EDITORIAL

SEXUAL PRACTICES AND TRANSMISSION OF HAV AND HCV

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In the current issue of Eurosurveillance, two articles report outbreaks of hepatitis A (Copenhagen) [1] and hepatitis C (Paris) [2] in the male gay community, and it seems likely that specific sexual practices of this community may have been the mode of transmission.

For decades, it has been accepted that the hepatitis A virus (HAV) is transmitted through direct contact from person to person either through the oro-faecal route or by contaminated food that is unprepared or contaminated during preparation, whereas the hepatitis C virus (HCV) is transmitted through a parenteral mode (through blood and its components). As far as hepatitis A is concerned, several outbreaks have already been reported in gay men, leading to recommendations for vaccination against hepatitis A by the health authorities in several countries [3,4].

In her article, A Mazick from Copenhagen [1] shows that in very low endemic countries, where the population has low immunity against HVA, the introduction of this virus in the gay male population can lead to very efficient transmission through multiple sexual relations within a very short period of time. Saunas offer the ideal opportunity for transmission of HAV, epidemically and endemically. Some sexual practices, such as oro-anal (rimming) or digito-anal (fingering or fisting) intercourse facilitate this type of infecting contact.

This risk is likely to increase in the years to come, because of: 1) increase in susceptibility of young people in Northern Europe because of lower incidence, 2) increasing contacts with people coming from HAV-endemic areas, 3) increasing popularity of new sexual practices that have occurred following improved knowledge of HIV transmission risk, but that increase oro-faecal transmission. The epidemiological situation of HAV in Europe is likely to facilitate this type of transmission because the population's receptivity to this virus in low endemic countries is increased, while in neighbouring countries the virus circulation remains high. HAV is often introduced in those countries linked to the presence of contaminated food (imported or not) or to oro-faecal transmission, which can easily lead to large epidemics within populations whose immunity for HAV is low.

The acute hepatitis C cases described in Paris [2] in HIV-infected gay men are a different and completely new scenario reported by InVS and several hospital doctors. There is no assumption that receptivity of the concerned population has changed. Hepatitis C, just like hepatitis A, is not usually considered to be a sexually transmitted infection (STI). Prevalence of anti-HVC antibodies in patients visiting health centres for STIs is low, with the exception of injecting drug users. Moreover, the incidence of hepatitis C is low in sexual partners of individuals who are carriers of hepatitis C, despite the presence of HCV in sperm [5]. Several points need to be underlined in this epidemic. Firstly, the fact that patients were infected by HIV raises several questions. Does this epidemic affect only HIV-infected people? If so, why? Is there an increase of specific sexual practices with an increased risk of bleeding in this population? Is this population more receptive or more contagious? Should studies be carried out in gay men who are not infected with HIV, to look for a 'silent' transmission that could have been overlooked, as usually happens with HCV cases? Furthermore, several viruses are involved, thus eliminating a unique transmission route. Sexual practices reported by patients frequently involve unprotected and traumatic anal intercourse that causes bleeding. The most frequent transmission modes of HCV (injecting drug use, hospital exposure, piercing and tattooing) were eliminated in those patients. We are faced here with an unquestionable fact, and its cause is still not well understood, although it certainly deserves to be studied in depth in order to identify the practices responsible. It is fundamentally important to look for the exact transmission mechanism so that we can formulate precise and pertinent targeted public information and prevent new cases. One answer may be the proposal to screen HIV-infected gay men for hepatitis C, especially in Paris, and to disseminate information on the transmission risk of HCV during traumatic sexual intercourse where bleeding may occur.

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References

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