

Human Rights **Update****HIV/AIDS AND HEPATITIS CO-INFECTION:
AN EMERGING HEALTH ISSUE**

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**NASW HIV/AIDS
SPECTRUM PROJECT**

Introduction

As a profession, social work has been on the frontline of service provision since the early days of the HIV/AIDS pandemic. During the ensuing decades, the social work profession has responded to changes in the epidemiology, treatment, and funding of HIV/AIDS. Once viewed as an acute health condition often resulting in lethal opportunistic infections and early death, the advent of multiple anti-HIV regimens has moved HIV/AIDS into the realm of chronic manageable disease. This transition to a chronic illness brings a new and emerging set of health concerns associated with persons living with HIV/AIDS. One example is the increasing risk of hepatitis co-infection for persons living with HIV/AIDS.

Prevalence

Hepatitis C (HCV) is the most common blood-borne infection in the United States: At least 3.8 million people have been infected. CDC estimates that approximately 17,000 new HCV infections occur annually. (CDC, 2008). The increased incidence of hepatitis B (HBV) in the general population is also reflected in the incidence rate for persons living with HIV/AIDS. Of the nearly one million people living with HIV in the United States, an estimated 10 percent are also co-infected with HBV. The prevalence of HCV co-infection is higher than most people realize. In the United States, HCV prevalence among all PLWHA is estimated to be 15 to 30 percent, and it is more than three times higher—from 50 to 90 percent—among people who acquired HIV through injection drug use (IDU). (HRSA, 2010).

Research has shown that gay men and men who have sex with men (MSM) and people who have other sexually transmitted infections are at greater risk for contracting HCV from unprotected sex. (HRSA 2010). Persons living with HIV/AIDS who are also infected with HBV are four to six times more likely to develop long-term (chronic) HBV due to weakened immune systems than those persons without HIV/AIDS, thus making liver damage from HBV a critical health issue for persons living with HIV/AIDS (Kukka, 2004).

TYPES OF HEPATITIS (HRSA, 2010)

Hepatitis – Disease in which inflammation or swelling of the liver occurs. While there are multiple types of hepatitis, the following are the most common:

- **Hepatitis A:** Transmission is through fecal-oral contact, with the greatest risk in countries with poor sanitation. *A vaccine is available.*
- **Hepatitis B:** Transmission is through sexual contact, blood products, and body fluids and perinatally. Hepatitis B has both acute and chronic states. *A vaccine is available.*
- **Hepatitis C:** Transmission is through blood products, other body fluids, by kidney dialysis, organ transplantation, and perinatally. *No vaccine is currently available.*

Transmission of Hepatitis and HIV/AIDS

Because HIV, HCV, and HBV are all blood-borne infections transmitted through similar patterns of behavior, co-infection is an increasingly important public health issue (HCV Advocate, 2002). While sexual contact remains the most common method of HIV/AIDS transmission, an increasing number of cases in which HIV/AIDS is transmitted through injection drug use have resulted in a growing population of individuals co-infected with HIV/AIDS and HCV. Studies show that injection drug use—specifically sharing contaminated needles and other drug using paraphernalia—accounts for 60 percent of HCV cases, with some populations of injection drug users reported at 90 percent HIV/HVC co-infected. (Highleyman; 2003, HRSA, 2010).

Assessing Risk

While it is important for all individuals who are living with HIV or AIDS to get screened for HCV and HBV, it is especially critical for people with a history of injection drug use, crack cocaine use, or sexual contact with multiple partners. HCV infection progresses more quickly than usual in people who are living with HIV/AIDS, with some studies showing more rapid progression of liver damage and a greater rate of death due to HCV/HIV co-infection (HRSA, 2003). A greater proportion of HIV/HCV co-infected people may progress to cirrhosis (serious liver scarring), and liver disease progression is more rapid among those who are co-infected than among those with HCV alone. (Martinez-Sierra C, Arizcorreta A, et al., 2003; HRSA 2010).

