



# Hepatitis C among gay men at risk for HIV acquisition in San Francisco



Emalie Huriaux, MPH<sup>1</sup>, Robert Wilder Blue<sup>2</sup>, Tim Ryan, RN, MSN<sup>2</sup>, Steven B. Gibson, MSW<sup>2</sup>, Christopher S. Hall, MD, MS<sup>2</sup>, Grant N. Colfax, MD<sup>1</sup>

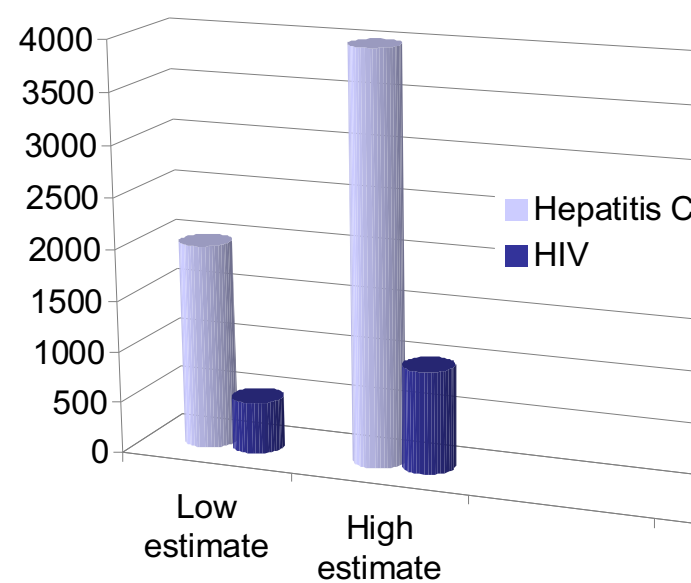
<sup>1</sup> San Francisco Department of Public Health, HIV Prevention Section, San Francisco, United States; <sup>2</sup> Magnet (a program of the San Francisco AIDS Foundation), San Francisco, United States

## BACKGROUND

- Approximately 2% of U.S. adults have hepatitis C (HCV) antibodies, with 80–85% developing chronic HCV infection.
- Recent reports have suggested a higher incidence of HCV among sexually active HIV-positive gay and other men who have sex with men (G/MSM) without a history of injection drug use (IDU), in particular those engaging in fisting and other sexual practices with potential exposure to a partner's blood (e.g., flogging, play-piercing, etc.).
- There is little published data on the prevalence of HCV infection among HIV-negative G/MSM.

**43% of HIV-positive individuals enrolled in Ryan White CARE-funded services in San Francisco are co-infected with HCV.**

Estimates from San Francisco Department of Public Health of annual HCV & HIV incidence in San Francisco



In partnership with the San Francisco Department of Public Health HIV Prevention Section, Magnet, a program of the San Francisco AIDS Foundation and a gay men's community and health center, provided HCV antibody testing to HIV-negative G/MSM seeking HIV testing; gathered data on HCV sexual transmission risk; and assisted HPS in creating HCV testing guidelines and risk-reduction strategies.

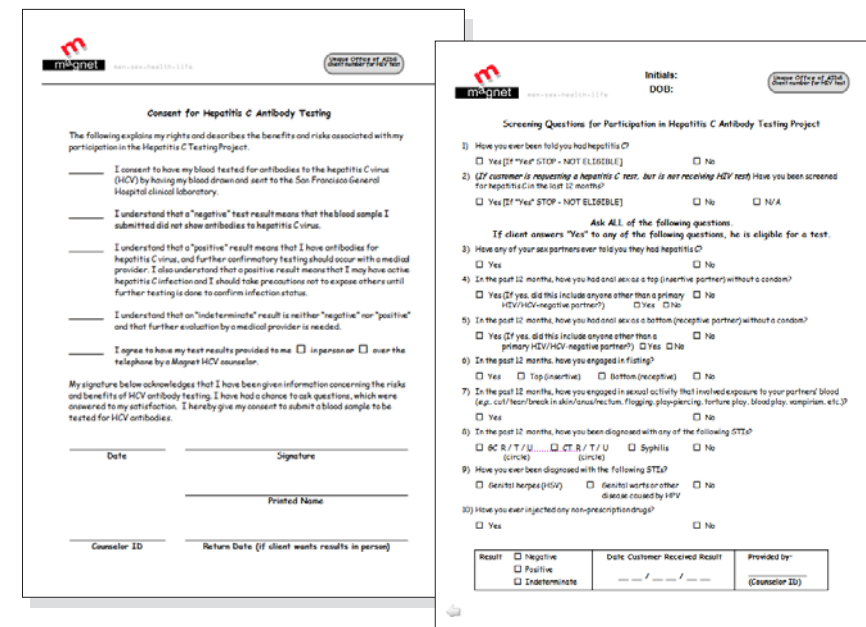
## OBJECTIVE

Are G/MSM, who are at high risk for HIV and other sexually transmitted infections, also at risk for sexual transmission of HCV?

- By the end of the project, investigators will be able to discuss the prevalence of sexually transmitted HCV among non-IDU G/MSM accessing an HIV testing center in San Francisco.

