THE FENWAY INSTITUTE

Providers' perspectives on Hepatitis A and B vaccination for gay and bisexual men and transgender people.

M•PACT

Providers' perspectives on Hepatitis A and B vaccination for gay and bisexual men and transgender people

By Sean Cahill, Jonathan Hill-Rorie, and A. Javier Granados

BACKGROUND AND SIGNIFICANCE

Hepatitis vaccines are available and accessible, yet many gay and bisexual men and other men who have sex with men (GBMSM) – especially GBMSM men of color – are unvaccinated.[1] Hepatitis A and B rates in the US remain disproportionately high among GBMSM, indicating a lack of vaccine use. According to the CDC, about 10% of new Hepatitis A cases and 20% of new Hepatitis B cases occur among gay and bisexual men each year.[2] This is a higher percentage than the 4.5% of men who identified as gay or bisexual in 2021, which is only about 2% of the adult population, according to the Gallup Poll.[3]

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.

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.[4] Most cases of Hepatitis A in the United States are a result of person-to-person transmission during communitywide outbreaks; these outbreaks have typically occurred among persons who use drugs, persons experiencing homelessness, and MSM.[5] 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.[6] 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

---

[1] 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

[2] CDC. 2019 Viral Hepatitis Surveillance Report. Published October 1, 2021. Accessed July 31, 2022. https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm

[3] 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

[4] CDC. 2019 Viral Hepatitis Surveillance Report, 2021. 2.

[5] Ibid.

[6] Ibid.

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 Indians/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.[7] Per capita rates are very low among individuals aged 60 and older, and among 20-29 year olds.[8] Per capita death rates for both Hepatitis A and B are highest among older age cohorts, especially age 45 and older.[9]

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.

While the CDC recommends that all GBMSM get the vaccine, the sharp rise in Hepatitis A prevalence and the disproportionate burden of both A and B on GBMSM indicate that there is a need to mobilize communities as well as healthcare providers to increase Hepatitis A and B vaccine uptake.[10] 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 identity and/or behavior. This is especially true in rural parts of the US.[11] 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. In 2023 the CDC issued new guidance recommending that all individuals 18 years and older in the U.S. be screened for Hepatitis B at least once in their lifetime using a triple panel test. Universal screening is needed because "[m]any people might be reluctant to disclose stigmatizing risks."[12]

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

---

[7] Ibid.
[8] Ibid.
[9] Ibid.
[10] CDC. Viral Hepatitis: Information for Gay and Bisexual Men. 2013.
[11] 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 and Health*. 2017;2(3):229-243. doi:10.1037/sah0000055
[12] U.S. Department of Health and Human Services. Hepatitis B Basic Information. Accessed January 4, 2024. https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-b-basics/index.html#:~:text=screening%20and%20testing-

Factors affecting vaccination

Hepatitis among gay and bisexual men and other MSM

GBMSM are more likely to be vaccinated for Hepatitis A and B if they are young,[13] college educated, routinely visit their healthcare provider (HCP), take PrEP,[14] have a high number of lifetime sexual partners, or disclose their sexual identity.[15,16,17,17] Among those unvaccinated without plans to vaccinate, there was a high belief in the protective effects of HAV and HBV vaccines.[18,19] Clinician-associated causes can account for as much as 80% of reasons for not receiving an HAV dose.[20] 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.[21] 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.[22,23,24] MSM may be hesitant to disclose their sexual behaviors or identity to a HCP 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.[25] 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 in clinical spaces.[26]

,All%20adults%20aged%2018%20years%20and%20older%20are%20recommended%20to,regardless%20of%20disclosure%20of%20risk.

[13] 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.

[14] 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.

[15] Singh V, Crosby RA, Gratzer 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.

[16] 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.

[17] 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.

[17] Gilbert et al., 2010.

[18] Gilbert et al., 2010.

[19] Nadarzynski et al., 2021.

[20] 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

[21] Gilbert et al., 2010.

[22] 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.

[23] 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.

[24] 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.

[25] 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

[26] Ibid.

