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

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BACKGROUND

• Approximately 23% 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.

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.

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 behavior risk factors associated with HCV infection in order to develop cost-effective, targeted screening efforts.
• The testing project also called attention to a deficit in resources in the public health system in providing follow-up testing and care for HIV-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; use IDU history as the primary criteria for accessing an HIV testing center and for HCV screening.

Test counselor reflections

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

“Hepatitis C testing has been a very good segue into issues of substance use, resistance [to behavior change] and sex. Sexually [had] 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.”

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