20infection). Accessed October 27, 2023.

<sup>3</sup> CDC. Viral Hepatitis: Information for Gay and Bisexual Men. 2013.

<sup>4</sup> CDC. 2019 Viral Hepatitis Surveillance Report. Published October 1, 2021. Accessed July 31, 2022. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>

<sup>5</sup> LGBT Identification in U.S. Ticks Up to 7.1%. Gallup.com. Published February 17, 2022. Accessed July 31, 2022. <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.asp>

<sup>6</sup> Nuttbrock L, Wahng S, Bockting W, et al. Lifetime risk factors for HIV/STI infections among male-to-female transgender persons. *J Acquir Immune Defic Syndr* 2009;52(3):417-421. doi:10.1097/QAI.0b013e3181ab6ed8

<sup>7</sup> CDC. 2019 Viral Hepatitis Surveillance Report. Published October 1, 2021. Accessed July 31, 2022. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm>

**There has been a sharp rise in the number of reported Hepatitis A cases in the US: from 1,390 cases in 2015 to 18,846 cases in 2019.**

person transmission during communitywide outbreaks; these outbreaks have typically occurred among persons who use drugs, persons experiencing homelessness, and MSM.<sup>8</sup> Men are about twice as likely to be diagnosed with Hepatitis A than women. The highest per capita rates of Hepatitis A are found among 30-39 year olds, followed by 40-49 year olds, 20-29 year olds, and 50-59 year olds.<sup>9</sup> Until recently there were not striking racial and ethnic differences in rates of reported Hepatitis A

infection. However, in 2018 and 2019 White non-Hispanic individuals were two to three times more likely than members of other racial and ethnic groups to report infection with Hepatitis A.

Among those being diagnosed with Hepatitis B, Black non-Hispanic and White non-Hispanic individuals have the highest rates of infection, followed by American Indian/Alaska Natives. Hispanics and Asian Pacific Islanders have the lowest rates. 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 than women. The highest per capita rates of Hepatitis B are found among 40-49 year olds, followed by 30-39 year olds, 50-59 year olds.<sup>10</sup> Per capita rates are very low among individuals aged 60 and older, and among 20-29 year olds.<sup>11</sup> Per capita death rates for both Hepatitis A and B are highest among older age cohorts, especially age 45 and older.<sup>12</sup>

**In 2018 and 2019 White non-Hispanic individuals were two to three times more likely than members of other racial and ethnic groups to report infection with Hepatitis A.**

Any sexual activity between men who have sex with men (MSM) can involve risk of Hepatitis A infection. According to the CDC:

Transmission of hepatitis A virus can occur from any sexual activity with an infected person and is not limited to fecal-oral contact. People who are sexually active are considered at risk for hepatitis A if they are MSM, live with or are having sex with an infected person, or inject drugs. Vaccination is the most effective means of preventing hepatitis A transmission among people at risk for infection.<sup>13</sup>

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<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> CDC. Sexual Transmission and Viral Hepatitis.

<https://www.cdc.gov/hepatitis/populations/stds.htm#:~:text=Sexual%20Transmission%20and%20Hepatitis%20A&text=People%20who%20are%20sexually%20active,people%20at%20risk%20for%20infection>. Last updated September 21, 2020. Accessed October 27, 2023.

Hepatitis B can also be transmitted sexually and is relatively widespread among individuals with other STIs. The CDC notes that:

Hepatitis B can be transmitted through sexual activity. Unvaccinated adults who have multiple sex partners, along with sex partners of people with chronic hepatitis B infection, are at increased risk for transmission. Injection-drug use and sexual contact are other common modes of hepatitis B transmission in the United States. Among adults seeking treatment in STD clinics, as many as 10%–40% have evidence of past or current hepatitis B virus infection.

**Among those being diagnosed with Hepatitis B, Black non-Hispanic and White non-Hispanic individuals have the highest rates of infection, followed by American Indian/Alaska Natives.**

For these reasons, the CDC recommends Hepatitis A&B vaccination for all sexually active MSM. While the CDC recommends that all gay and bisexual men get the vaccine, persistent outbreaks indicate that there is a need to mobilize communities as well as healthcare providers to increase Hepatitis A and B vaccine uptake among gay and bisexual men and other MSM.<sup>14</sup> One challenge is that not all clinical providers may be aware of the sexual practices of their patients, and patients may not feel comfortable disclosing their sexual orientation and/or behavior. This is especially true in rural parts of the US.<sup>15</sup> As a result, many providers may not be recommending Hepatitis vaccines appropriately. In addition, vaccination has become a heated debate in the public discourse due to COVID-19, and this may inhibit both community members and health care providers from discussing Hepatitis A and B vaccines.