Hepatitis among transgender people

The 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 found high rates of lifetime HBV infection among Hispanic (36%) and Black (35.5%) women compared to White (6.5%) women.[27] 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 dressing in the female role in public.[28] 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: transgender women experience a higher prevalence of viral Hepatitis compared to transgender men yet receive less testing for HAV and HBV compared to transgender men.[29]

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 men who have sex with men.

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 GBMSM 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.[30] Participants were invited to participate in the discussion led by a moderator. Participants were encouraged

---

[27] Nuttbrock L, Hwahng S, Bockting W, et al. Lifetime risk factors for HIV/sexually transmitted infections among male-to-female transgender persons. *J Acquir Immune Defic Syndr*. 2009;52(3):417-421. doi:10.1097/QAI.0b013e3181ab6ed8

[28] Ibid.

[29] 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; 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

[30] *Synchronous* just means that the focus groups lasted for a limited period of time, about 90 minutes, and all participants were in the focus group at the same time. *Asynchronous* online focus groups are like chat rooms that are open for several days, and participants are asked to go in once or twice a day and answer questions and respond to other participants' comments.

to respond to moderator questions and engage in crosstalk with other participants in an online chatroom.

Overview of methodology

We conducted two online provider focus groups, using a semi-structured interview guide, with primary care providers (e.g., doctor, nurse, physician's assistant) along with InsideHeads, an anonymous online focus group company. All focus groups were conducted in English and participants were residents of the United States. We collected age, state, race/ethnicity, and sexual orientation and gender identity (SOGI) data for all participants.

RESULTS

We interviewed 8 providers in total. There was equal representation of men and women, with no transgender or other gender diverse participants. Participant ages ranged from 30 to 46 years old and were from various states around the US, including California, Massachusetts, Tennessee, Kansas, and Mississippi. There was sexual orientation diversity with various providers identifying as queer, gay, or bisexual. Many providers identified as White or a race not listed, with two providers identifying as Asian.

Topics explored in the provider focus groups were:

1. Knowledge/awareness of Hepatitis A & B prevalence in gay and bisexual male communities. Knowledge/awareness of Hepatitis A & B vaccination. Willingness to vaccinate gay and bisexual male patients and transgender women patients.

2. Potential barriers to Hepatitis A & B vaccination for LGBTQ patients (patient-level, insurance, health care access, medical mistrust). What kinds of provider training and technical assistance, patient navigation or health linkage assistance could help patients overcome systemic, structural barriers to accessing Hepatitis A&B vaccines? What about medical mistrust?

3. We asked broader questions about vaccine knowledge and awareness, including COVID-19 vaccination, HPV, and willingness to offer a gonorrhea vaccine (currently in clinical trials).

Patient Knowledge/Awareness of Hepatitis and Current Provider Education Practices

Providers commented that they have low confidence in their patients being knowledgeable about Hepatitis. However, some did note that a few of their patients may have a rudimentary

understanding of Hepatitis, acknowledging it as a sexually transmitted infection but may sometimes confuse the different strains of the virus.

> I don’t think many of my patients are aware of the differences until I educated them on modes of transmission, vaccine series, etc.
>
> - *Bisexual, Other Race, Female, 30, California*

> Probably not a lot of awareness honestly, we don't talk about Hep A as much since the transmission is so different.
>
> - *Heterosexual, White, Female, 40, Kansas*

> I don't think there is an awareness on HAV and HBV among general populations out there, as most of them cannot differentiate the difference between the 2 e.g., mode of transmission.
>
> - *Gay and Queer, Asian, Male, 43, California*

Despite providers’ perceptions of low baseline Hepatitis knowledge, some providers only bring it up in the context of needing to provide boosters or as part of a discussions regarding standard childhood vaccinations. Based on provider responses, conversations regarding Hepatitis are rarely, if ever, patient-driven unless that patient is actively being treated for a Hepatitis infection or living with HIV and has been educated about the potential risks of comorbid infections.

I don't think there is an awareness on HAV and HBV among general populations out there, as most of them cannot differentiate the difference between the 2 e.g., mode of transmission.

