



Hepatitis A Outbreak in Men who have Sex with Men in a Tertiary Care Facility in Romania

Cristiana Oprea^{1,2}, Adrian Paun¹, Tudor Paduraru¹, Ionut Popa¹, Irina Ianache¹

¹ Victor Babes Clinical Hospital for Infectious and Tropical Diseases, Bucharest, Romania

² Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

Background

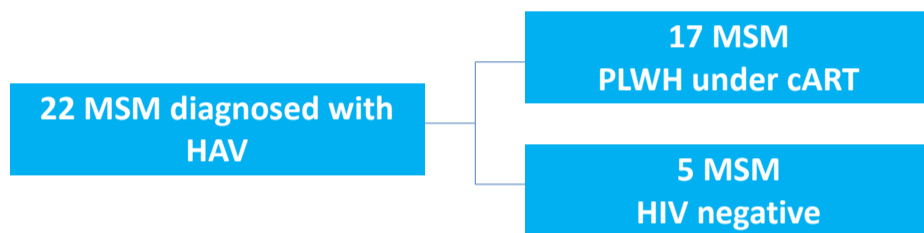
- Faecal-oral transmission through sexual activity is a recognised route of hepatitis A (HAV) transmission and there have been outbreaks of hepatitis A among MSM (men who have sex with men) in recent decades.
- The aim of our study was to assess the clinical features, laboratory findings and outcomes in MSM who acquired (HAV) through sexual contact and to raise professional and public awareness about an ongoing outbreak of HAV in Bucharest.

Methods

- A prospective study was conducted by collecting epidemiological, clinical and laboratory data from patients who identified as MSM, admitted with HAV at Victor Babes Hospital for Infectious and Tropical Diseases, Bucharest between 15 March and 15 June 2022.
- HAV was confirmed by positive serology (IgM anti HAV) and negative markers for non-hepatotropic viral infections.

Results

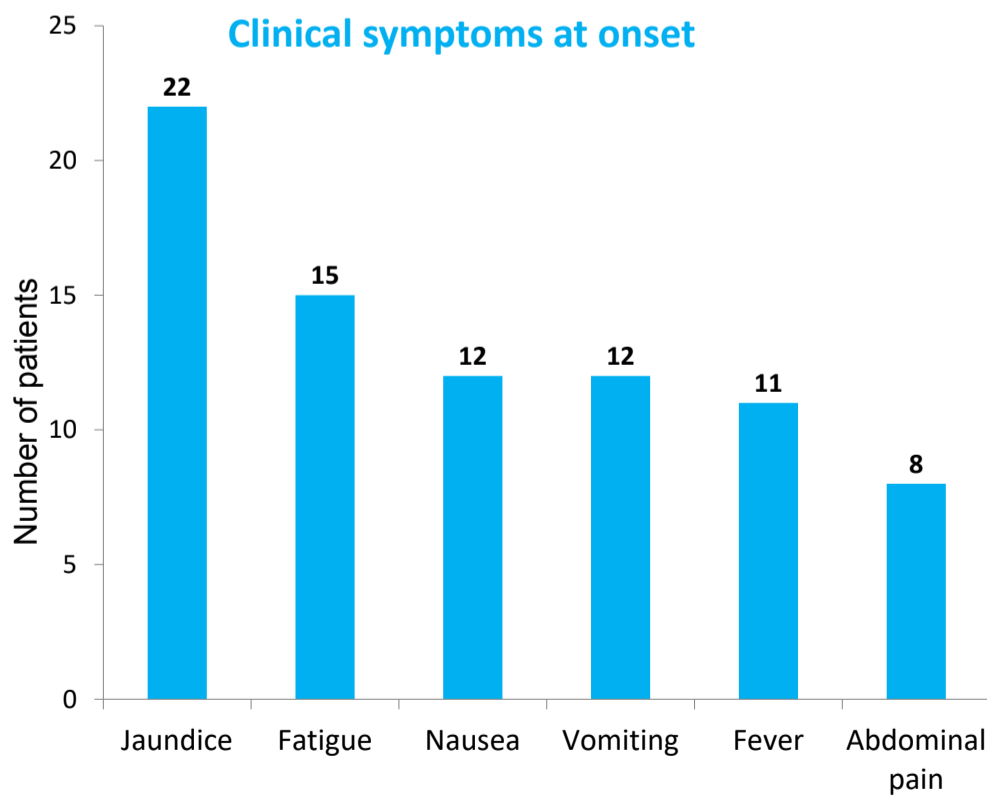
Number of MSM diagnosed with HAV 15 March - 15 June 2022



Demographics and high risk behaviors

Characteristics		Total n=22
Age at HAV diagnosis (years)	median (IQR)	30 (25, 37)
Age at HIV diagnosis* (years)	median (IQR)	23 (19, 24)
HAV&HIV diagnosed simultaneously	n (%)	3 (13.6)
Urban areas	n (%)	18 (81.8)
Sexual practices (group/chemsex)	n (%)	6 (27.2)
Injecting drug use	n (%)	2 (9.0)

*for HIV-infected patients



Evaluation of liver function at admission

Enzyme		Median (IQR)	Normal values
ALAT	IU/L	3255 (1679, 4898)	6-63
ASAT	IU/L	964 (527, 2687)	0-38
Total bilirubin	mg/dL	10.7 (7.0, 12.4)	0-1.1
Direct bilirubin	mg/dL	9.9 (6.3, 10.5)	0-0.3
Prothrombin time (PT)	%	68.5 (55.5, 84.7)	>70

HIV status, viral hepatitis and STIs

Variables		Total n=22
Number of patients under cART*	n (%)	17 (100.0)
cART based on INSTIs*	n (%)	12 (70.5)
CD4/μL*	median (IQR)	755 (451, 886)
Undetectable HIV-RNA in plasma*	n (%)	12 (70.5)
Low level HIV-RNA in plasma*	n (%)	2 (11.7)
HBs Ag	n (%)	2 (9.0)
Anti-HCV antibodies	n (%)	1 (4.5)
Concomitant syphilis diagnosis	n (%)	2 (0.9)
Serological markers of prior syphilis infection	n (%)	11 (50.5)
Other	1 patients diagnosed with monkeypox 1 months after HAV	

*in 17 HIV-infected patients

Clinical evolution

Characteristics		Total n=22
Time of hospitalization (days)	median (IQR)	12 (7, 11)
Favorable evolution with full recovery	n (%)	22 (100.0)
Complications		
Severe forms (PT<60%)		8 (36.3)
Fulminant hepatitis	n (%)	1 (0.4)
Concomitant chronic HBV diagnosis		1 (0.4)

Conclusions

- We report an alarming increase in the numbers of cases with HAV among the MSM in Bucharest. Moreover, an increasing engagement in sexual practices with a higher risk for HIV, HAV and STIs acquisition was observed.
- In order to reduce the healthcare burden it would be important to strengthen prevention methods, contact tracing and to reinforce the HAV vaccination recommendation in these high risk groups.