



HIV-INFECTED PERSONS

Most risk factors for HIV are also risk factors for hepatitis A and hepatitis B. About 25% of HIV-infected persons are co-infected with hepatitis C virus and most of these persons are IDUs. Comprehensive HIV and viral hepatitis prevention services can enhance all of your care and prevention programs. Programs serving HIV infected individuals should follow **CDC's Guidelines for Preventing Opportunistic Infections Among HIV-Infected Persons, 2002.**

Consider prioritizing the following services for HIV-infected persons:

- **Hepatitis A and hepatitis B vaccinations.**
- **Hepatitis C virus counseling, testing, and referral for IDUs.**

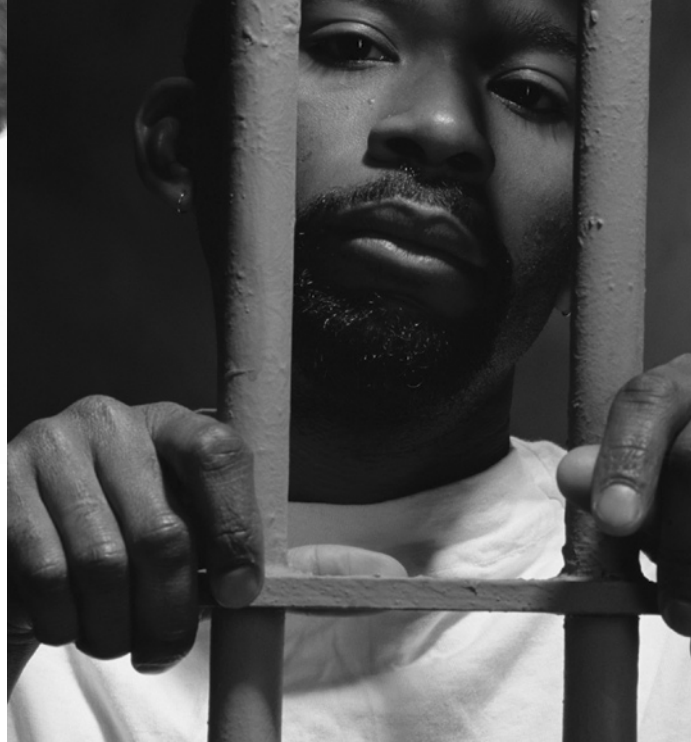
Proper care for HIV/HCV infected individuals is complex. It requires identification, monitoring, and careful management of both infections.

Some Ryan White CARE Act agencies are providing services for people who are co-infected with HCV and HIV. For a list of agencies providing services, see: "Hepatitis C and HIV Co-infection: An Update" **HRSA CARE ACTION Newsletter**, Human Resources and Services Administration: HIV AIDS Bureau; September 2003.

Available at: www.hab.hrsa.gov/publications/september2003/

FOR MORE INFORMATION:

www.cdc.gov/hepatitis



INCARCERATED PERSONS

Approximately 15% of all persons in the U.S. with chronic HBV infection and 39% of all those with chronic hepatitis C virus infection have a history of having been incarcerated. Incarceration provides an important opportunity to offer comprehensive disease prevention services. Hepatitis prevention services benefit inmates and the communities to which most will return.

Consider prioritizing the following services for incarcerated persons:

- **Hepatitis A and hepatitis B vaccinations.**
- **Hepatitis C virus counseling, testing, and referral.**
- **Substance abuse treatment.**

FOR MORE INFORMATION:

<http://www.cdc.gov/hepatitis>

<http://www.cdc.gov/nchstp/od/cccwg/default.htm>

ADDITIONAL INFORMATION:

IDU

J. Heider, C. Marshall and T. Stopka. "Hepatitis C (HCV) Testing as an Incentive to Increase HIV Testing among IDUs in California" **NASTAD HIV Prevention Bulletin**, National Alliance of State and Territorial AIDS Directors; February 2004.

Available at: www.nastad.org

MSM

Centers for Disease Control and Prevention. **Sexually Transmitted Diseases Treatment Guidelines.** MMWR 2002;51(No. RR-06);1-80. www.cdc.gov/ncidod/diseases/hepatitis/msm/index.htm
www.cdc.gov/hiv

HRH

Centers for Disease Control and Prevention. **Sexually Transmitted Diseases Treatment Guidelines.** MMWR 2002;51(No. RR-06);1-80.
www.cdc.gov/STD/treatment/

HIV-INFECTED PERSONS

Centers for Disease Control and Prevention. **Guidelines for Preventing Opportunistic Infections Among HIV-Infected Persons.** MMWR 2002;51(No. RR-8);1-46.

Available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5108a1.htm
www.cdc.gov/hiv/dhap.htm

INCARCERATED PERSONS

Centers for Disease Control and Prevention. **Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings.** MMWR 2003;52(No. RR-1);1-36. Available at: www.cdc.gov/hepatitis

www.cdc.gov/nchstp/od/cccwg/default.htm

viral hepatitis
integration
for hiv prevention
community planners



DEPARTMENT OF HEALTH
& HUMAN SERVICES



Viral Hepatitis INTERVENTIONS

Community Planning Groups should consider these interventions for prioritization as prevention activities in their Comprehensive HIV Prevention plans.