- *Gay and Queer, Asian, Male, 43, California*

> I discuss Hepatitis B fairly often. I provide care to health care employees at risk of exposure and provide boosters.
>
> - *Bisexual, White, Female, 30, Mississippi*

> We talk about Hep B being a routine childhood vaccine for those who were vaxed and Hep A being recommended for some populations (including MSM and other queer-identified folks), and review what is needed for each patient.
>
> - *Queer, White, Female, 46, Massachusetts*

Vaccine Acceptability and Accessibility

Providers discussed the various things that go into the decision-making process for their patients when talking about getting vaccinated. They were able to provide information about Hepatitis specifically and vaccines more generally. Most patients tend to be very accepting of vaccines and are largely unconcerned about Hepatitis, so have little to no issue with being vaccinated.

> I think in our practice it's treated as very routine, so patients react as such (meaning, it's usually not a big deal).
>
> - *Queer, White, Female, 46, Massachusetts*

> Most are receptive. A small fraction perceives no risk and decline vax. Our patients are usually not bothered either way.
>
> - *Gay, White, Male, 42, California*

> Of the least sensitive (sexual history, STDs, etc.). We give a lot of vaccines in our practice so it's just another shot to most of them.
>
> - *Heterosexual, White, Female, 40, Kansas*

However, based on provider response, some patients' acceptance of vaccines depended on the purpose of the vaccine. For instance, patients sometime chose to forego COVID-19 vaccinations but were open to receiving all others. Some providers discussed how the COVID-19 pandemic affected their patients' perceptions of vaccines and potentially made them more hesitant to receive new ones. The COVID-19 pandemic and MPox outbreak affected vaccine perception for some patients and impacted some provider recommendation behaviors. Providers also discussed that fear and vaccine hesitancy that arose during these two health crises may have influenced their patients' perceptions and vaccine seeking behaviors both positively and negatively.

Most are receptive. A small fraction perceives no risk and decline vax. Our patients are usually not bothered either way.

- *Gay, White, Male, 42, California*

> I definitely had patients who refused COVID but got everything else we recommended vaccine wise. We try to get everyone to get vaccines, so it did not alter my stance. I just gave my spiel about vaccine importance more.
>
> - *Heterosexual, White, Female, 40, Kansas*

COVID worsened baseline vaccine hesitancy. It hardened the stance many patients took. Many more refusals of the flu shot after COVID vaccine fear took hold.

- *Bisexual, White, Female, 30, Mississippi*

MPox outbreak motivated me to recommend MPox vaccine a lot more.... now with recent outbreak I started recommending it again to my pts[patients] who I think would benefit from being fully vaccinated.

- *Bisexual, Other Race, Female, 30, California*

Stigma was a problem for highly publicized and politicized illnesses like MPox and COVID-19 and was a source for some negative vaccine perceptions from patients when recommended. Providers were also concerned about targeted messaging to increase Hepatitis vaccine uptake due to anti-LGBTQ stigma. Additionally, some providers noted a hesitancy around vaccines and general healthcare mistrust with certain racial demographics and people with undocumented immigrant status.

[It was d]ifficult to convince patients to get MPox vaccine due to concerns about stigma.

- *Bisexual, White, Female, 30, Mississippi*

To avoid stigma for Hep A and B, really appropriate for anyone to receive. If we target MSM and TGW specifically, may leave others feeling invulnerable to Hep A and B, which is not true. Hep B is super infection.

- *Gay, White, Male, 42, California*

Pharma ads get a lot of attention and interest from pts about medications. [T]here may be a different perception with vaccines, unfortunately due to the covid politicization [in the US].

- *Gay, White, Male, 42, California*

I completely agree, not every patient is honest and open about their sexuality so then you would have patients that may qualify but don't want it because they don't want to talk about it.

- *Heterosexual, White, Female, 40, Kansas*

[It was d]ifficult to convince patients to get MPox vaccine due to concerns about stigma.

- *Bisexual, White, Female, 30, Mississippi*

Hepatitis was not a primary concern for most patients and thus did not receive significant pushback if it was recommended. Additionally, patients may perform an internal/self-risk assessment as part of their desire to receive either Hepatitis vaccine.