**Patients may not be comfortable disclosing their same-sex behavior to providers. This is especially true among rural patients.**

Given similarities in STI burden seen between MSM and transgender women, we believe that sexually active transgender women should also get vaccinated against Hepatitis A&B.

## **Factors affecting vaccination**

### **Hepatitis among gay and bisexual men and other MSM**

Gay and bisexual men are more likely to be vaccinated for Hepatitis A and B if they are young, college educated, routinely visit their healthcare provider (HCP), take PrEP, have a high number

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<sup>14</sup> CDC. Viral Hepatitis: Information for Gay and Bisexual Men. Fact sheet. Published online October 2013.

<sup>15</sup> Rosenkrantz DE, Black WW, Abreu RL, Aleshire ME, Fallin-Bennett K. Health and health care of rural sexual and gender minorities: A systematic review. *Stigma Health*. 2017;2(3):229-243. doi:10.1037/sah0000055

of lifetime sexual partners, or disclose their sexual identity.<sup>16,17,18,19,20</sup> Among those unvaccinated without plans to vaccinate, there was a high belief in the protective effects of HAV and HBV vaccines.<sup>21,22</sup> Clinician associated causes can account for as much as 80% of reasons for not receiving an HAV dose.<sup>23</sup> HCP recommendation has been shown to increase by 12.9 times the odds of HAV vaccination and 5.64 times the odds of HBV vaccination among MSM.<sup>24</sup> Numerous studies have shown that when sexual health is freely discussed and sexuality disclosed, health care providers are much more likely to make such recommendations for Hepatitis vaccinations.<sup>25,26,27</sup> MSM may be hesitant to disclose their sexual behaviors or identity to a health care provider due to fears homophobia, and experiencing stigma and discrimination. In fact, MSM in rural areas may be particularly hesitant to disclose their sexual identity to HCPs due to heightened stigma of homosexuality.<sup>28</sup> Among this population of rural MSM, robust associations exist between disclosure and vaccine uptake of Hepatitis A and B, indicating a need to address the structural homophobia found in clinical spaces.<sup>29</sup>

**Sexually active transgender women should also get vaccinated against Hepatitis A&B.**

### **Hepatitis among transgender people**

Disparities of Hepatitis infection are more present across race/ethnicity for transgender women than for MSM. Hispanic and Black transgender women have a much higher incidence of HBV compared to White counterparts. One 2009 study of transgender women living in New York City

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<sup>16</sup> Gilbert LK, Levandowski BA, Scanlon KE, Peterson RS. A comparison of hepatitis A and hepatitis B measures among vaccinated and susceptible online men who have sex with men. *Int J STD AIDS*. 2010;21(6):400-405. doi:10.1258/ijsa.2009.009010

<sup>17</sup> Cohall A, Zucker J, Krieger R, et al. Missed Opportunities for Hepatitis A Vaccination Among MSM Initiating PrEP. *J Community Health*. 2020;45(3):506-509. doi:10.1007/s10900-019-00768-w

<sup>18</sup> Singh V, Crosby RA, Gratzler B, Gorbach PM, Markowitz LE, Meites E. Disclosure of Sexual Behavior Is Significantly Associated With Receiving a Panel of Health Care Services Recommended for Men Who Have Sex With Men. *Sex Transm Dis*. 2018;45(12):803-807. doi:10.1097/OLQ.0000000000000886

<sup>19</sup> Metheny N, Stephenson R. Disclosure of Sexual Orientation and Uptake of HIV Testing and Hepatitis Vaccination for Rural Men Who Have Sex With Men. *Ann Fam Med*. 2016;14(2):155-158. doi:10.1370/afm.1907

<sup>20</sup> Nadarzynski T, Frost M, Miller D, et al. Vaccine acceptability, uptake and completion amongst men who have sex with men: A systematic review, meta-analysis and theoretical framework. *Vaccine*. 2021;39(27):3565-3581. doi:10.1016/j.vaccine.2021.05.013

<sup>21</sup> Gilbert LK, Levandowski BA, Scanlon KE, Peterson RS. A comparison of hepatitis A and hepatitis B measures among vaccinated and susceptible online men who have sex with men. *Int J STD AIDS*. 2010;21(6):400-405. doi:10.1258/ijsa.2009.009010

<sup>22</sup> Nadarzynski T, Frost M, Miller D, et al. Vaccine acceptability, uptake and completion amongst men who have sex with men: A systematic review, meta-analysis and theoretical framework. *Vaccine*. 2021;39(27):3565-3581. doi:10.1016/j.vaccine.2021.05.013

<sup>23</sup> Burrell S, Vodstrcil LA, Fairley CK, et al. Hepatitis A vaccine uptake among men who have sex with men from a time-limited vaccination programme in Melbourne in 2018. *Sex Transm Infect*. 2020;96(2):110-114. doi:10.1136/sextrans-2019-05413

