To: CAHAN San Diego Participants
Date: November 7, 2025
From: Public Health Services

Health Advisory: Hepatitis A Cluster and Increased Mpox Cases in San Diego County

Key Messages

- In October 2025, three new cases of hepatitis A virus (HAV) infection were reported to the County of San Diego Health (CoSD). These cases were unrelated to travel and were not epidemiologically linked; however, all three identified as gay, bisexual and other men who have sex with men (MSM).
- HAV is primarily transmitted through contaminated food and water. It can also be transmitted through person-to-person contact, including certain types of sexual contact. Vaccination against HAV is safe, highly effective, and is routinely recommended for MSM and adults with risk factors.
- Person-to-person spread of mpox continues in San Diego County, and mpox cases have increased recently with a total of 16 cases reported since August 1, 2025. To date, no cases of clade I mpox have been reported in CoSD.
- Other vaccines recommended for MSM include mpox, Human Papillomavirus (HPV) and meningitis.

Situation

Ten cases of hepatitis A virus (HAV) infection have been reported to the County of San Diego Health (CoSD) between January 1 and October 31, 2025; three of these were reported in the month of October alone. All three people were unvaccinated and identified as gay, bisexual, or other men who have sex with men (MSM). While these cases were not epidemiologically linked to each other, the identification of three unrelated cases without international travel suggests that HAV is being spread in MSM sexual and social networks in San Diego County (SDC). This is similar to the situation with clade I mpox in Los Angeles County (LAC). Independent of the clade I introduction, mpox cases have also increased this fall in SDC, with 16 cases reported since August 1, 2025 which is more than twice the number (n=7) reported from January 1 through July 31, 2025. While none of these cases have been identified as clade I mpox, the increasing mpox cases in SDC is also of concern because of the disproportionate impact it has on MSM.

Background

Sexual transmission of HAV (via oral-anal or digital-anal contact) is a less common form of transmission but has resulted in outbreaks. HAV can spread quickly among sexual networks of MSM. Several HAV vaccines are available and can be administered as post exposure prophylaxis or for pre-exposure prevention. The two-dose, HAV only vaccines (Havrix or Vaqta) vaccination are safe, highly effective, and should be offered to all MSM. Any FDA licensed HAV vaccine should also be offered to all unvaccinated adults who are at risk of contracting the virus through sexual transmission and ingestion of contaminated food and water.

Of note, the MSM population has been disproportionately affected by several vaccine preventable illnesses in addition to HAV, such as mpox, Human Papillomavirus (HPV) and *Neisseria meningitidis*. The HAV vaccine can be co-administered with vaccinations for these latter conditions to improve access.

Actions Requested

1. ***Consider*** HAV infection in individuals presenting with acute onset of symptoms (e.g., nausea, vomiting, diarrhea, anorexia, fever, malaise, dark urine, light-colored stool, or abdominal pain), jaundice and/or elevated liver function tests, particularly if they have one or more risk factors for HAV transmission.
2. ***Report*** all suspect and confirmed HAV cases to the Epidemiology Unit by faxing a Confidential Morbidity Report, or by calling 619-692-8499 (Monday-Friday 8 AM-5 PM), or 858-565-5255 (after hours, during weekends, and on County-observed holidays).
    a. Since Persons Experiencing Homelessness (PEH) are at risk for loss of follow-up, providers are urged to contact the Epidemiology Program while suspected cases are still at the healthcare facility.
3. ***Vaccinate*** all persons with an indication for HAV vaccine, including MSM for whom the vaccine is recommended as a routine part of healthcare. Many vulnerable populations may experience barriers to accessing primary care and may utilize emergency departments and acute care facilities for their health needs. Offering the vaccine regardless of the reason for the visit can improve equity in vaccine distribution.
    a. The two HAV vaccines (Havrix or Vaqta) have the highest effectiveness after a single dose ≥94%, the second dose raising effectiveness even higher.
    b. The combined three-dose HAV/ Hepatitis B virus (HBV) vaccine may be used in this group if the individual is not already immune to HBV.
    c. Providers who do not have available vaccine may direct patients to an immunization clinic at the nearest County Public Health Center's sexual health clinics.
    d. Vaccinate appropriate populations and stay up to date with current Mpox, HPV and Meningococcal Vaccination Recommendations.
4. ***Provide post-exposure prophylaxis (PEP)*** for close contacts of confirmed HAV cases. Susceptible people exposed to HAV should receive a dose of single-antigen HAV vaccine or intramuscular (IM) immune globulin (IG) (0.1 mL/kg), or both, as soon as possible within 2 weeks of last exposure. The efficacy of combined HAV/HBV vaccine for PEP has not been evaluated, so it is not recommended for PEP. Detailed information on PEP may be found on the CDPH Hepatitis A Quicksheet.

Resources

- Hepatitis A - Information & Guidelines | CDC
- Men Who Have Sex with Men (MSM) | CDC
- Mpox vaccine locator (CDPH recommended)
- Hepatitis A Vaccine Information Statement | Immunize.org
- Hepatitis A | CoSD

Thank you for your participation.

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