

**TRAINING MANUAL FOR
TREATMENT ADVOCATES**

**HEPATITIS C VIRUS
& COINFECTION
WITH HIV**

SECTION 3:

TRANSMISSION: HOW YOU GET IT, HOW YOU PREVENT IT

TAG

- HCV is spread by direct blood-to-blood contact, when infected blood directly enters a person's bloodstream
- HCV is a very small virus, much smaller than HIV
- But—unlike HIV—the HCV can stay alive on surfaces outside of the body for days
- HCV is 10 times more infectious than HIV
- Bleaching syringes can prevent HIV, but it does not work as well to stop HCV; **sterilization of injecting equipment with heat kills HCV most effectively**
- HCV is common among people who inject drugs (PWID), since most don't have access to clean injection equipment

The most common ways to catch HCV are:

- Sharing anything that another person has used to inject drugs with, including needles, cookers, ties, cotton, straws, water, or measuring syringes
- Getting a tattoo with any shared, unsterilized equipment: needles, ink, or inkwells
- Getting a contaminated blood transfusion or blood product
 - More common in some countries than others
 - In the United States, risk was virtually eliminated in 1992
- Undergoing surgery or other invasive medical procedures with unsterilized, shared equipment (vaccination, blood draws or donations, endoscopy)
- Kidney dialysis in a facility that does not practice infection control
- From mother to infant; the risk is about four percent, but if the mother is also HIV-positive, the risk is higher—up to 20 percent
- Needlestick injury (for health care providers) or other occupational hazards

The most common ways to catch HCV are:

- Having condomless sex with a person who has HCV
 - HCV can be present in semen and rectal fluid (can be spread from receptive to insertive partner)
 - “Chemsex” or “party-n-play” culture among MSM, sex with multiple partners & more frequency can increase risk
- Sex during menstruation with a person who has HCV
- Sharing toothbrushes, razors, manicure equipment, personal care items that could have contact with blood

HCV cannot be spread by:

- Sharing eating utensils or eating food made by a person with HCV
- Drinking from the same glass as someone with HCV
- Casual contact (kissing, hugging, holding hands, etc.)

Sharing noninjection drug equipment (straws and pipes)

- It may be possible to get HCV from sharing straws and pipes (used for cocaine, heroin, crystal methamphetamine, etc.)
- Straws may contain tiny amounts of blood from the inside of someone's nose, and people may have burns on their lips from a hot pipe

HCV reinfection

- A person who already has HCV can get infected again—this is called *reinfection*
- **You can be reinfected with HCV even after being successfully cured**
- You can also be infected with more than one subtype of hepatitis C virus (called *genotype*) at the same time
- Prevention is key! Not sharing your injection equipment or using clean/new equipment (needles, measuring syringes, cookers, cotton, water, and ties) every time protects you and the people that you are getting high with

Sexual transmission of HCV

- Sexual transmission of HCV isn't common, but can occur. HCV can be found in semen, rectal, and vaginal fluid, although it is mainly found in blood.
- **People have become infected from condomless sex**
- Sexual transmission of HCV appears to be highest among sex workers, and men who have sex with men (MSM) who are living with HIV
 - The **incidence** of HCV infection among HIV-positive MSM—the number of new infections that occur every year—has not been accurately determined:
 - Irregular HCV testing = insufficient useful data.
- The risk for sexually transmitted HCV is greater when blood is involved, even when the amount is too small to see
 - Rough, unprotected anal and vaginal sex
 - Fisting (also called **fist–fucking**; when a person puts his/her hand and forearm into another person's anus or vagina)
 - Group sex
 - Sex with a woman during menstruation
- Using a condom with water-based lubricant for anal and vaginal sex, and latex gloves with plenty of water-based lubrication for fisting, can reduce the risk of sexually transmitted HCV

Risk factors for transmitting HCV among MSM

- HIV infection;
- Rectal bleeding;
- Condomless anal sex;
- Longer, rougher intercourse;
- Fisting;
- Sex with many partners and group sex;
- Being infected with another sexually transmitted infection, such as syphilis;
- Meeting sex partners through the internet;
- Use of noninjection “party drugs”, such as ecstasy, crystal methamphetamine, and cocaine, which can lower inhibitions; and
- Recent rectal surgery.

→ Need to routinely test HIV-negative MSM using PrEP and engaging in anal sex without condoms for HCV

Mother-to-Child Transmission

- HCV can be passed in the womb, or during labor and delivery
 - If mother has HCV but not HIV: 4% risk baby also has HCV
 - If mother has HIV and not on **antiretroviral therapy**, higher risk of transmission: Up to 20%
 - Pregnant women coinfecting with HIV and HCV can reduce the risk of passing HIV and HCV to their infants by taking antiretroviral therapy.
- There is not enough info on HCV treatment during pregnancy and breastfeeding
 - Ribavirin cannot be taken by pregnant women or women trying to get pregnant: causes birth defects
- HCV has not been found in breast milk
- HIV-negative mothers who have HCV can safely breastfeed their infants as long as their nipples do not have any cuts or cracks

ADVOCACY EXERCISE

Discussion Questions:

1. Do people in my community know how to protect themselves against HCV?
2. Are clean syringes, injection equipment, and condoms easy to get in my community?
3. How well is HCV controlled in health care settings in my country?
4. Is harm reduction equipment (like clean tattooing and injection equipment) available in jails and prisons?
5. Do MSM with HIV have information about sexually transmitted HCV?

Action Steps:

1. How can we help make clean syringes and condoms more available in jails and prisons, and in general?
2. How can we begin educating people about sexual transmission of HCV?