<sup>24</sup> Gilbert LK, Levandowski BA, Scanlon KE, Peterson RS. A comparison of hepatitis A and hepatitis B measures among vaccinated and susceptible online men who have sex with men. *Int J STD AIDS*. 2010;21(6):400-405. doi:10.1258/ijsa.2009.009010

<sup>25</sup> Betts KS. Protection Against STDs, Hepatitis, and HIV/AIDS Includes Talking Openly and Honestly with Sex Partners and Medical Care Providers. *J Gay Lesbian Med Assoc*. 2002;6(3):111-115. doi:10.1023/B:JOLA.0000011066.30850.eb

<sup>26</sup> Friedman MS, Blake PA, Koehler JE, Hutwagner LC, Toomey KE. Factors influencing a communitywide campaign to administer hepatitis A vaccine to men who have sex with men. *Am J Public Health*. 2000;90(12):1942-1946.

<sup>27</sup> Rhodes, S., & Hergenrather, K. (2003). Using an integrated approach to understand vaccination behavior among young men who have sex with men: Stages of change, the health belief model, and self-efficacy. *Journal of Community Health*, 28, 347-362.

<sup>28</sup> Metheny N, Stephenson R. Disclosure of Sexual Orientation and Uptake of HIV Testing and Hepatitis Vaccination for Rural Men Who Have Sex With Men. *Ann Fam Med*. 2016;14(2):155-158. doi:10.1370/afm.1907

<sup>29</sup> Ibid.

found high rates lifetime HBV infection among Hispanic (36%) and Black (35.5%) women compared to White (6.5%) women.<sup>30</sup> Additionally, compared to Hispanic and Black transgender women, White transgender women reported fewer commercial and causal lifetime sex partners, fewer years of injecting female hormones, less gender-related abuse, less lifetime unemployment, less gender identity disclosure, and less female presentation in public.<sup>31</sup> Among Hispanic and Black transgender women, disclosure/expression of gender identity is highly associated with HBV infection. Disparities also exist between transgender women and transgender men, with transgender women showing a higher prevalence of viral Hepatitis compared to transgender men yet receiving less testing for HAV and HBV compared to transgender men.<sup>32,33</sup>

## GOAL

This study was funded by GlaxoSmithKline, a British multinational pharmaceutical and biotechnology company, and sponsored by MPact: Global Action for Gay Men's Health and Rights, an advocacy group focused on the health of gay men and other MSM. The Fenway Institute led the research in close partnership with MPact.

The purpose of this study was to use online focus group conversations to learn more about Hepatitis A & B vaccinations in Black and Hispanic/Latino/x gay and bisexual men and other MSM and among Black and Hispanic/Latina/x transgender women. The goal is to use the information learned to share with community members and providers to inform educational materials and initiatives to increase community uptake of Hepatitis A & B vaccines.

## STUDY DESIGN AND METHODS

This study employed qualitative methods of synchronous online focus groups. Participants were invited to participate in the discussion that was led by a moderator. Questions were presented to the group and participants were encouraged to respond to the moderator as well as each other.

### Overview of methodology

We conducted six online community focus groups, using a semi-structured interview guide, with cisgender gay and bisexual men and other MSM (GBMSM) and transgender and gender diverse (TGD) individuals in partnership with InsideHeads, an online focus group company. Three GBMSM focus groups were in English and one in Spanish. The TGD focus groups were in English. While we tried to recruit Spanish speaking TGD participants, we did not recruit enough for a

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<sup>30</sup> Nuttbrock L, Hwahng S, Bockting W, et al. LIFETIME RISK FACTORS FOR HIV/STI INFECTIONS AMONG MALE-TO-FEMALE TRANSGENDER PERSONS. *J Acquir Immune Defic Syndr* 1999. 2009;52(3):417-421. doi:10.1097/QAI.0b013e3181ab6ed8

<sup>31</sup> Ibid.

<sup>32</sup> Shover CL, DeVost MA, Beymer MR, Gorbach PM, Flynn RP, Bolan RK. Using Sexual Orientation and Gender Identity to Monitor Disparities in HIV, Sexually Transmitted Infections, and Viral Hepatitis. *Am J Public Health*. 2018;108(S4):S277-S283. doi:10.2105/AJPH.2018.304751

<sup>33</sup> Mangla N, Mamun R, Weisberg IS. Viral hepatitis screening in transgender patients undergoing gender identity hormonal therapy. *Eur J Gastroenterol Hepatol*. 2017;29(11):1215-1218. doi:10.1097/MEG.0000000000000950

focus group in Spanish. One Mexican TGD participant took part in an English language focus group. Participants were residents of the U.S. and Mexico.

