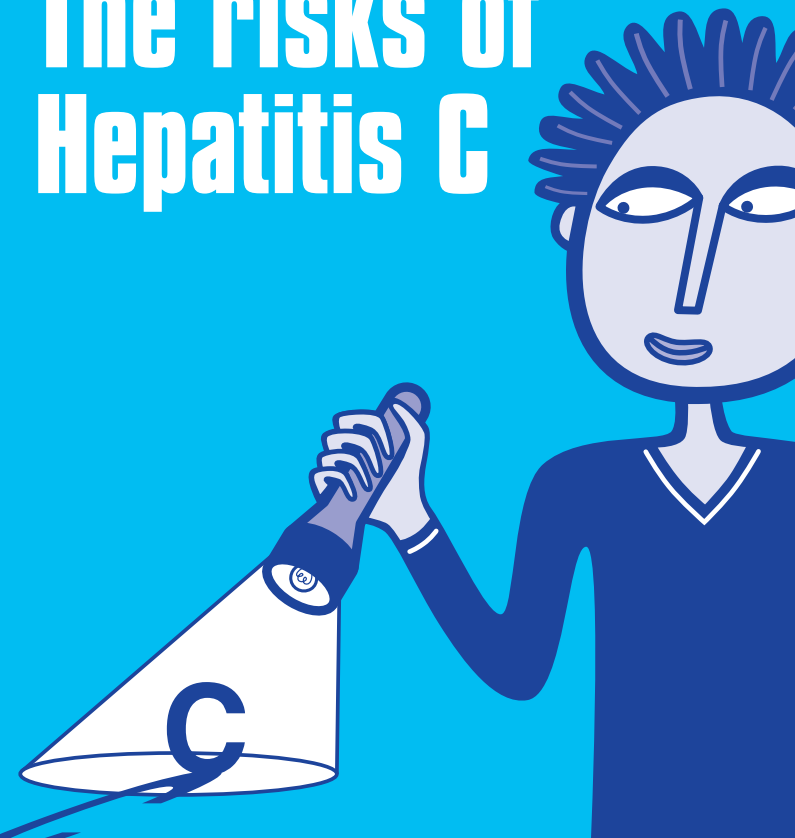


Information for people with HIV

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The risks of Hepatitis C



This booklet is part of a range of publications produced by Terrence Higgins Trust to support you in living well with HIV.

Most of the publications in this range such as this one, are designed to be suitable for you as a person with HIV, whatever your race, nationality, gender or sexuality.

Written by Andy Cooper

This project has been made possible as part of the Treatment Information Providers Initiative, which is funded by the London HIV Commissioning Consortium.

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This booklet is for you if you are living with HIV and have concerns about Hepatitis C. For many people in the UK with HIV there is not a great risk of also contracting Hepatitis C. Using this information and some of the examples listed you may find it easier to decide whether Hepatitis C transmission is something that you need to be concerned about.

What is Hepatitis C?

Hepatitis is a general term, which means inflammation of the liver. Hepatitis C is a viral infection, which is sometimes called Hep C or HCV. Until the late 1980's Hepatitis C was often known as Hepatitis non-A non-B, but this term is very rarely used now.

How is it transmitted?

The main ways that Hepatitis C is passed from one person to another is through blood to blood and semen to blood contact. This used to include blood transfusions and blood-clotting agents given to people with bleeding disorders, before blood was routinely screened. Although this is no longer a concern in the UK, it still can be in some parts of the world where different or no screening is done.

How do I know if I have Hepatitis C?

If you think that you may be at risk of having Hepatitis C, talk to your HIV doctor or nurse about having a test.

Some HIV clinics are routinely testing people with HIV for Hepatitis C, but ask if you have any concerns. It's not clear if there's a greater risk of transmitting Hepatitis C when there are also other sexually transmitted infections (STIs) present. Regular screening for STIs like gonorrhoea and syphilis may be a good idea if you feel that you might be at risk.

The following examples of risk about Hepatitis C transmission may help you if you still have concerns. These people are not meant to be the same as you and your situation, but parts of their stories may prove helpful to you as a person with HIV.



Judith and Brian are partners and are both HIV positive, neither of them has recently been tested for Hepatitis C, they have lived together for 15 years. They only have sex with each other but because of all the publicity about HIV and Hepatitis C they are now concerned about the risk of passing Hepatitis C to each other.

