Correspondence

Spread of Hepatitis C Virus Infection in Men Who Have Sex With Men

TO THE EDITOR—Witt et al report ongoing spread of hepatitis C virus (HCV) in human immunodeficiency virus (HIV)-infected and -uninfected men who have sex with men (MSM) in the United States, with no significant rise in HCV incidence rates (IRs) between recruits from the 1980s/1990s vs those recruited since 2000 in the first 4 years after recruitment [1]. These interesting results merit further discussion given that HCV IRs are reportedly increasing elsewhere [2].

The proportion of HCV antibody-negative men at baseline reporting unprotected anal intercourse (UAI) and unprotected receptive anal intercourse (URAI) with multiple partners fell from 41% to 11% between recruits from the 1980s/1990s and 2001–2003 (P < .05). Increasing rates of UAI since the 1990s have been reported elsewhere, particularly among HIV-positive MSM, following the widespread availability of combination antiretroviral therapy (cART). One large UK study found that the proportion of men reporting UAI increased from 24% to 37% (P = .07) between 1998 and 2008, and the proportion reporting concordant UAI rose from 9.8% to 20.8% (P = .01) [3].

Higher rates of UAI may be consequent on HIV serosorting, which has increased the risk of permucosal HCV transmission [4]. Witt et al actually speculate that riskier sex may have followed widespread cART availability, thereby facilitating permucosal HCV acquisition and explaining higher HCV IRs between 2005 and 2011 compared to 2000–2004. However, as rates of URAI with multiple partners declined in later recruits, could risky sexual behavior have been underreported?

For all HIV-uninfected recruits and for HIV-infected recruits from the 1980s/1990s, HCV IRs rose between 2000–2004 and 2005–2011; and yet for HIV-infected recruits from 2001 to 2003, HCV IRs declined over the same period. The fall in reported URAI in this group, in the context of unchanged rates of reported injection drug use (IDU), may be driving this decline. This contrasts with the Swiss analysis in which an 18-fold rise in incident HCV cases was reported between 1998 and 2011 in HIV-positive MSM, probably driven by high-risk sex [2].

In this study, unprotected insertive anal intercourse (UIAI) was not associated with incident HCV, as in a US case control study [5], but elsewhere UIAI has been significantly associated with incident HCV [6, 7]. Furthermore, the association between a history of syphilis and incident HCV is lost in the non-IDU, non-blood transfusion group here. Others [2, 6–8] have reported a significant association between syphilis and incident HCV in HIV-infected MSM, the absence of which here may imply a relatively unusual MSM cohort.

Finally, a relatively large proportion of HCV antibody-negative recruits at baseline (1107 [17%]) did not attend follow-up and were therefore not eligible for repeat HCV testing. Potentially, those at greatest risk of HCV acquisition through high-risk behavior were least likely to re-attend; consequently, incident HCV cases could have been missed.

Note

Potential conflicts of interest. Both authors: No reported conflicts.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest.

Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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References


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