## RESULTS

We spoke with 22 GBMSM. The racial ethnic breakdown was as follows. Two GBMSM had multiple racial identities:

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

\* These 2 participants are also represented both here and in each row of their self-identified racial categories.

GBMSM ranged in age from 23 to 62. Five lived in Mexico and 17 lived in the United States, from California to Texas to North Carolina. All the U.S. MSM were from states in the southern half of the U.S. In our recruitment efforts we deliberately targeted these regions of the country, regions with significant Black and Latinx/Hispanic populations.

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. Note that many had multiple gender identities. The racial/ethnic breakdown was as follows. Three had multiple racial identities:

|                        |           |
|------------------------|-----------|
| <b>Black</b>           | <b>4</b>  |
| <b>Latinx/Hispanic</b> | <b>4</b>  |
| <b>White</b>           | <b>15</b> |
| <b>Asian American</b>  | <b>3</b>  |
| <b>Native Hawaiian</b> | <b>1</b>  |
| <b>Multiple Races</b>  | <b>3</b>  |
| <b>Other</b>           | <b>3</b>  |



TGD participants ranged in age from 23 to 55. One lived in Mexico, and the others lived in the United States from Massachusetts to Illinois to California. The only southern state represented in the TGD focus groups was Tennessee.

At the outset of the focus groups we asked about insurance coverage, access to health care, and participants' experiences receiving affirming care and care that was not affirming of them as LGBTQ+ people.

In short, the topics assessed in the GBMSM and TGD focus groups and discussed in this brief were:

1. Knowledge/awareness of Hepatitis A & B prevalence and vaccination in gay and bisexual male communities and transgender communities
2. Willingness and motivators to getting vaccinated against Hepatitis A & B
3. Barriers and enablers to accessing Hepatitis A & B vaccines

Note: We have labeled the quotes below in the following way: sexual orientation, gender identity, race/ethnicity, age, location, and focus group type. Participants in the GBMSM groups are all Assigned Male at Birth and identified as a man unless otherwise indicated. There are instances where a person who identified as nonbinary or genderqueer still participated in the GBMSM focus group and you will see their gender identity as part of the label, unlike with the other GBMSM participants.

### **Knowledge and experiences with Hepatitis A & B and other STIs**

Focus group participants displayed significant knowledge of Hepatitis. They knew that Hepatitis is a liver disease, that there are at least three varieties of Hepatitis (A, B and C), and that they are sometimes transmitted sexually, sometimes by sharing needles, and in other ways.

I know there are different diseases, A, B, etc. not sure how they're different from one another.

- *Gay, Black, 40, Texas, MSM Group*

Hepatitis is spread mostly from fecal contamination and Gay men have anal sex and it is very contagious.

- *Gay, Black, 62, South Carolina, MSM Group*

No idea why it is not talked about as much, maybe it's because its less prevalent than HIV.

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

Personal experiences with Hepatitis and other health issues were highlighted as significant factors in driving interest and awareness about sexual health. Participants discussed their knowledge and awareness of hepatitis. One participant had little knowledge of the disease,

while others had firsthand experiences with it. One participant did not show interest in the topic until they received a diagnosis of Hep C.

De mi familia, en algún momento mi abuelo tuvo, pero yo era muy pequeño y no recuerdo mucho. Mi madre tmb [también] me dijo que de pequeño (3 años aprox) comenzaba a tener principios de Hepatitis, según ella por enojón. Ja.

*Translation:* From my family, at some point my grandfather had it, but I was very young and I don't remember much. My mother also told me that when I was little (about 3 years old) I started to have the onset of Hepatitis, according to her because I was irritable. Hah.

- *Gay, Other Race, 39, Mexico, MSM Group*

Acabo de recibir un resultado positivo a hepatitis C, por lo qué me puse a investigar en internet y la información que mi doctor me facilitó... No me habían hablado de nada hasta que recibí mi diagnóstico

*Translation:* 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 and Queer, Black Nonbinary person, 23, Mexico, MSM Group*

### **Accessing information about Hep A & B; identifying the sources and gauging trustworthiness**

Focus group participants identified a wide variety of sources from which they learned about Hepatitis. These sources ranged from personal social networks, including friends, family, and providers, to online sources such as medical websites, social media, and government agency websites. The use of social media and online platforms were commonly cited as sources of information about sexual health and Hepatitis, though medical professionals and advocacy groups were also cited. Participants emphasized the convenience and accessibility of these online platforms, though one participant noted receiving contradictory information through online searches.

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*

Some of it from the doctor when I was getting tested for STIs, most of it from the internet.

- *Gay, Black, 30, Louisiana, MSM Group*

From going to some sex ed classes.

- *Bisexual, Black Trans woman, 33, Illinois, TGD 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*

I know a little about Hepatitis from my mom and from public school health classes.

