Awareness, Testing Needed to Curb Hep C Infections Among HIV-Positive Gay Men

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A new report by the National AIDS Trust (NAT), a leading HIV organization in the United Kingdom, concludes that much more needs to be done to address the burgeoning epidemic of hepatitis C virus (HCV) infection among gay men living with HIV.

“The rate of HIV-positive gay men coinfected with hepatitis C in the U.K. is too high,” noted Deborah Jack, chief executive of NAT, in an accompanying announcement. “It is crucial for this to be addressed as a strategic priority in gay men’s health promotion.”

The NAT report, published in January and available online, explores HCV coinfection among HIV-positive gay men and the United Kingdom’s response to this growing health challenge. Like HIV, HCV is a blood-borne infection; about 7 percent of gay men living with HIV in the United Kingdom are coinfected with the virus.

Of those who successfully clear HCV through treatment, a significant percentage are reinfected within a short time, the report illustrates.

Infections among gay men are largely due to sexual risk factors, thought to include unprotected anal sex, fisting, use of sex toys and group sex, the report highlights, also noting that drug use may have a role.

A number of public health shortcomings help explain the ongoing transmission of HCV among gay men, the report notes.

First, there is no explicit national strategic approach to tackling this issue.

Second, HCV testing recommendations for gay men at risk are not being adequately implemented.

Third, and importantly, a wide range of possible sexual risk factors are cited, which can detract from focusing on what are clearly higher risk behaviors.

Finally, the authors stress, stigma around HCV infection in the gay community—and among people living with HIV—hampers prevention efforts and harms gay men living with the liver disease.

“It is vitally important that, as recommended, all people diagnosed with HIV are annually screened for hepatitis C infection, and this should be made a requirement in the commissioning of all relevant services,” said Jack, adding that a recent audit suggests only 66 percent of people living with HIV are being tested for HCV annually. “Clinics and health promoters need to provide intensive advice and support to gay men at significant risk of hepatitis C transmission. To that end, consensus is urgently needed on the key risk factors for sexual transmission so clear and appropriate recommendations can then be made.

“We also strongly urge gay men not to rely on their sexual partners’ disclosure of their HIV or hepatitis C status as a high proportion are unaware they are infected, which is certainly fuelling onward transmission. And even when diagnosed, disclosure can be difficult—we need to start challenging hepatitis C stigma as well as HIV stigma—both are unfair, ill-informed and destructive.”

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