



Scaling Up Hepatitis A and B Vaccination Among LGBTQ People

Negative health care experiences and stigma are to blame for low hepatitis vaccination rates among LGBTQ folks.

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Two new policy briefs state found that although [LGBTQ](#) people at high risk for [hepatitis A \(HAV\)](#) and [hepatitis B \(HBV\)](#) virus are open to getting vaccinated, they report facing barriers to care, including negative health care experiences.

What's more, although many health care providers perceive patients as having a low baseline knowledge of HAV and HBV, they often only mention HAV and HBV vaccines in the context of childhood [vaccinations](#), according to a [Fenway Health news release](#).

Published by Fenway Health and MPact Global Action, the briefs "[Scaling up Hepatitis A and B Vaccination for Gay and Bisexual Men and Transgender People](#)" and "[Providers' Perspectives on Hepatitis A and B Vaccination for Gay and Bisexual Men and Transgender People](#)" emphasize the need to improve provider education on HAV and HBV and reduce stigma to improve vaccination rates among LGBTQ people.

HAV is a liver disease that spreads from one person to another when the feces of someone with HAV get into another person's mouth. Even trace amounts of feces can cause an infection. People living with HIV who have underlying liver disease are at an increased risk for severe disease from HAV infection.

If you have had HAV once, you cannot be infected with the virus again. However, you can still be infected with other hepatitis viruses, such as HBV and hepatitis C virus. HBV is a highly contagious viral infection that can cause liver damage. The virus is easily spread via HBV-positive blood, semen or other body fluid.

"Given that rates of [HAV] infection have increased sharply in the last decade and that rates of hep A and B are disproportionately high among gay and bisexual men and transgender women, it is imperative that we find ways to increase rates of vaccination," said Sean Cahill, PhD, the briefs' lead author and director of health policy at The Fenway Institute.

Researchers conducted four online focus groups with 22 men gay and bisexual men from Mexico

and the United States. Participants ranged in age from 23 to 62, and 75% of them identified as Black, Indigenous or other people of color.

Researchers also conducted two online focus groups involving 22 transgender and gender-diverse people from the United States and one from Mexico as well as two online focus groups with eight health care providers from the United States between 30 and 46 years old.

Researchers found that despite a high level of awareness of hepatitis among LGBTQ people, many providers underestimated this awareness. Providers also discussed how structural barriers to health care access, such as lack of transportation or health insurance, contributed to low vaccination rates.

LGBTQ people, on the other hand, reported fear of stigma due to prior negative experiences in health care settings as a primary reason for low vaccination rates. Some noted feeling judged by providers because of their sexual identity.

“All queer people have a right to quality health care. Structural homophobia and stigma in health care settings must be meaningfully addressed to ensure queer communities can benefit from vaccinations,” said Alex Garner, director of community engagement at MPact Global and a coauthor of the briefs. “Vaccine justice is essential and must be prioritized by the LGBTQ community and health providers.”

To read more, click [#Hepatitis A](#) or [#Hepatitis B](#). There, you’ll find headlines such as “[Hepatitis A Vaccination Low in People Living With HIV](#),” “[Only Half of Veterans with Hepatitis B Cirrhosis Are on Treatment](#)” and “[Many People Forgo Hepatitis A Vaccine Despite Its Ability to Prevent Death](#).”