## METHODS

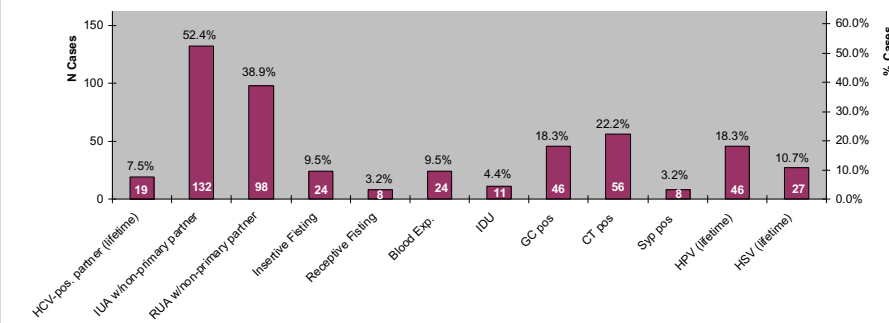
- HCV counseling and testing were integrated into the existing rapid HIV testing protocol at Magnet.
- The six-month testing project was from April 7 to October 3, 2009.
- An HCV antibody test (Siemens Centaur HCV assay, Deerfield, IL) was offered to a convenience sample of G/MSM who, during the previous 12 months:
  - engaged in unprotected receptive or insertive anal sex with HIV-positive or unknown status partners;
  - reported fisting or practices involving exposure to a partner's blood;
  - had been diagnosed with certain sexually transmitted infections; and/or
  - had a history of IDU.
- Participants had not been screened for HCV in the past 12 months.



## RESULTS

- 252 G/MSM underwent HCV testing; 251 (99.6%) tested HCV antibody negative.
- All but one participant identified as HIV-negative; one participant identified as HIV-positive, but had never been screened for HCV.
- Five (2.0%) participants tested HIV antibody and/or HIV RNA positive.

Project participants reported the following in their HCV risk assessment/inclusion criteria questionnaire (previous 12 months, except when indicated)

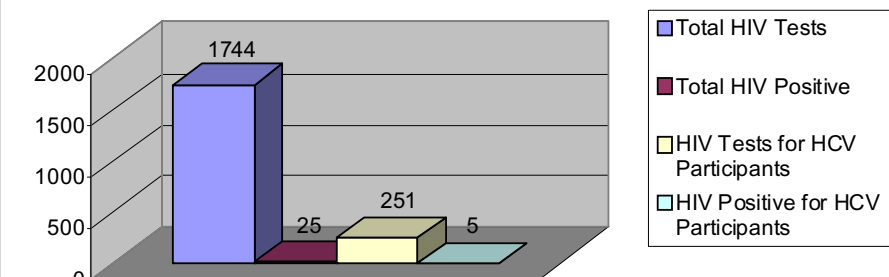


## Case detected by HCV testing

One individual had detectable HCV antibodies.

- He had no history of IDU.
- He tested HIV-negative.
- His HIV/STD risk factors included unprotected insertive and receptive anal sex with an unknown partner and insertive fisting

Total HIV Tests at Magnet Compared to HIV Tests among HCV Participants 4/7/09–10/3/09



## CONCLUSION

We found low HCV prevalence among G/MSM reporting high-risk sexual practices with potential for exposure to a partner's blood.

## IMPLICATIONS FOR PROGRAMS, POLICY, AND/OR RESEARCH

- Further research is needed to determine if there are specific sexual behavioral risk factors associated with HCV infection in order to develop cost-effective, targeted screening efforts.
- The testing project also called attention to a deficit of resources in the public health system in providing follow-up testing and care for HCV-positive individuals who lack health insurance or access to medical care.
- Until there is more evidence to support using sexual risk criteria, Magnet will use IDU history as the primary criteria for HCV screening.
- Magnet now asks all clients about IDU history on the standard intake form; current ongoing standard of care includes testing clients for HCV antibodies who report any history of IDU. With the increased screening of IDU history, Magnet is performing 12 to 15 HCV antibody tests per month.

## Test counselor reflections

*“The most profound thing I learned is that people don't know about hepatitis C, or they get it confused with another type of hepatitis.”*

*“One client who was highly resistant to behavioral change [in regard to his HIV risk] told me he had hepatitis C. If we hadn't done this project, I never would have asked him about his hepatitis C status. Once I found out, I was able to readdress his behaviors and draw the connection for him between HIV and hepatitis C and give him information about the challenge of having both. I think he really moved into a different place about his HIV risk behavior...maybe even into action.”*

*“Hepatitis C testing has been a very good segue into issues of substance use, resistance [to behavior change] and sex. Sexually [clients] felt invulnerable to HIV, but discussing hepatitis C made them think maybe they were vulnerable [to HCV also] and needed to be thoughtful about what they did.”*

## Additional acknowledgments

**Jacob Heberlein, RN, MSN**, for assisting with initial project development, and **Nayla Raad** for assisting with data analysis.

**Contact:**  
**Emalie Huriaux, MPH**  
SF Dept of Public Health  
25 Van Ness Ave, Suite 500  
San Francisco, CA 94102  
Phone: 415-437-4694  
Fax: 415-431-7154  
emalie.huriaux@sfdph.org