

# Viral Hepatitis and Gay and Bisexual Men

Hepatitis means inflammation of the liver and viral hepatitis refers to a group of viral infections that affect the liver. The most common types are hepatitis A (HAV), hepatitis B (HBV) and hepatitis C (HCV).

HAV infection is transmitted via the fecal-oral route through person-to-person contact or contaminated food or water. HBV infection is transmitted by exposure to infected body fluids often through unprotected sex with an infected partner or perinatally from an infected mother to her child at birth. Persons at high-risk are those who engage in unprotected sex with more than one partner, have a history of sexually transmitted diseases or injection drug use. HCV infection is transmitted by exposure to infected blood often through the use of injection drugs. Although much less frequent, occupational, perinatal, and sexual exposures also can result in transmission of HCV.

## **GAY AND BISEXUAL MEN ARE AT INCREASED RISK FOR VIRAL HEPATITIS**

Among adults, an estimated 10 percent of new HAV cases and 20 percent of new HBV cases occur in gay and bisexual men and other men who have sex with men (MSM). Gay and bisexual men are at increased risk for HCV if they engage in high-risk sexual (involving exposure to blood) or drug-use behaviors.

Experts recommend that all gay and bisexual men be vaccinated against HAV and HBV. Despite the availability of the HBV vaccine for 30 years, studies find that nearly half of gay and bisexual men have not been vaccinated.

There is no vaccine for HCV. The best way to prevent HCV is by avoiding behaviors that can spread the virus, especially sharing needles or other equipment to inject drugs. There is increasing evidence that some gay and bisexual men are at increased risk of HCV infection through sexual exposure.

## **VIRAL HEPATITIS TREATMENT**

Not all people living with chronic HBV or HCV infection will need treatment and many preventative measures including harm reduction are effective. There are effective treatments for HBV that can prevent progression to liver disease and new effective treatments for HCV that may increase HCV cure rates up to 75 percent.

## **HEPATITIS FACTS**

- An estimated six million Americans are living with chronic HBV and HCV infection
- Approximately 43,000 Americans were newly infected with HBV and 17,000 Americans with HCV in 2007
- An estimated 10 percent of new HAV infections are among gay and bisexual men
- An estimated 20 percent of new HBV infections are among gay and bisexual men
- Studies show knowledge of hepatitis among gay and bisexual men is low
- Most people infected are unaware: roughly 65 percent with HBV and 75 percent with HCV
- Nearly 50 percent of gay and bisexual men have not been vaccinated against hepatitis A and B
- Liver disease, caused by chronic HBV or HCV, is the leading cause of death in Americans co-infected with HIV. Nearly 10 percent of HIV-positive Americans are infected with HBV and nearly 25 percent with HCV

## **CO-OCCURRING ISSUES**

As life expectancies for persons living with HIV have increased with the advent of highly active antiretroviral therapy, liver disease - much of it related to HBV and HCV infections - has become the most common non-AIDS-related cause of death among this population. Of people with HIV infection, 10 percent have HBV and 25 percent have HCV.

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## INTEGRATING HEPATITIS SERVICES

Changes in the way services are delivered have the potential to maximize prevention opportunities for populations with overlapping risks. Service integration provides clients seamless comprehensive services without repeated registration procedures, waiting periods, or other administrative barriers. Overlapping risks suggest the need for common solutions and enhanced collaboration among related programs. Viral hepatitis messages and services can and should be integrated into the following programs:

- Gay, Lesbian, Bisexual, and Transgender Health Centers and Programs
- HIV/STD Counseling, Testing & Referral Programs
- Evidence-Based Interventions
- Community Mobilization Activities
- Awareness Events:
  - National HIV Testing Day
  - Awareness Days
  - Festivals/Parades
- HIV Care and Treatment Programs
- Substance Use and Prevention Programs
- Jail and Prison Health Programs

NASTAD has produced *Viral Hepatitis and HIV/AIDS Integration: A Resource Guide for HIV/AIDS Programs* which can be found on the NASTAD website.

## HEALTH INEQUITIES AND DISPARITIES

Viral hepatitis continues to disproportionately affect African Americans, Asian Pacific Islanders, Latinos, Native Americans and immigrants from highly endemic countries, as well as gay and bisexual men, persons who use injection drugs and persons living with HIV/AIDS.

If a gay/bisexual man is also a member of a disproportionately impacted racial or ethnic group, he may be at even greater risk of viral hepatitis infection.

## Recommendations for Gay and Bisexual Men

**All sexually active gay and bisexual men and other men who have sex with men (MSM) should:**

- Be tested for HBV
- Be vaccinated against HAV and HBV
- Be tested at least annually (or more frequently depending on risk) for:
  - HIV
  - Syphilis
  - Gonorrhea
  - Chlamydia
  - HCV (if concerned about risk)
- If under 26 years of age, be vaccinated against HPV

## UNMET VIRAL HEPATITIS NEEDS

**There is no federal funding to provide core public health services for viral hepatitis.**

Federal funding is needed for HBV and HCV testing and medical referral. States receive on average \$90,000 annually for adult hepatitis prevention.

**There is no federally funded national chronic hepatitis B and C surveillance system.** An important step to controlling infectious diseases such as HBV and HCV is establishing a surveillance system to monitor disease incidence, prevalence and trends.

**There is no longer funding for an at-risk adult hepatitis A and B vaccination initiative.**

**There is no hepatitis C vaccine.** The provision of basic prevention services including syringe access services is the only way to prevent new HCV infections.

**Viral hepatitis disproportionately impacts minorities and must be addressed in the context of health inequities.**

*NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis. NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.*

For more information, visit [www.NASTAD.org](http://www.NASTAD.org)