LETTER TO THE EDITOR

Reemerging threat of hepatitis A among men who have sex with men in Taiwan

Dear Editor,

Hepatitis A (HAV) has been recognized as one of the sexually transmitted diseases commonly found amongst men who have sex with men (MSM). Furthermore, a link has been observed among people living with human immunodeficiency virus (HIV) and HAV. However, Tseng et al. have reported that the risk for HAV among HIV-infected MSM was comparable to HIV-negative MSM receiving voluntary counseling and testing for HIV in 2009/2010 in Taiwan. Just a few years ago, it was also found that there was no increased risk for HAV among MSM compared to patients receiving health checkups during the period 2004–2007 (after adjusting for age).1

The prevalence of HAV was high in Taiwan three decades ago. However, at present, <1% of adolescents are infected with this disease. To handle this disease, two important strategies were implemented. First, there was a nationwide disposal of tableware in public eating places in 1982.3 Second, starting in 1995, 30 indigenous townships and another 19 high-risk, nonindigenous townships received immunization against HAV (covering 2% of the overall population).4 The prevalence of HAV was brought to a historical low for those born in the year 1982 and after. The incidence further decreased from 2.96/100,000 in 1995 to 0.9/100,000 between 2003 and 2008. The decline even reached 52.6% in nonimmunized townships. However, the incidence increased from 0.46/100,000 to 0.91/100,000 for people aged >30 years, reflecting a delayed average age of infection in nonimmunized populations.

The number of people living with HIV had grown to >20,000 persons by 2012 in Taiwan and <10% of HIV-positive MSM under the age of 35 years had protective serology against HAV.1 Based on guidelines for the diagnosis and treatment of HIV/AIDS and the Advisory Committee on Immunization Practices (ACIP), Taiwan, vaccination of individuals against HAV with any of the following indications is recommended: HIV patients, adults with chronic hepatic disease, hemophilia, liver transplantation, occupational exposure, MSM, persons who use injection or noninjection illicit drugs, or persons traveling to or working in countries that have endemicity of HAV.

With a persistent risk of travel-related HAV infection from endemic countries, the reemergence of HAV in nonimmunized populations is a concern.5 Will an emerging problem of this kind affect MSM more severely than non-MSM populations? Further study to explore the risk differential for this disease between MSM and non-MSM populations is important. Research of this type will allow us to target and prioritize populations for selective immunization, and thus help to halt the economic loss associated with acute HAV.

References


Conflicts of interest: The author has no conflicts of interest relevant to this article.
Pei-Chun Chan*
Division of HIV/AIDS and TB,
Centers for Disease Control,
Taipei, Taiwan

Institute of Epidemiology and Preventive Medicine,
College of Public Health, National Taiwan University,
Taipei, Taiwan

Department of Pediatrics, National Taiwan University
Hospital, National Taiwan University, College of Medicine,
Taipei, Taiwan

*Number 6, Lin-San South Road, Taipei 100, Taiwan.
E-mail address: pcanita.tw@cdc.gov.tw

1 September 2014