- *Queer and Bisexual, Other Race Queer person (did not disclose SAAB), 33, Maryland, TGD Group*

Research, health websites, if I have symptoms related to my sexual organs... and by health websites I mean Mayo Clinic or WebMD.

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

I typically stick to NPR or government sites for my info as well as local things if they appear on the news I'll browse the links.

- *Gay, Black, 31, Texas, MSM Group*

Afortunadamente me he integrado a grupos y asociaciones que aportan al tema de VIH y demás y de ahí me nutro de información. Mpac global, vihve libre, inspira y algunos activistas del área.

*Translation:* Fortunately, I have joined groups and associations that contribute to the topic of HIV and other STIs and from there I get my information. Mpac global, VIHve Libre, Inspira and some activists in the area.

- *Gay and Queer, Black Nonbinary person, 23, Mexico, MSM Group*

Reddit, Wikipedia, general forum etc. there are a lot so because its public and editable I just don't trust but I like knowing different kinds of info.

- *Gay, Hispanic/Latino and Other Race, 33, Mexico, MSM Group*

I know about Hepatitis C because a friend got it, and I'm tested every 6 months for Hepatitis B.

- *Gay, Hispanic/Latino and Other Race, 27, Mexico, MSM Group*

Moreover, participants had self-determined ways of assessing the trustworthiness of their knowledge. Sometimes, the veracity of the information was related to exactly how the information was sourced. For example, some participants trusted only information that could be corroborated by people they knew personally and were dubious of things shared widely on social media, or even standard medical information. Conversely, others trusted only information that was backed by peer-reviewed journal articles and government agencies, relying primarily on professionals and experts on sexual health and, more broadly, medical science.

I trust queer friendly health places, they're usually less "judgey" about STIs.

- *Queer and Pan, White Queer person (did not disclose SAAB), 26, New Jersey, TGD Group*

I don't trust social media as far as I can throw it.

- *Bisexual, Black Trans woman, 33, Illinois, TGD Group*

Del gobierno, secretaría de salud, médicos especialistas de la enfermedad y testimonios de pacientes vacunados

*Translation:* From the government, health secretariat, physicians specializing in the disease and testimonials from vaccinated patients.

- *Gay, Other Race, 39, Mexico, MSM Group*

I tend to double check, even triple check info between sources comparing them.

- *Gay, Hispanic/Latino and Other Race, 33, Mexico, MSM Group*

I trust articles and scientific sources because I know they are peer reviewed and go through a process.

- *Gay, Hispanic/Latino and Other Race, 27, Mexico, MSM Group*

I don't necessarily have to cross check with those channels because they always have a government agency highlighted somewhere in the visual or the voiceover.

- *Gay, Black, 31, Texas, MSM Group*

## **Perception of vaccines**

Vaccine perception was primarily shaped by personal experience and access to relevant medical and sexual health information. Participants were concerned primarily with side effects of

vaccines and being able to access information as needed about the drug. Virtually all participants were open to vaccination and expressed intent to be vaccinated if presented the option. Many said they were already vaccinated against Hepatitis at an early age. Some were interested in whether a booster shot was needed. A few participants described being hesitant to get vaccinated, and expressed medical mistrust rooted in conspiracy theories about the government. Others said that they knew someone personally who held such beliefs. While these opinions were rare, they, nonetheless, illuminated the fraught relationship many LGBTQ+ people have with medical, research, and government institutions.

In the Spanish language MSM focus group, attitudes towards vaccination were mixed. Participants had mixed opinions about the efficacy of vaccines. Some believed that they were effective in preventing diseases, while others expressed doubts about their overall effectiveness, especially regarding the flu vaccine. They also expressed some vaccine hesitancy, citing concerns about potential side effects. However, they were interested in receiving more information on vaccines, including benefits and side effects, and were open to the idea of vaccination. All participants noted that COVID-19 had an impact on their attitudes towards vaccines. One participant gained confidence in the efficacy of vaccines to prevent disease and protect their health, but also noted a concern about a lack of trustworthy and reliable information on vaccines and their potential side effects.

I had a really tough time getting vaccinated for monkey pox, so that would be my only concern: being able to get the vaccine I needed timely and with little effort.

- *Gay, Black, 40, Texas, MSM Group*

If there is a vaccine, I would like to inquire about it with my healthcare professional and see if it would be something I can get. Side effects are something worth noting as well.

- *Gay and Queer, White, 23, Mexico, MSM Group*

I still believe that all these diseases are man-made and can be cured... In my mind these diseases are meant to control human population[.] [T]hey have the cure for everything and can give it to anybody but they choose not to.

- *Bisexual, Black Trans woman, 33, Illinois, TGD Group*

I'm only willing if I feel I have risk factors.

