

Acute hepatitis C in HIV-infected men who have sex with men in France in 2006 and 2007 HEPAIG study, behavioural results

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Background

In Western European countries, incidence of hepatitis C virus (HCV) infection remained very low among cohorts of HIV-infected (HIV+) men who have sex with men (MSM) until 2000.

Recent European reports suggest that hepatitis C virus (HCV) may be sexually transmitted among HIV-infected men who have sex with men (MSM).

A prospective study was conducted during 2006 and 2007 in France to assess the incidence of HCV among HIV-infected MSM and describe clinical, epidemiological and behavioural characteristics of this population. Behavioural results on descriptive analysis are presented here.

Methods

- A random and proportional probability sample of 115 medical wards was designed according to the number of HIV and AIDS cases in MSM reported to the National HIV surveillance system.
- Acute HCV was defined by a positive anti-HCV antibody or HCV polymerase chain reaction within one year of a documented negative anti-HCV test.
- Two types of questionnaires were completed: one by physicians on clinical and biological status of acute HCV and HIV infections and one self-administered by patients on socio-demographic characteristics, sexual behaviours, HCV risk factors and exposures.

Results

Between 2006 and 2007, 48 of the 88 patients meeting the case definition of acute HCV completed the self-administered questionnaire.

TABLE 1 MEDIAN AGE AT DIAGNOSIS AND MEDIAN TIME BETWEEN HCV AND HIV DIAGNOSIS AMONG HIV+ MSM WITH ACUTE HCV INFECTION, FRANCE, 2006-2007

N = 48	Year [min ; max]
Age at HCV diagnosis	40 [27 – 48]
Age at HIV diagnosis	31 [19 – 58]
Time between HIV and HCV diagnosis	8 [0 – 22]

TABLE 2 CHARACTERISTICS OF HIV+ MSM WITH ACUTE HCV INFECTION, FRANCE, 2006-2007

N = 48	N	%
Higher education (PhD)	17	36
Living in an urban area	38	81
Living alone	26	54
Employed	40	83

TABLE 3 HEALTH TROUBLE IN THE SIX MONTH PRECEDING HCV DIAGNOSIS IN HIV+ MSM, FRANCE, 2006-2007

N = 48	N	%
Erectile dysfunction	16	34
Use of anxiolytic or antidepressant or sleeping pills	26	56
At least one sexual transmitted infection*	30	64
- Syphilis	15	50
- Chlamydia	11	37
- LGV	6	20

*several possible answers

TABLE 4 HCV RISK FACTORS AND EXPOSURES IN THE SIX MONTH PRECEDING HCV DIAGNOSIS IN HIV+ MSM, FRANCE, 2006-2007

N = 48	N	%*
Tattoo / piercing	6	13
Endoscopies / surgery	7	15
IV drug use	0	0
Nasal drug use	32	68

*several possible answers

TABLE 5 SEXUAL LIFE STYLE IN THE SIX MONTH PRECEDING HCV DIAGNOSIS IN HIV+ MSM, FRANCE, 2006-2007

N = 48	N	%
Regular partner	25	52
- HIV positive	20	80
- Undetectable HIV viral load	14	70
- HCV negative	13	52
Median number of sexual partners [max-min]	20	[1 – 170]
Looking for sex partners*		
- In the backrooms	36	77
- By internet	34	72
Use at least one drug before or during sex	45	94
- Cocaine	18	40
- Gamma-Hydroxybutyrate (GHB)	22	49
- In association with alcohol	10	22

*several possible answers

TABLE 6 SEXUAL BEHAVIOUR IN THE SIX MONTH PRECEDING HCV DIAGNOSIS IN HIV+ MSM, FRANCE, 2006-2007

N = 48	N	%
Sex with regular partner	22	46
- Anal intercourse practice	21	95
- Unprotected anal intercourse	20	95
- Fisting practice	12	54
- Unprotected fisting	9	75
- BDSM**	11	50
- Bleeding during sexual practices	12	54
- Sex with regular and casual partners	20	91
Sex with casual partners	45	94
- Anal intercourse practice	45	100
- Unprotected anal intercourse	42	95
- Fisting practice	31	69
- Unprotected fisting	17	39
- BDSM**	23	51
- Bleeding during sexual practices	18	40

*several possible answers - **Bondage, discipline, sadism, masochism

Conclusion

In France, HIV+ MSM with high sexual activity, frequent unprotected anal sex together with STI and mucosal trauma may be at risk of sexual HCV transmission. The sexual behaviour profile of HIV+ MSM included into HEPAIG study is quite specific from other HIV+ MSM included into convenient sample. Prevention strategies targeted to this specific population should be developed.

