

An outbreak of acute hepatitis due to the hepatitis A virus in 2017: are we witnessing a change in contagion risk factors?

Key words: Acute hepatitis. Hepatitis A virus. Epidemiological outbreak. MSM. Valencia.

Dear Editor,

As reported in recent studies, including this journal (1), there has been a significant increase in recent years in the incidence of reported cases of acute hepatitis due to the hepatitis A virus (AHHAV). This is related to the cohort of men who have sex with other men (MSM) (1-3).

This situation has also been observed in our health district. The incidence rate of AHHAV in our community was similar to the national rate from 2009, since the last outbreak, until 2016. Our health district has one of the highest rates at 0.8-2.2 cases per 10⁵ inhabitants (4). In contrast, the 2017 rate was 6.5 cases per 10⁵ inhabitants and 23 patients were diagnosed (adult population) with a compatible serology and clinical history. The average age was 35.2 years and 78% were males.

In previous years, the source of contagion had been reported as contact with children, health workers or other cas-

es with AHHAV (4). In 2017, 52% (12/23) of our cases were males that had practiced sex with other men, which was a probable origin of the contagion. Seventy-five per cent (9/12) of cases in this subgroup were diagnosed from June to September (Table 1). The average age was 31 years (range 21-42 years) among the MSM group, whereas the average age was 40.3 years (range 13-80 years) in the non-MSM group and 63% (7/11) were male.

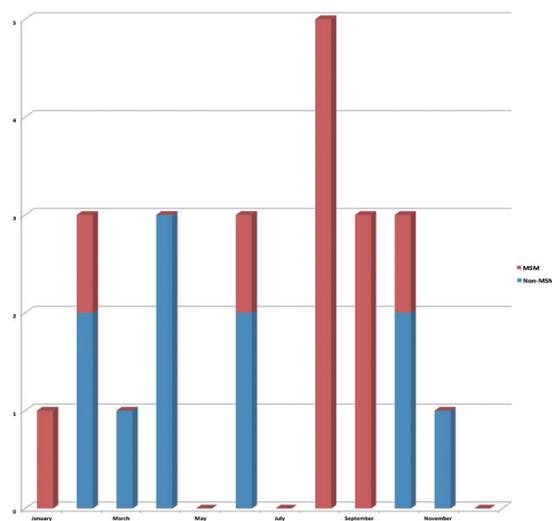
In recent years, the MSM group has been linked with high incidence rates of sexually transmitted diseases (5). The data and the seasonality lead us to believe that the sexual practices of this cohort are the fundamental cause. At the very least, this is the most probable cause of the increase in the incidence of AHHAV in our health district during 2017. Therefore, we believe that health education measures should be actively promoted in this group in order to avoid these situations.

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Table 1. Monthly distribution of cases of acute hepatitis due to the hepatitis A virus in MSM and non-MSM cohorts during 2017

	January	February	March	April	May	June
Non-MSM	0	2	1	3	0	2
MSM	1	1	0	0	0	1
	July	August	September	October	November	December
Non-MSM	0	0	0	2	1	0
MSM	0	5	3	1	0	0



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