- *Gay, Black, 32, Texas, MSM Group*

Yo tengo mi decisio dividida sobre el tema de vacunas, por un lado creo que sirve para control y prevencion en las masas, pero por otro lado creo que no son del todo eficaces... la influenza y el covid es lo que me ha llevado a tener una decisio dividida sobre el tema.

*Translation:* I have a divided opinion on the topic of vaccines, on the one hand I think they are useful for control and prevention in the masses, but on the other hand I think they are not entirely effective... influenza and covid is what has led me to have a divided opinion on the subject.

- *Gay, Other Race, 39, Mexico, MSM Group*

Las vacunas deberían ser de fácil acceso, que sea decisión de cada persona aplicársela o no.

*Translation:* The vaccines should be easily accessible, it should be up to each person to decide whether to take them or not.

- *Gay and Queer, Black Nonbinary person, 23, Mexico, MSM Group*

Sobre las vacunas, me parece lo hacen ver como una obligación, cuando en realidad deberían informar tanto sobre los beneficios como los efectos secundarios

*Translation:* I think they make it seem like an obligation, when in fact they should inform about the benefits as well as the side effects of vaccines.

- *Gay, 41, Mexico, MSM Group (no racial identity specified)*

Side effects were a particularly important factor in determining whether participants would get vaccinated. Additionally, participants were concerned about the efficacy of the vaccine and whether it is worth the risk of experiencing side effects.

Like someone mentioned earlier. I'd like to know the side effects and efficacy of the vaccine. Also risk factors for catching hep. If I'm not really at risk, I probably wouldn't take another vaccine.

- *Gay, Black, 32, Georgia, MSM Group*

I want to know what it does to the liver...I'm very cautious about taking things. That's why I took longer to take PrEP...I know PrEP has some kidney side effects, but I know Hepatitis is related to the liver.

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

Some participants said that COVID and Mpox did not change their overall opinion on vaccines but did note that discourse surrounding vaccines made them more personally vigilant about getting vaccinated. Some participants felt that the epidemics made them more considerate of the possible side effects when getting vaccinated. One participant said that he had become more trusting of vaccines.

It did, positively, if I can take a vaccine for all STIs it would make me feel a lot better about life, same way that covid vaccines lessened my fear of getting covid.

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

I've always been a proponent of getting vaccines. Last two years have not changed that.

- *Gay, Black, 40, Texas, MSM Group*

If anything I have gotten more trustworthy about vaccines. I always got what I needed to but I am especially pro-vaccine now, especially seeing how anti-vaccine rhetoric is used by far-right fascists who also hate LGBTQ+ folks.

- *Gay and Queer, White Trans man, 27, Massachusetts, MSM Group*

I am much more worried about mass disinformation and resistance to vaccines now than 3 years ago.

- *Queer and Bisexual, Other Race Queer person (did not disclose SAAB), 33, Maryland, TGD Group*

Factors that shaped participant intent and desire to be vaccinated included accessibility of the vaccine. Participants discussed potential barriers that may prevent one from getting the vaccine, and what options could help facilitate their getting the vaccine. Barriers discussed included affordability and insurance coverage, lack of information and awareness of Hepatitis itself, and lack of knowledge about vaccines against Hepatitis. Additionally, some participants discussed in detail the many structural and institutional barriers in place (e.g., insurance access, cumbersome logistics of receiving the vaccine, vaccine rollout plans that de-prioritize communities of color) for many queer and trans people, particularly queer and trans people of color, to access medical care and preventative measures at large.

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

- *Bisexual, Asian American and White, 35, California, MSM Group*

For me it's only the frequency and the number of doses required.

- *Gay, Black, 40, Texas, MSM Group*

I was offered the vax for monkeypox because I have epilepsy and other minor conditions. I couldn't accept because I couldn't get time off work and the supply would have been out afterward. I would have taken it though.

- *Gay, White, 41, Mexico, MSM Group*

I feel like Hepatitis is not top of many people's minds. It feels like an "old school" disease or issue...It's just not being discussed in the spaces I frequent at all.

- *Gay, Black, 40, Texas, MSM Group*

Other factors that influenced vaccine perception and willingness to get vaccinated included the setting and/or location of the vaccine administration. People wanted to ensure their comfort, safety, and privacy by prioritizing LGBTQ-friendly clinics and community organizations that can act as vaccination sites. Additionally, some participants discussed people in their lives, including providers, who could motivate or influence them to be vaccinated.

I would take the vaccine and encourage others to take it, my sister is in medical school, so she usually pressures me to get vaccinated.

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

If the vaccine is safe, then I'd take it. My friends and I have always been open about the concept of sex and safe sex, and they have come to me with questions, as they know I am very open about it.