- Vaccinate** **Hepatitis A and/or hepatitis B**
Who: Men Who Have Sex With Men (MSM), Injection Drug Users (IDU), HIV infected persons, incarcerated persons, High-Risk Heterosexuals (HRH)
- Counseling:** **Reduce** infection risks, drug and alcohol abuse
Who: MSM, IDU, HIV infected persons, incarcerated persons, high-risk heterosexuals
- Testing:** Hepatitis C
Who: IDU, HIV infected persons
- Referral:** Medical treatment, drug treatment and social services
Who: HBV-positive, HCV-positive, or HIV-infected persons, drug or alcohol abusers
- Settings:** STD clinics, HIV programs, drug treatment centers, prisons and jails, and wherever prioritized populations receive HIV prevention services.

Work with your state hepatitis B and hepatitis C coordinators to learn more about these interventions.

ADDITIONAL RESOURCES

Most states have a hepatitis B and hepatitis C coordinator. A listing can be found at: www.cdc.gov/hepatitis/resource/index.htm.



INJECTION DRUG USERS (IDU)

IDUs are at very high risk of acquiring HBV and HCV infection. Fifty percent to 80% of IDUs become infected with these viruses within 5 years of beginning injection. Injection drug use was the primary risk factor for 12% of acute hepatitis B cases and 60% of acute hepatitis C cases. A safe and effective vaccine is available to prevent hepatitis B virus infection. Both hepatitis B and hepatitis C can result in chronic infections that can damage and ultimately destroy the liver.

Consider prioritizing the following services for IDU:

- **Hepatitis A and hepatitis B vaccinations.**
- **Hepatitis C virus counseling, testing, and referral.**
- **Services for HCV-positive individuals.**
- **Substance abuse treatment.**

In 2003, the California Office of AIDS, showed that offering hepatitis C testing increased both HIV and HCV testing among IDUs.

FOR MORE INFORMATION:

www.cdc.gov/IDU
www.cdc.gov/hepatitis
www.effectiveintervention.org

HIGH-RISK HETEROSEXUALS (HRH)

High-risk sexual behavior is the primary risk factor for more than half of acute hepatitis B cases. Most hepatitis B virus infections occur in adults, aged 25-39 years. Among persons with acute hepatitis B up to 60% have previously received care in settings where they could have been vaccinated (e.g., STD clinics, correctional facilities and drug treatment facilities).

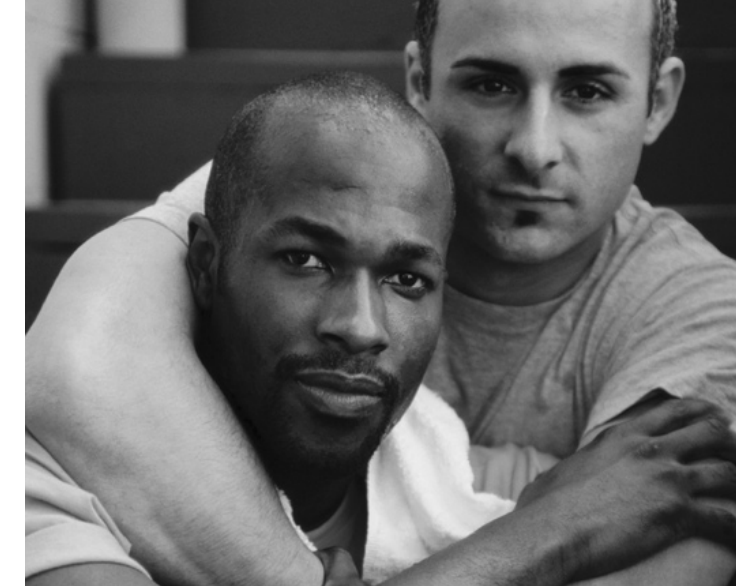
Consider prioritizing the following service for HRH:

- **Hepatitis B vaccination.**

Counseling should include messages on risk reduction, alcohol and substance abuse prevention.

FOR MORE INFORMATION:

www.cdc.gov/hepatitis
www.cdc.gov/std



MEN WHO HAVE SEX WITH MEN (MSM)

Despite the availability of safe and effective vaccines to prevent these infections, MSM are disproportionately affected by both hepatitis A and B. About 15% of all new HBV infections in the United States are among MSM. Although CDC recommends vaccination of MSM to prevent hepatitis A and hepatitis B, vaccine coverage in this population remains low.

Consider prioritizing the following services for MSM:

- **Hepatitis A and hepatitis B vaccinations.**

Base your prioritized interventions for MSM on the **2002 STD Treatment Guidelines**, recommendations for MSM. These guidelines recommend hepatitis A and hepatitis B vaccination and advise annual testing for HIV and STDs. These recommendations are emphasized in a recent CDC *Dear Colleague* letter, on comprehensive STD prevention among MSM that is signed by four division directors.

FOR MORE INFORMATION:

www.cdc.gov/hepatitis
www.cdc.gov/std

