

# **Acute Hepatitis C infection in lower risk MSM: an evolving picture**

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# HCV in the UK

- Public Health England: 11,605 lab reports of HCV in 2015
- 1996 – 2015 risk factor data:
  - 90% IVDU
  - 1% sexual exposure

# Background

- Acute Hepatitis C (HCV) rates are rising, in both HIV-positive and HIV-negative MSM
- Acute HCV in MSM has been linked with high-risk sexual practices
- Locally we noted new HCV reporting lower risk sexual practices i.e. condomless anal intercourse (CLAI) only

# HCV testing recommendations

- **BASHH hepatitis guidelines:**
  - HIV+ MSM
  - ‘Traditional’ risk groups,
  - Sexual partners of people with HCV
- **BASHH MSM guidelines:**
  - HIV+ MSM + consider testing **HIV- MSM** if sex associated with trauma or injury, recreational drug use/chem sex, rectal LGV

# Aim

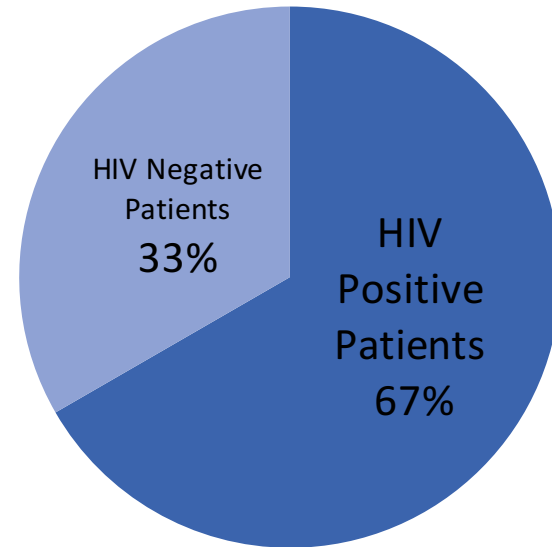
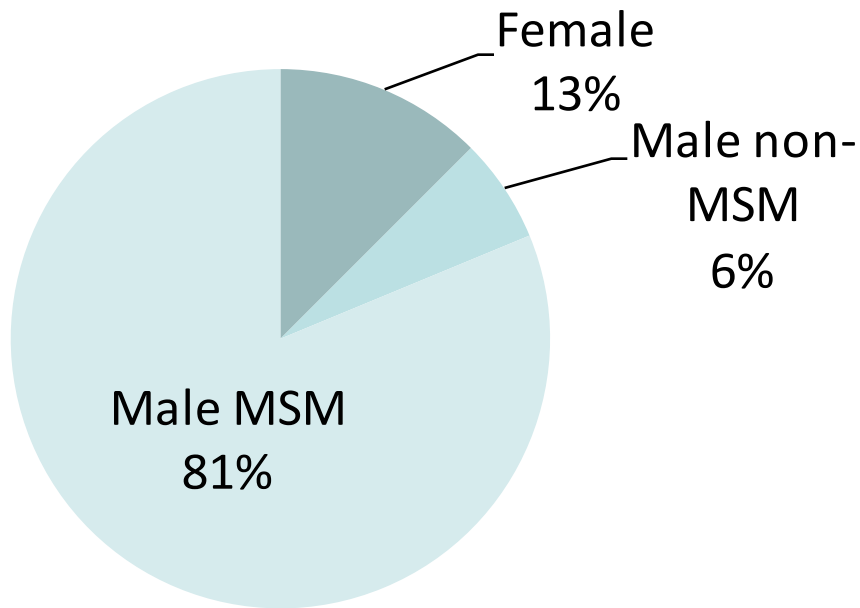
- To review all acute HCV cases and identify the associated risk factors
- To identify the extent to which CLAI alone is associated with HCV in our patient cohort

# Methods

- Electronic patient record (EPR) interrogated for all SHHAPT C14 codes (hepatitis C first diagnosis)
- April 2015-April 2016 data set
- Retrospective case notes review:
  - To identify acute cases
  - To describe demographics & risk factors
    - Age
    - Sex
    - MSM
    - HIV status
    - PrEP use
    - Re-infection rate
    - IVDU
    - Snorting
    - Chem sex
    - CLAI
    - Concurrent STI
    - Fisting

# Results

- Total of 48 patients identified



# Results

	Percentage of Acute HCV patients with specific risk factor (RF)		
Risk Factor (RF)	% HIV-positive patients with RF	% HIV-negative patients with RF	Overall % of patients with RF
CLAI	75%	44%	65%
CLAI only	19%	0%	13%
Chem sex	53%	38%	48%
Snorting drug use	53%	38%	48%
IVDU	31%	44%	35%
Any STI present	59%	6%	42%
Syphilis present	31%	6%	23%
Rectal Bacterial STI	28%	0%	19%
PrEP use	N/A	25%	8%
Fisting	3%	6%	4%



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# Conclusions

- CLAI was the sole reported risk factor for HCV acquisition in 1 in 5 of our HIV-positive MSM
- Drug use (including Chem sex) continues to be a leading risk factor for HCV acquisition
- High rates of concurrent STIs
- 1 in 3 cases of acute HCV are in HIV-negative MSM

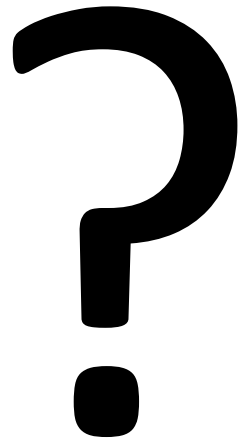
# Limitations

- Reporting bias
  - Patient non-disclosure of risk factors
  - Variability in documentation
- Small sample size
- Lack of historical comparator

# Recommendations

- HIV-positive MSM counselled that CLAI alone may be a risk factor for HCV
- HIV-negative MSM should receive risk-based screening e.g. PrEP users
- Full STI screening in newly diagnosed HCV should continue

**THANK YOU**



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