Firstly Hepatitis C is not created by HIV nor is it produced by having sex. Unless Judith or Brian already have Hepatitis C there is no risk of them passing it to each other. If they have not recently been tested for Hepatitis C then it may be worth considering just making sure that they are basing decisions on facts. If either of them was in any doubt that theirs was a totally monogamous relationship then this may also be a reason to be tested just to make sure.

Mary is a woman with HIV who injects drugs and shares equipment occasionally. Mary has recently tested positive for Hepatitis C and is concerned that others who she shares her drug equipment with may be now be at risk.

If her friends who she shares equipment with already have Hepatitis C then this could perhaps explain how Mary became infected with it herself. The sharing of drug equipment is the most common way that Hepatitis C is transmitted. Some people who inject drugs would say allowing others to use the equipment first will reduce the risk of transmission of Hepatitis C from Mary to other people. This will not prevent transmission of Hepatitis C to her friends from other people who may have it or protect Mary from any other possible infections. Using your own personal equipment (not just needles but all drug taking equipment) and thorough cleaning would be the better method. This will also reduce the risk of passing other blood infections from one person to another.

Stuart is a gay man with HIV and Hepatitis C; his main concern is around what and how much he needs to tell sexual partners.

Telling someone you are HIV positive can cause anxiety and be a difficult time for most people, also telling prospective sexual partners about Hepatitis C can make the whole process difficult to deal with. Your worries around rejection and stigma are often increased by both. How much you tell will depend on what you are happy with, your view of the relationship and what kinds of sex you might have and the risk factors involved.

If Stuart is the active partner or 'top' with anal sex, using condoms will decrease the risk of passing on both HIV or Hepatitis C to an uninfected partner. Following the same precautions for Hepatitis C transmission as for HIV transmission would help reduce the risk. Being the receptive partner or 'bottom' will reduce the risk of Stuart passing either HIV or Hepatitis C to an uninfected partner but it will not make it 'risk free'.

Ade is an African man with HIV who has found out that he also has Hepatitis C, his main concern is around the risk of him passing this on when he has sex with women.

Following simple safer sex precautions as you could for HIV will reduce the risk of transmitting Hepatitis C. The risks to women having vaginal sex can be reduced by using enough lubrication, either 'naturally' or by using water based lubricants. Having 'dry sex' can increase the risk of passing on Hepatitis C. With anal sex the use of water based lubricants will also reduce the risk of bleeding and therefore transmission. This together with the use of condoms for both vaginal and anal sex would reduce the risk even more.

Julie has been living with HIV and Hepatitis C for a few years, but is now concerned that because she has heard that Hepatitis C is more infectious than HIV she will have to take special precautions to protect her sex partners.

It's worth remembering that like HIV it is more difficult for women to pass Hepatitis C to men through sex than it is for men to pass it to women. Of the two, HIV is also more easily transmitted through sex, so any precautions that Julie is already taking to protect her partners and herself from HIV and sexual transmitted infections (STIs) will be suitable for Hepatitis C. There is some evidence that when Julie's HIV viral load is high or if she has an STI then she may be infectious for Hepatitis C as well as HIV. This can be a reason that regular sexual health checks may be a good idea. Ask at your HIV clinic or centre for more details. Decisions about treatment for Hepatitis C should still be based on Julie's health rather than how infectious she may be to others for HIV.

Marta is a Portuguese woman with HIV; she is now considering starting a family. There is plenty of information about HIV and pregnancy but she has concerns about the risks of Hepatitis C.

One of the first things Marta could do is to find out whether or not she has Hepatitis C. If Marta does have Hepatitis C then working closely with her clinic and planning her pregnancy will reduce the risk of transmission to the baby. Many of the things she may consider about reducing the possibility of passing on HIV to her baby during pregnancy and birth, will be the same for Hepatitis C. If the man involved doesn't have Hepatitis C or doesn't know, then being artificially inseminated by using the mans sperm and something like a syringe or turkey baster could be one option if they are concerned about sexual transmission of Hepatitis C. Using condoms for penetrative sex except when you want to conceive, but remembering to stop using any other contraception you may be using, is another option some people use in order to reduce the risk.

Ben is a young gay man with HIV who regularly snorts cocaine with his friends. He has now tested positive for Hepatitis C and is concerned that he may be putting others at risk.

Sharing straws, bullets or snorting equipment is thought to be a way that Hepatitis C may be transmitted. It would be easy to just suggest that Ben uses his own and doesn't share with others. Due to the 'social' aspects of snorting it may be more difficult to appear unsociable by using his own stuff without people asking questions. Talking to his friends about Hepatitis C (without necessarily saying he has it) and ways that he has heard it can be passed on may be one way forward.

