

Acute hepatitis C in HIV-infected men who have sex with men in France in 2006-2007 (HEPAIG quali study, ANRS 07342): interviews with patients

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Background

Since 2000, cases of acute hepatitis C have been reported among HIV-positive (HIV+) MSM, who are not drug injectors. These cases are possibly linked to unprotected sexual practices.

The prospective HEPAIG study aims to:

- Describe the clinical and epidemiological characteristics of acute hepatitis C virus (HCV) infection in HIV+ MSM.
- Evaluate its incidence in France (2006 and 2007).

In addition, a qualitative study (ANRS HEPAIG-quali) based on interviews with patients has been undertaken in order to better describe these patients and the circumstances associated with HCV infection.

Methods

A random and proportional probability sample of 115 medical wards was designed according to the number of HIV cases in MSM reported to the National HIV surveillance system.

Acute HCV was defined by a positive anti-HCV antibody or HCV PCR within one year of a documented negative anti-HCV test.

MSM meeting case definition were proposed after consent to undergo two successive semi-structured interviews, conducted by the sociologist most often at patient's home.

- The first interview is focused on their social and sexual history and life, and on the circumstances and impact of HCV infection and its possible treatment.
- The second one explores their medical history related to HIV infection, details the six month period prior to hepatitis diagnosis, and questions the patients on the future of their sexual activities.

Results

Among the 67 MSM included in HEPAIG study, 31 were interviewed twice between october 2006 and march 2008 (interval between interviews: 6 to 8 weeks).

Half of these men, aged 33 to 58, live in Paris. They are HIV-positive since an average of 10 years [0, 21]. Their social context is very diverse regarding lifestyle, employment and income.

SEXUALITY

Half of them live with a companion, but all have sexual encounters with multiple casual partners:

- Unprotected sexual practices are frequent and their descriptions range from occasional relapse to regular barebacking (in which case, seroadaptation is usual).
- Most respondents practice receptive anal intercourse and/or fisting.
- Most use various drugs during sex (poppers, cannabis, gamma-hydroxybutyrate, cocaine, ecstasy...).
- Some of them also use Sildenafil or Tadalafil as sexual stimulant (Viagra®, Cialis®).

POSSIBLE RISKS OF HCV EXPOSURE

Each respondent describe at least two possible routes or factors associated with HCV transmission:

- Unprotected anal intercourse, unprotected fisting.
- Bleeding during sex.
- Having STDs (syphilis, chlamidia/LGV...).
- Having a HCV-infected partner.
- Sharing straws or sex-props (dildoes, lubricant containers, nitrite bottles...).
- Unprotected anal intercourse without lubricant and/or enema before sex.

PERCEPTION OF RISK

A majority of respondents were aware of possible HCV transmission through blood, but they thought they were not that much at risk of infection through unsafe sex. In many respondent's mind, HCV is associated with "IV drug users", not with "gay sex".

REACTIONS TO HCV DIAGNOSIS

- The reactions to HCV diagnosis range from shock to surprise or "bad luck".
- Respondants are apprehensive of treatment, known to be long, difficult and depressing.
- They are nevertheless confident towards the chances of being cured, in a context where HIV infection is largely banalised.

Anti-HCV treatment provokes an interruption of sexual activities linked to fatigue and lack of libido. But in the future, most respondents don't foresee to either change radically their sexual behaviour or use condoms.

PSYCHIATRIC OVERVIEW

Around one patient out of three have already met a psychiatrist or a psychologist before the hepatitis C diagnosis:

- Almost one out of two expresses signs of depression or anxiety.
- Patients also manifest single signs such as irritability, aggressiveness, mood instability, sleeping troubles, lack of libido...
- These troubles are caused either by hepatitis C diagnosis, or interferon side effects, fatigue, follow up constraints, isolation, fear of transmitting HCV to the regular partner.
- Many respondents have been prescribed with antidepressant, anxiolytic and/or sleeping pills.

On the opposite, other aspects of patients life and sexuality don't seem to be problematic:

- They adjust well to homosexuality.
- They don't question their use of "party drugs".
- They don't feel "guilty" of taking sexual risks with casual partners.

This could be explained by tendencies to denial (of risk), beliefs based on optimism and an ideology of individual enjoyment.

Conclusion

This qualitative sample of HIV-positive MSM having acute hepatitis C gathers very diverse social profiles and histories, with some common points regarding sexual behaviour and practices.

The choice of unprotected sex is primarily based on a claim for freedom and pleasure in order to escape the constraint due to HIV-infection and the stress of everyday life.

These men accept and manage the STI-risks on an individual responsibility basis, except within their couple.

This qualitative results associated with epidemiological HEPAIG study allows a better understanding of the context of HCV transmission among HIV+ MSM. New information campaigns targeted on this population should be undertaken in order to emphasize the possible HCV sexual transmission risk and the existing risk reduction strategies, as well as the potential health damage and seriousness of hepatitis C associated with HIV infection.