Hep A is declined more than Hep B (although I offer twinrix if indicated). I think a lot of patients don't perceive themselves as being high risk for A.

- *Queer, White, Female, 46, Massachusetts*

Most of the time when pts hear that Hep B immunity can dissipate with time, they feel motivated to know their immune status in order to prevent infection.

- *Bisexual, Other Race, Female, 30, California*

Most of the time when pts hear that Hep B immunity can dissipate with time, they feel motivated to know their immune status in order to prevent infection.

- *Bisexual, Other Race, Female, 30, California*

Many providers discussed how institutional and structural barriers to healthcare access were significant reasons for people being unvaccinated. Lack of proper transportation, inability to make appointments, and financial constraints were all considerations in poor vaccine uptake/regimen completion. Additionally, providers spoke about how certain demographic characteristics like undocumented status, race/ethnicity, and gender can impact access to vaccines.

Return visits are hard for people with transportation issues or general life stuff going on that makes medical care a low priority.

- *Queer, White, Female, 46, Massachusetts*

This is a huge problem in our office, we tend to just give them whenever they show up. Transportation, having to miss work, overall low priority to the patient often.

- *Heterosexual, White, Female, 40, Kansas*

If they don't have a specific reason to come back to clinic other than a second dose of vaccine, then it's hard to get pts to come back. If they have to f/u for another complaint then it's easier to do second dose like that.

- *Bisexual, Other Race, Female, 30, California*

Return visits are hard for people with transportation issues or general life stuff going on that makes medical care a low priority.

- *Queer, White, Female, 46, Massachusetts*

I am primarily now in a charity clinic involving resident physicians. We do not have funding to test for Hep A total Ab [antibody]. But residents and colleagues are on board with education…Getting vaccines is also an issue and we typically refer to the local health department…[The barrier is] funding. Because ours is a charity clinic run by donations (no federal or local funding)…Majority of our patients cannot go anywhere else coz of lack of insurance or non-documented status. We do it during routine visits. Most South/Central American countries and Mexico do not offer Hep A or Varicella vaccines. So, for kids, we have secured these vaccines. But for adults, we are struggling to get them. My patient population has been very proactive if they are offered in our clinic.

- *Heterosexual, Asian, Male, 46, Tennessee*

Provider Responses for Optimal Patient Outreach/Education

Providers provided feedback on the optimal ways to produce informational content to patients about Hepatitis and the best ways to circulate and amplify that information. Many providers were proponents of increasing opportunities to discuss Hepatitis in person with their patients during routine visits. They also noted that despite being personally comfortable to initiate the conversation, getting patients to feel more comfortable and knowledgeable about Hepatitis to bring it up own their own would be ideal. Many discussed what could be described as bolstering patient autonomy and developing self-efficacy and ownership around one's health. They also stressed the importance of ensuring that conversations and content developed about Hepatitis are culturally relevant.

I just explain we want to keep them as healthy as possible and will do everything we can to prevent illness. Typically, they respond positively and take whatever recommendations I make.

- *Heterosexual, White, Female, 40, Kansas*

I would typically bring it up as part of a discussion about risk assessment and screening. I don't really feel any kind of way about having the conversation—except that discussion of rimming makes people uncomfortable sometimes.

- *Queer, White, Female, 46, Massachusetts*

I really don't have any fears about talking about it. I just explain we want to keep them as healthy as possible and will do everything we can to prevent illness. Typically, they respond positively and take whatever recommendations I make.

- *Heterosexual, White, Female, 40, Kansas*

I think allowing patients to consider the decision to vaccinate ahead of time and ask any clarifying questions might improve acceptance. I do think some patients feel put on the spot when it is brought up and will defer to avoid making a decision.

- *Bisexual, White, Female, 30, Mississippi*

I think allowing patients to consider the decision to vaccinate ahead of time and ask any clarifying questions might improve acceptance.

- *Bisexual, White, Female, 30, Mississippi*

Provider Requests for Educational Content and Platforms

Focus group participants also provided input on what types of information would be most useful for increasing vaccine distribution and increasing providers' patient education. Providers also formats in which content could be best delivered, and formats that would be less advantageous.