- *Gay and Queer, White, 23, Mexico, MSM Group*

Honestly, what would determine it for me is my partner - they're a doctor, and I trust their opinion on this above all else, so I would ask them first. But theoretically, if I was still on the fence, I would be influenced by peers first.

- *Gay, White Queer person (AFAB), 29, California, TGD Group*

I think companies that offer low-cost wellness checks like pride centers or LGBT centers.

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

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, you'd know that they know it's effective on you and will help you.

- *Gay, Black, 30, Louisiana, MSM Group*

Many of the things that participants described as potential facilitators to acquiring vaccines were direct contrasts to the barriers they listed. Several people stated plainly that to facilitate vaccine distribution and uptake, the barriers need to be removed. Thus, ideas to increase or facilitate vaccination focused on removing financial and insurance barriers, increasing access to information about vaccines, and diversifying providers who administer them.

Is it covered by health insurances?

- *Gay, Black, 30, Louisiana, MSM Group*

I would need them to explain how that recommendation applies to me. Exactly what from my previous medical history makes me a good candidate for it.



- *Gay, Black, 32, Texas, MSM Group*

I'd want to know why? My behaviors aren't "risky", so I'd need answers on why they recommend I get it.

- *Gay, Black, 32, Georgia, MSM Group*

### **Barriers to insurance coverage**

Participants raised concerns about how what insurance policies cover can change from year to year, and how there is lack of clarity regarding what will be covered. They also talked about socioeconomic barriers to accessing insurance, especially for transgender people.

I also hate how confusing insurance is and how things keep changing every year on what's covered and what's not. It seems like it's always a surprise...I hate that what I'm paying for is never clearly defined year to year. The quality is great but the confusion of what's covered and what's not bothers me.

- *Bisexual, Asian American and White, 35, California, MSM Group*

Yes, health insurance is harder to get for trans people because we are more likely to be unemployed.

- *Gay, White Queer person (Assigned Female at Birth), 29, California, TGD Group*

### **Positive healthcare experiences and ideal provider qualities**

Participants spoke of affirming experiences with health care providers regarding their sexual orientation and gender identity. Gay and bi men talked about the value of having a gay provider, or a straight provider who is nonjudgmental of their sexual behavior. They also spoke of the importance of BIPOC (Black, Indigenous, and People of Color) individuals having a provider of color.

My PCP [primary care provider] is a part of a gay medical practice, all of the clients are MSM. I chose this route because I feel like I can be my honest self with him. Also, I feel like in the past straight doctors have left out very important info. Such as the HPV vaccine.

- *Gay, Black, 32, California, MSM Group*

I think I feel more comfortable with individuals in the healthcare field who ha[ve] been taught how to deal with gender identity rather than just a regular healthcare professional.

- *Bisexual, Black Trans woman, 33, Illinois, TGD 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*

## **Negative healthcare experiences that manifested clinical and cultural incompetence**

Participants noted feeling a lack of comfort and empathy in medical spaces and some reported experiences in which they felt they were treated differently or judged by their providers due to the stigma surrounding their sexual orientation or sexual practices and related their diverse gender identities.

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*

When the first person I talked to didn't address me correctly, it made me feel like leaving, to be honest. I already have a huge phobia about healthcare, and it doesn't take much for me to feel like "oh here we go again..."

- *Queer, White Trans man, 53, District of Columbia, TGD Group*

In the Spanish language gay and bisexual men's focus group, which had many Mexican participants, this lack of comfort and empathy in healthcare settings was especially prevalent in public healthcare, in contrast to more positive experiences with specialized organizations or non-governmental organizations.

Sinceramente yo siendo usuario de un seguro social nunca me he sentido cómodo respecto a la atención médica recibida, aún falta mucha empatía y capacitación al personal de salud. Desde el uso de pronombres...o sentirme juzgado por el número de parejas sexuales que he tenido.

*Translation:* Honestly, me being a user of a social insurance I have never felt comfortable with respect to the medical care received, there is still a lack of empathy and training of health care personnel. From the use of pronouns...or feeling judged by the number of sexual partners I've had.

- *Gay and Queer, Black Nonbinary person, 23, Mexico, MSM Group*

No, siento que muchos médicos nos tratan como un número más, en ocasiones me ha tocado que no me miren ni a los ojos, siento la atención muy robotizada o sistematizada.

*Translation:* No, I feel that many doctors treat us as just another number, sometimes they haven't even looked me in the eye, I feel that the care is very robotic or systematized.

- *Gay, Other Race, 39, Mexico, MSM Group*

Uf, creo solo me sentí cómodo en una ocasión, esto fue cuando acudí a una ONG solicitando asesoría después de haber recibido mi diagnóstico como seropositivo.

*Translation:* uf, I think I only felt comfortable on one occasion, this was when I went to an NGO [non-governmental organization] for counseling after I was diagnosed as HIV positive.