Steve is a gay man who has been living with HIV for 15 years and doesn't have Hepatitis C. He has made the decision to only have sex with other men with HIV to reduce his concerns about rejection and 'take the worry out of sex'. His sex sessions involving fisting and anal sex with him usually being the 'bottom' or receptive partner.

Any activity which involves blood has a risk for Hepatitis C, if the other person already has the virus. With fisting, using sex toys and long anal sex sessions the use of lots of lubricant will help reduce the risk of bleeding. Following basic safer sex advice about condom use and making sure his fisting partner keeps his hands free from cuts, open wounds and sores will all help reduce transmission risks. Avoiding unprotected anal sex after being fisted may also reduce the risk of him getting Hepatitis C.

Some basic facts about Hepatitis C

Are there any symptoms when someone becomes infected with Hepatitis C?

Some people may experience symptoms when they are first infected but many will not show any signs that they have become infected with Hepatitis C. Those people that do show symptoms may feel tired, have a general feeling of being unwell, have low energy or even depression. Because these symptoms are so general especially if you are living with HIV, they can be easy to dismiss as nothing to be concerned about.

What are the long-term effects?

There are some people who get Hepatitis C and are able to clear the virus from their body without any treatment. How many people with HIV are able to do this is uncertain. For other people if the Hepatitis C is left untreated it can go on to cause severe liver damage and be fatal, however, there are some people who have Hepatitis C for many years without having any problems or symptoms.

As someone with HIV there is already a chance that your immune system is affected, because of this the speed that Hepatitis C can damage the liver may be greater and the damage more severe.

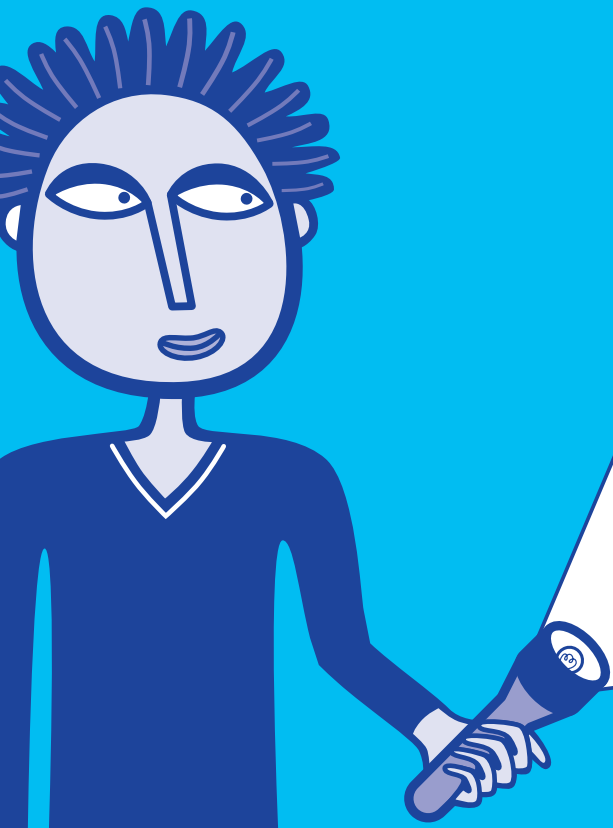
The treatment for Hepatitis C has to be balanced with any anti-HIV drugs that you may be taking and this can be organised by you and your doctor.

Because of this it's important to be treated by a doctor who has good knowledge of both Hepatitis C and HIV, or two doctors that will work closely together to ensure that you receive the best treatment. Some hospitals have specific 'co-infection' clinics for people with both HIV and Hepatitis C.

For most people in the UK, HIV and Hepatitis C co-infection is uncommon. People infected with both HIV and Hepatitis C are mainly those with haemophilia who were infected through blood products before screening was introduced, those infected through sharing injecting drug equipment and recently some gay men who have long hard anal sex sessions without using condoms.

If you have both Hepatitis C and HIV there is still a risk of transmitting Hepatitis C. Also there is some evidence to suggest that people with HIV are more likely to become infected with Hepatitis C when they are exposed to the virus.

Further information about Hepatitis, transmission, treatment and the long term effects can be found on these websites.



www.hepinfo.org

Hepatitis information for gay and bisexual men

www.britishlivertrust.co.uk

www.hepCuk.org

www.haemophilia.org.uk

www.hep-ccentre.com

For more information on living with HIV, see
the Terrence Higgins Trust website or contact
THT Direct Helpline.

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