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Acute HCV and HAV in men having sex with men: An emerging epidemic in the era of highly active antiretroviral therapy

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Men who have sex with men (MSM) are at risk for acquiring hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV) and must be vaccinated at an early age to prevent acquisition of HAV and HBV. Acute HCV and acute HAV infection are frequently a missed or delayed diagnosis bc largely asymptomatic. Fewer than 20% of patients have characteristic symptoms and unexplained elevations in transaminases may be the only laboratory finding.

HCV has been traditionally known to be transmitted parenterally and HAV through fecal-oral transmission from person-to-person contact, while not efficiently transmitted through sexual contact. Since 2000, epidemics of acute HCV infection in HIV-infected MSM have been reported, predominantly in Western Europe, Australia, and the United States. Certain sexual risk behaviors have been hypothesized to be associated with the acquisition of acute HCV infection in this population: unprotected anal intercourse, fisting, enema use, bleeding during intercourse.

Group sex practices and unsafe sexual partices were all associated with acute HCV infection in recent different studies. HAV outbreaks occurred among MSM throughout the world in the 1990s and sexual activity is probably the major mode of transmission among homosexual and bisexual men. Acute HAV infection may have an impact on HIV viral load. The interactions between HIV and HAV may prolong the HAV viremia compared with non-HIV-infected individuals which may result in a prolonged duration of risk of HAV transmission to others, and may also increase the risk of HIV transmission. Some studies suggest that acute hepatitis A may increase HIV-1 viral load that may not return to baseline after infection is resolved. MSM are at increased risk for HAV infection, and risk factors include high number of sexual partners and sexual practices involving oro-anal contact, however limited data suggest low rates of HAV vaccination

in this population, particularly among young MSM. HIV-infected MSM who do not participate in intravenous drug use have essentially the same rate of hcv infection as the general population, however, in the last few years, there have been a number of reports of acute HCV infection due to sexual transmission in the HIV-infected MSM in urban centers in Europe and in the US. Health-care workers often do not ask about risk behaviors during health-care visits, resulting in missed opportunities to vaccinate persons in high-risk groups against HAV and HBV infection. Reciprocal interactions between HIV and HCV or HAV can increase risk of morbidity and mortality in HIV disease and/or worsened the natural course of the hepatitis viruses. Healthcare workers should maintain a high grade of clinical suspicion to identify the transmission risk factors for prevention of reinfection, to recognize HAV and HCV in the acute stage of infection to preventing liver related morbidity and mortality in patients with HIV infection and to decrease the risk of HCV transmission to susceptible hosts. The prevention of HAV and HCV infections in the setting of co-infection with HIV is critical because of reciprocal interactions between the viruses that can lead to an increase risk of morbidity and mortality.

Speaker Biography

Antonio Mastroianni, M.D, graduated and specialized in Infectious and Tropical Diseases at the University of Bologna. July 1996–May 2017 working as a medical physician specialist in Infectious Diseases & Tropical Diseases with a “High degree in antibiotic and antifungal treatment” at Infectious Diseases Unit of the “G.B.Morgagni – L. Pierantoni”, Hospital,Forli, Italy. June 2017 Director of Infectious Diseases Unit “Annunziata” Hospital, Cosenza, Italy. Master of Tropical Medicine (University of Siena), Master of Diagnostic Pathways and Management of Sexually Transmitted Infections (Bologna, ECCMID), Master of Sepsis & Septic Shock (Univeristy of Milan), Master of Hospital Infections (University of Milan-Bicocca), Master of Tuberculosis (University of Brescia), Master of Pediatric Infections (University of Florence), Master of Infections in Pregnancy (University of Brescia). Mastroianni has authored more than 150 peer reviewed publications in indexed Journals as Clinical Infectious Diseases, AIDS, AIDS Care, Journal of Chemotherapy, Clinical Microbiology & Infection, European Journal of Clinical Microbiology & Infectious Diseases, Journal of Infection.

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