- *Gay, 41, Mexico, MSM Group (no racial identity specified)*

### **Suggested improvements for experiences in healthcare; desired/preferred provider qualities**

Participants report that language, tone, and communication are vital in healthcare interactions. Language should be free of stigma and prejudice and more understandable than it often is for non-medical professionals (that is, it must be more accessible and use less jargon). Focus group participants would feel much more comfortable and supported in spaces where the provider is warm and empathetic, and detailed in their explanations. Participants believe that healthcare professionals need to be trained and knowledgeable about the health needs of men who have sex with men. Suggested improvements included practices promoting themselves as LGBT friendly, displaying rainbow flags and other indicators of inclusiveness in the waiting room, asking patients their sexual orientation and gender identity (SOGI), and asking them what terms they use to refer to their anatomy.

I guess if they promoted themselves as being LGBT friendly somehow, or if some of the staff were part of the community, it would make me feel more comfortable.

- *Bisexual, Asian American and White, 35, California, MSM Group*

Desde empezar con un Buenos días y ser amables. Dejar un lado el prejuicio. Ser cálidos, al final del día están brindando un servicio a una persona que no sabes cómo está emocionalmente en ese momento.

*Translation:* From starting with a good morning and being nice. Put prejudice aside. Be warm, at the end of the day they are providing a service to a person who you do not know the emotional state of in that moment.

- *Gay and Queer, Black Nonbinary person, 23, Mexico, MSM Group*

The fact that my PCP is straight but still goes out of their way to make me comfortable, I'd say he does enough.

- *Gay, Black, 30, Louisiana, MSM Group*

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*

Podrían partir de la idea que no somos profesionales de servicios médicos, que no tenemos sus conocimientos en el área y que la salud es nuestra prioridad, por algo acudimos a ellos.

*Translation:* They could start from the idea that we are not medical professionals, that we don't have their expertise in the area and that our health is our priority, that's why we go to them.

- *Gay, 41, Mexico, MSM Group, (no racial identity specified)*

**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***

## CONCLUSION

GBMSM and TGD communities are at elevated risk of Hepatitis A & B in the U.S., comprising about 10% of new Hep A infections and 20% of new Hep B infections each year, even though we are only 4-5% of the adult population. For this reason, ACIP has long recommended that all MSM be vaccinated against Hep A&B. Similar disparities may exist for transgender women, if Hep A&B follow similar patterns to HIV and syphilis. Black and Latino Americans are less likely than White and Asian Americans to be vaccinated for Hepatitis A, and Hep B vaccination rates are lowest among Black and Mexican American individuals, when data are adjusted for age and sex. Overall, regardless of race and ethnicity, most gay and bi men and transgender people are not vaccinated for Hep A&B. Hep A infections have increased 13-fold over the past decade, and while Hep B infections are declining overall, they are increasing among older adults.

When health care providers recommend Hep A vaccination to patients who are MSM, they are 13 times more likely to get vaccinated. When health care providers recommend Hep B vaccination to MSM patients, they are nearly six times as likely to get vaccinated. Disclosure of sexual orientation and same-sex behavior by patients to providers are resiliency factors for HIV and STI screening. Because we wanted to better understand gay and bi men's and transgender peoples' experiences with health care providers and to ease into the discussion of Hepatitis and sexual health, we asked several questions about positive and negative experiences in health

**When health care providers recommend Hep A vaccination to patients who are MSM, they are 13 times more likely to get vaccinated.**

care. We presented these findings near the end of this brief. Participants said that they preferred providers who had been trained in how to provide affirming care to LGBTQ+ patients. Some expressed a preference for LGBTQ+ providers and providers of color. Many TGD participants and MSM participants described interactions with health care providers that were not affirming and that were judgmental and even voyeuristic.

GBMSM and TGD community members possess some moderate knowledge of Hepatitis A, B, and C, but have questions about the diseases and how they are transmitted, and about the vaccines. Some participants in both the Spanish and English focus groups expressed vaccine hesitancy, but participants also expressed a desire to learn more about Hepatitis and the vaccines to make informed decisions. Many wanted to know about side effects of the vaccine, as well as about their chances of contracting Hepatitis. This might affect their calculation as to whether to get vaccinated. Most expressed a willingness to get vaccinated and said that they trust medical providers and websites like WebMD and the Mayo Clinic, as well as government websites and specific, LGBTQ-friendly health centers to provide accurate information. Some participants said that celebrities could effectively promote vaccination, while others said they would prefer testimonials from non-famous individuals who have been vaccinated. These focus groups provide significant information that, when combined with the results of the provider focus groups, can inform effective efforts to increase HAV and HBV vaccination in priority populations.

**Most expressed a willingness to get vaccinated.**

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