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Date: January 12, 2014

Sexual transmission of Hepatitis C among Men who have Sex with Men

A Brief Introduction
The sexual transmission of Hepatitis C among Men who have Sex with Men

Len Tooley is the Coordinator of Community Health Promotion Programming at CATIE where he coordinates knowledge translation projects related to health promotion and HIV testing, treatment, and prevention, with a focus on gay, bisexual, and other men who have sex with men. He is also an HIV tester and sexual health counsellor at Toronto's Hassle Free Clinic. He holds a Master of Public Health degree from the Dalla Lana School of Public Health at the University of Toronto, where his studies focused on social and structural drivers of HIV, critical medical anthropology and qualitative research methods.
Overview

- Increased rates of Hepatitis C (HCV) among Men who have Sex with Men (MSM)
- HIV+ MSM at significantly higher risk
- Sexual transmission of HCV
- HCV among HIV- MSM
- Implications
Hepatitis C among MSM

- Higher rates of Hepatitis C among MSM (~5%) than the general population (0.78%)\(^1\)

- Concentrated among HIV+ MSM
  - M-Track Ontario, 2005-2007\(^1\)
    - HIV+ MSM: 7.7% (77 per 1,000)
    - HIV- MSM: 1.4% (14 per 1,000)

- Some evidence suggests rates are increasing\(^2,3,4,5\)
Is HCV sexually transmitted?

• Early 2000’s: HCV increasingly detected in MSM who do not report any injection drug use

• Little evidence to suggest heterosexual sexual transmission (particularly in monogamous, serodiscordant couples)\(^9\)

• Inconclusive evidence regarding presence of HCV virus in semen

• Blood-to-blood transmission still most likely explanation
Sexual Transmission of Hepatitis C?

- Sexual activities in which small (often imperceptible) quantities of blood are exchanged (rough/extended condomless anal sex, fisting, sex toys)
- Shared substance use equipment (injecting, snorting, ‘booty bumping’)
- Group sex settings (transmission between receptive partners, pots of lubricant)
- Serosorting → Concentrated sexual networks
HCV among HIV- MSM

• Transmission mechanisms likely similar for HIV-negative MSM\(^6,7,8\)

• Not clear that HIV-negative MSM are at particular risk (overall rates of infection significantly lower than HIV+ MSM)
  • Sexual networks concentrated differently → less chance of exposure?

• Likely that some HIV- MSM at higher risk than others
Implications

- Sexual health messaging
  - HCV part of gay men’s health
  - More nuanced safer sex messaging

- Sexual history taking (incl. group sex / shared toys / fisting)

- Regular HCV testing as part of an integrated, routine STBBI testing strategy for MSM at higher risk
References