I don't watch webinars but it's a time issue more than anything else…Re: frequency, I would say when there is significant news to report, but I don't pay much attention to daily or weekly updates. It's too much.

- *Queer, White, Female, 46, Massachusetts*

Live webinars. Something motivating about the live aspect. Even if recorded and archived, I don't access those. Need the live aspect to motivate me.

- *Gay, White, Male, 42, California*

Because there is less reimbursement/incentives for non-flu vaccines at our hospital, there is always this annual campaign about flu vax uptake. No such thing for Hep A and B vaccines.

- *Gay, White, Male, 42, California*

Sometimes I watch webinars, archived, I can usually not watch live with my schedule. I'm more likely to read a summary though.

- *Heterosexual, White, Female, 40, Kansas*

Some providers noted institutional and structural components that may increase awareness and potentially incentivize their workplaces to invest more in hepatitis education.

Because there is less reimbursement/incentives for non-flu vaccines at our hospital, there is always this annual campaign about flu vax uptake. No such thing for Hep A and B vaccines.

- *Gay, White, Male, 42, California*

I think my clinic would want to know how to procure at low cost. For me personally, would want a table of adverse effects and percentages based on real-world info/vaccine registries.

- *Gay, White, Male, 42, California*

CONCLUSION

GBMSM and TGD communities are at elevated risk of Hepatitis A & B in the U.S. GBMSM comprise about 10% of new Hepatitis A infections and 20% of new Hepatitis B infections each year, even though we are only 2-3% of the adult population. For this reason, ACIP has long recommended that all MSM be vaccinated against Hepatitis A&B. Similar disparities may exist for transgender women, if Hepatitis 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 Hepatitis 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 Hepatitis A&B. Hepatitis A infections have increased 13-fold over the past decade. While Hepatitis 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 Hepatitis A vaccination to patients who are MSM, they are 13 times more likely to get vaccinated. When health care providers recommend Hepatitis 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. It is also important for providers to discuss the disproportionate burden of Hepatitis A & B on GBMSM and TGD communities.

Providers also discussed the importance of addressing concerns about waning effectiveness of vaccines accessed decades ago. This is a concern that also came up in community focus groups with GBMSM and TGD individuals. Clear messaging on this topic is needed.

While there is variability in how providers assess community knowledge about Hepatitis, there is alignment among providers (and with community members) that responsive and culturally relevant information is the best way to communicate information to patients about Hepatitis. There is also agreement that broad systemic barriers to healthcare access affect patients' abilities to educate themselves or act on any knowledge they already have, such as getting vaccinated. Combating stigma and other structural barriers can help increase educational effectiveness by ensuring community members feel confident and comfortable accessing the available resources. Discussing vaccination in the context of risk reduction education is an effective way to promote healthy sexuality and disease prevention and reduce stigma related to sexual behavior.

Patients have concerns about waning effectiveness of vaccines gotten decades ago. These concerns came up in both patient and provider focus groups. Clear messaging on this topic is needed.

In terms of modalities for provider education about Hepatitis A&B vaccination with GBMSM and TGD patients, some providers said that only live webinars attracted them. Others said they didn't have time for webinars, even archived ones. It is clear that multiple modalities should be deployed to educate and update providers on changes in the epidemiology of Hepatitis A&B and GBMSM and TGD communities and the importance of patient education and vaccination.

ACKNOWLEDGEMENTS

Written by: Sean Cahill PhD, Jonathan Hill-Rorie MPH, A. Javier Granados MPH

Thanks to Andrew Spieldenner, Alex Garner, and Kevin Williams (MPact), Sean King, Kenneth H. Mayer MD, Taimur Khan MD, Jessica Kraft FNP MSN MPH, Luke Pangan Petrosky, Genesis Valera, Cassie Vuong (Fenway Institute), and Jen Dale and Cynthia Tello (InsideHeads).

Funded by Glaxo Smith Kline through MPact: Global Action for Gay Men's Health and Rights.

Cover Graphic Design: Tanika Mckenzie

Body Graphic Design: Whitney Crebase MPH