



Australian Federation of AIDS Organisations (AFAO)

2011 National Hepatitis C (HCV) Testing Policy Comments

6 October 2011

Overview

AFAO submitted comments to the Australian Society of HIV Medicine (ASHM) second consultation on the 2011 National Hepatitis C (HCV) Testing Policy C.

Below is AFAO's response, which consists of general comments and comments provided in relation to Indications for HCV Testing at point 3.1.7, "Sexual partners of people with hepatitis C".

For information about all questions posed in the consultation, see the Australian Society of HIV Medicine website at: <http://www.ashm.org.au/NewsArchive.asp?NewsID=473>

General comments

AFAO is pleased to provide comments on the 2011 National HCV Testing Policy (the HCV Testing Policy). We note the reported increase in cases of hepatitis C among people with HIV acquired through sexual exposure rather than through traditional routes of transmission, such as injecting drug use. AFAO would thus like to see the HCV Testing Policy provide more specific guidance relating to the need for regular testing of HIV positive men.

The incidence of hepatitis C co-infection amongst HIV-positive people in Australia is estimated to be 13.1%

(http://www.ashm.org.au//images/Publications/Monographs/Coinfection_HIV_ViralHep_2010/Coinfection_2010_Full.pdf), while the incidence in the general Australian population is estimated to be 1.4%

([http://www.med.unsw.edu.au/NCHECRweb.nsf/resources/2011/\\$file/KIRBY_ASR2011.pdf](http://www.med.unsw.edu.au/NCHECRweb.nsf/resources/2011/$file/KIRBY_ASR2011.pdf))

The most recent HIV Futures study asked a cohort of people with HIV how they believed they had become infected with the hepatitis C virus; 44.0% said injecting drug use, 23.2% during sex, 7.9% blood transfusion or the receipt of blood products, 1.5% through tattooing and 3.8% through other means. 18.9% of respondents did not know how they were infected (<http://www.latrobe.edu.au/hiv-futures/HIV%20FUTURES%206%20REPORT.pdf>).

The assumption has long been that people living with HIV who are also HCV positive acquired HCV either through injecting drugs or due to esoteric sexual practices. However, anecdotal evidence from high case-load HIV clinics, is that there are increasing diagnoses of HIV positive people with HCV who report no IDU nor any esoteric sexual practices.

AFAO would thus like the 2011 National HCV Testing Policy to:

- i) examine arguments for and against the use of rapid tests for HCV in Australia.
- ii) consider developing a particular testing strategy for HIV positive people, in recognition of the observed longer window times for HIV positive people to develop antibodies to HCV.
- iii) recommend 3 monthly-testing for HCV among HIV positive men who have had episodes of unprotected anal sex; have had more than 10 partners in the past 6 months; or participate in group sex or use recreational drugs during sex.

Specific comments

<p>3.0 INDICATIONS FOR HCV TESTING</p> <p>3.1.7 Sexual partners of people with hepatitis C</p> <p>The risk of sexual transmission of hepatitis C is low. There is an increased risk of sexual transmission of hepatitis C for men who are also HIV positive. Testing for possible exposure should be undertaken regularly in those with ongoing risk of infection.</p> <p>3.1.8 Transmission and infection control in healthcare settings</p> <ul style="list-style-type: none">• Hepatitis C testing of health care workers should be conducted in accordance with the general principles set out in this document with regard to privacy, confidentiality and access to appropriate health care and support services.• Health care workers who test positive for HCV RNA must not perform Exposure Prone Procedure (EPP), <p>Testing for all Blood Borne Viruses (BBVs) should be undertaken for health care workers following occupational exposure to blood or body substances, for example through needle stick injury.</p>	<p><i>HIV-Positive People and HCV Testing</i></p> <p>AFAO notes the recent Australian reports of possible increases in sexually transmitted HCV among HIV-positive gay men. Studies have shown that following infection with hepatitis C, people who are HIV positive take considerably longer than people who are HIV negative to develop antibodies to HCV. (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2646374/). Timely diagnosis of HCV has implications for treatments success and onward transmission of HCV.</p> <p>Given the longer window-period for people who have HIV to develop antibodies to HCV, a particular HCV testing strategy should be developed, that is not based only on anti-body testing. This may include liver function tests, which if high, would be followed up by more frequent PCR testing.</p> <p><i>Frequency of Testing</i></p> <p>In relation to testing HIV positive people for hepatitis C, the 2011 National HCV Testing Policy states that: "Testing for possible exposure should be undertaken regularly in those with ongoing risk of infection." AFAO supports this and, indeed, would like to see further specific guidance.</p> <p>The STIs in Gay Mens Action Group's (STIGMA) Sexually Transmitted Infection Guidelines For Men Who Have Sex With Men 2010 recommends all men who have sex with men who are HIV positive or inject drugs should be offered among others, annual testing for hepatitis C (http://www.stigma.net.au/resources/STIGMA_MSM_Testing_Guidelines_2010.pdf). It recommends all MSM test every 3-6 months for those who have had episodes of unprotected anal sex; have had more than 10 partners in the past 6 months; or participate in group sex or use recreational drugs during sex. Such testing should be recommended as part of regular 3-monthly HIV consultations.</p>
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