Additionally, HCV, HBV, and HIV are more likely to be spread if one partner has another sexually transmitted infection (STI). The risk is greater if the person has a STI that causes sores or lesions (Highleyman, 2003).

Practitioners can help clients look at their risk for infection or co-infection by utilizing a risk-assessment questionnaire focused on sexual practices and drug history. A “yes” to any of the following questions may place a person at risk for HIV and/or hepatitis:

- Have you ever injected drugs or shared a needle?
- Have you had a blood transfusion or a transplant (heart, liver, etc.) before 1990?

- Have you been pierced or tattooed with an unsterilized needle?
- Have you ever had unprotected vaginal, oral, or anal sex?
- Have you ever been infected with an STI?

Challenges to Accessing Care and Services

HIV/AIDS and other sexually transmitted infections have socially and culturally based stigmas, and as a result, barriers persist in preventive education. Individuals are often ashamed to discuss behaviors that have been viewed as negative by their culture and the larger society. This shame leads to less open communication about HIV/AIDS and STIs between sex partners, between parents and children, or between clients and both health and mental health professionals.

Additionally, disparities in access to care and treatment and diagnosis of HIV/AIDS and/or HCV have been documented in numerous studies. For example, African Americans and Latinos were more likely than Whites to be tested for the first time at later stages of infection; that is, they were more often diagnosed with AIDS at their first HIV test or within one year of the first test. Treatment options, including access to health-sustaining medications, are often limited at this stage and life expectancy is generally shorter as well (Kaiser, 2003; CDC, 2003). Overall, co-infected individuals may have issues with substance abuse, depression, or other behavioral health problems that can prevent initiation or completion of treatment. (HRSA, 2011). Simply stated, these factors create barriers to prevention, education, client disclosure, and medical and mental health care access.

The Role of Social Work in Addressing HIV and Hepatitis Co-infection

Whether providing direct services or administration, social workers have the practice skills necessary to address the growing HIV/AIDS pandemic and related public health concerns. Working in health and mental health settings, social workers ensure that policy and practice support the client’s dignity and self-worth, self-determination, privacy, and confidentiality, and promote culturally competent practices (NASW, 2009).

Through their diverse practice skills as clinicians, educators, and advocates, social workers have the opportunity to provide culturally competent awareness and prevention information to their clients on a daily basis. Social workers need to be knowledgeable about current trends in disease management and their role in assessment and intervention with clients at risk for HIV/AIDS and related co-infections within the populations served.

Harm Reduction and Intervention Strategies:

- Educate clients/consumers on the co-occurrence and co-risk of HIV/AIDS and other STIs, and HIV/AIDS and hepatitis.
- Advocate for and ensure access to needle exchange programs.
- Dialog with clients about safer sex practices, including use of universal precautions when exposed to blood and feces.
- Help clients' access health services that include vaccinations for hepatitis A and B.
- Provide harm reduction information that addresses reduced use or abstinence from alcohol and/or drugs.
- Talk with clients about the effects of alcohol, street drugs, and some over-the-counter drugs and prescription medications that can cause or worsen liver problems.
- Keep current. Build networks with health care providers to learn the current treatment options for clients with HIV/AIDS and hepatitis co-infection(s).
- Work with clients to anticipate, understand, and identify options to coping with drug side effects, including depression, anxiety, or irritability.
- Social workers working in health and behavioral health care settings will want to reduce their own risk by getting vaccinated for hepatitis A and B.

Resources

- Know the local community food banks and housing alternatives.
www.socialworkers.org/practice/peace/psj0703.pdf
- Connect clients to an HIV and/or hepatitis specific support group.
- Network with colleagues to maintain ongoing medical and mental health care for clients.

- Help clients learn about possible toxicities by investigating alternative or complementary therapies resources.
- Research scientific updates for HIV/AIDS and hepatitis treatments. www.thebody.org

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www.socialworkers.org/practice/hiv_aids/spectrum

Learn more about our work:

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SocialWorkers.org/practice/hiv_aids/default.asp.



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