

Primary and Secondary Prevention of HCV among PWH: Risk Behavior Harm Reduction

**THIS PRESENTATION WILL BE AUDIO/ VIDEO RECORDED. YOUR
PARTICIPATION CONFIRMS YOUR CONSENT TO THIS RECORDING.**

Conflict of Interest Disclosure Statement

- The presenter has no conflicts to declare.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Under grant number U10HA33225 (South Central AIDS Education and Training Center). It was awarded to the University of New Mexico. No percentage of this project was financed with non-governmental sources. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Learning Objectives

- Discuss differences between HIV and HCV viability
- Describe harm reduction education for people who inject drugs (PWID) and persons who use intranasal drugs
- Describe harm reduction education regarding sexual behaviors, body art procedures and transgender persons

Principles of Harm Reduction

- Harm reduction refers to policies, programs, and practices that primarily aim to reduce the adverse health, social, and economic consequences of a risky behavior without necessarily reducing the behavior.

Overview of Injection Equipment

- Needle
- Syringe
- Cooker
- Water
- Filter
- Alcohol
- Tourniquet
- Surface



Viral Viability: HIV-1

- Ability of virus to survive outside the human body
 - Not a direct correlate to ability to infect
- HIV is fragile and needs a human host for replication
- Syringes with HIV-1-infected blood can maintain the viability of the virus for days to weeks depending on the syringe temperature and volume of infected blood

Viral Viability: HCV on Surfaces

- HCV can survive extended periods on dry surfaces
 - Evidence after 5 days to 6 weeks depending on volume and environmental factors (temperature, location)
 - 32 ml tuberculin syringes maintain viral viability longer (up to 63 days) than 1 ml insulin syringes (1-7 days based on temperature)
 - Syringes with more dead space volume (the space in the hub of the needle, detachable needles) allow for longer survival times
- HCV is inactivated by:
 - Temperature > 65°-70°C
 - Bleach, ethanol, 1-propanol
 - Commercially available disinfectants

HCV in Injection Equipment: Follow the Blood

- Focus on components where the needle/syringe can be contaminated with HCV:
 - shared water
 - filters
 - water containers



Harm Reduction for HIV/HCV Co-infected PWID

- Encourage treatment for drug use
- Emphasize avoiding the sharing of syringes, needles, filters, water and water containers
- Encourage the use of sterile needles, syringes, and water
- Educate on safe cleaning practices of unsterile needles, syringes and filters
- Counsel on safe sex practices

Minimizing Morbidity and Mortality for Co-infected PWID

- Linkage to appropriate resources
- Limiting likelihood of overdose
- Providing safe injection spaces

Intranasal Drug Use

- Evidence that HCV can be transmitted through non-injection drug use
- Stronger association among PWH
- Injectors may transition to intranasal use
- Counsel to avoid sharing of intranasal equipment (straws)
- Counsel on PrEP for HIV prevention for HIV-uninfected sexual and drug equipment-sharing contacts

HIV/HCV in Body Art

- Tattoos and piercings have increased risk of HCV in unregulated parlors and by unlicensed artists
- Higher risk if done in prisons or by friends
- Education/awareness among inmates and youth to reduce use of non-sterile tools and ink



HIV/HCV Sexual Risk Behaviors and Counseling

- Receptive anal sex is of higher sexual risk for **acquiring** HIV and HCV
- Insertive anal sex has highest risk for **transmitting** HIV
- Increased HCV among MSM and sex workers with HIV
- Counsel on safer sex practices, including consistent condom use
- Counsel on PrEP for HIV prevention
- Counsel on HCV treatment/cure

Transgender Persons

- Transgender PWH may be at risk of HCV infection through injection and sexual practices
- Use clean needles/syringes for hormone injections
- Practice safer sex behaviors
- Counsel on need for silicone injections to be administered by a licensed care provider
- Counsel on PrEP

Questions?

Resources

- Clinical Consultation Center
<http://nccc.ucsf.edu/>
 - HIV Management
 - Perinatal HIV
 - HIV PrEP
 - HIV PEP line
 - HCV Management
 - Substance Use Management
- AETC National HIV Curriculum
<https://aidsetc.org/nhc>
- [Core Concepts - Primary Care Management - Basic HIV Primary Care - National HIV Curriculum \(uw.edu\)](#)
- AETC National Coordinating Resource Center
<https://targethiv.org/library/aetc-national-coordinating-resource-center-0>
- Additional trainings
scaetcecho@salud.unm.edu