



National HIV Nurses Association



*NHIVNA Pre-conference Study Day*  
*'Current Issues in HIV, Hepatitis and other*  
*Blood-borne Viruses'*  
*In collaboration with BASLNF*

Royal Armouries International, Leeds

17 June 2015



17<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

**Joe Phillips and David Stuart**  
Chelsea and Westminster Hospital, London

17 - 19 June 2015 - Royal Armouries International, Leeds

# ChemSex – Joint Working

David Stuart & Joe Phillips

56 Dean Street/Dean Street Express

Chelsea & Westminster Hospital

Chelsea and Westminster Hospital   
NHS Foundation Trust

## Aims

- To examine the link between HIV/Hep c and ChemSex
- To examine issues around HIV/Hep c co-infection including transmission, testing, reinfection and stigma
- An update on ChemSex data from 56 Dean Street
- Ideas for supporting patients and joint

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## Gay men, drug use & HIV

- “Party drugs linked to alarming rise in HIV amongst gay men”
- “London sees 20 per cent rise in infections as charities call for better sexual health services”

(www.independent.co.uk, 2013)

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## Gay men, drug use, HIV and Hepatitis C co-infection

- New trends in recreational drug use
- Often used during sex
- 7% of HIV positive gay men are co-infected with hepatitis c (NAT: 2012)
- Increased rates of co-infection linked to
  - Sexual activities which may cause bleeding
  - Analgesic effect of some drugs
  - Intravenous drug use
  - Multiple partners
  - Unprotected sex
  - Knowledge and stigma (Browne 2003, Danta et al 2007, NAT, 2012, Stuart 2013)

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# Sexual transmission of Hepatitis C

## Seminal HCV RNA level may mirror dynamics of plasma HCV RNA in HIV-positive men with acute HCV

### Hypothesis

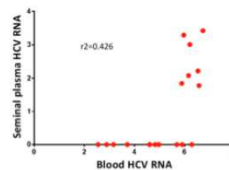
- High semen HCV RNA may contribute to sexual transmission of HCV in HIV-positive men with acute HCV

### Methods

- Prospective cohort (n=66)
- Baseline and one follow up visit
- HCV RNA quantification in blood and semen on Abbott M2000

### Results

Seminal plasma HCV RNA according to blood HCV RNA level for men with acute HCV/HIV (log IU/mL)

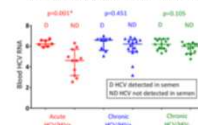


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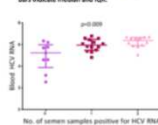
### Results

Detection of HCV RNA in seminal plasma according to blood HCV RNA (log IU/mL). Error bars indicate median and IQR.



### Results

Longitudinal shedding of HCV RNA in semen according to blood HCV RNA (log IU/mL). Error bars indicate median and IQR.



### Discussion

- Semen HCV RNA levels were generally low.
- The relationship between blood and semen HCV RNA in HIV-positive men with acute HCV indicates a potential for heightened infectiousness in the setting of high early infection HCV RNA levels.



# Testing for Hepatitis C

Clinical Infectious Diseases Advance Access published October 9, 2014

1.

**Hepatitis C core antigen testing: a reliable, quick and potentially cost-effective alternative to Hepatitis C polymerase chain reaction in diagnosing acute hepatitis C virus infection**

Cresswell F.V.<sup>1</sup>, Fisher M.<sup>2,1</sup>, Hughes D.J.<sup>1</sup>, Shaw S.G.<sup>1</sup>, Homer G.<sup>3</sup>, Hassan-Ibrahim M.O.<sup>3</sup>

15 cases of acute hepatitis c in HIV +ve individuals  
 HCV cAg testing found to be as sensitive as PCR testing  
 100% sensitivity. 98 % Specificity (2 indeterminate results)  
 ¼ of the cost of PCR testing

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## Hepatitis c re-infection

- Hepatitis c re-infection risk of 25% over 2 years in HIV +ve MSM
- Many re-tested early and re-infection diagnosed and treated in the acute phase
- Behavioural data not gathered during this study.
- Education, surveillance and preventative work needed

Martin et al. HCV reinfection incidence and treatment outcome among HIV-positive MSM in London. AIDS. June 3, 2013 (epublication)

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## “The Elephant in the Room”

Owen 2008

- Hepatitis c status is not being considered when ‘serosorting’ for sex.
- Awareness of transmission risk of hepatitis c.
- Hepatitis c is not ‘owned’ by the gay community
- Disclosure, fear of refusal, isolation are common features



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## 56 Dean Street ChemSex data

874 Unique MSM using (combinations of) Meth, Meph and GBL for sex consented to a brief intervention for drug use support.

- 98% had never previously accessed drug use support.
- 45% reported average of between four and ten partners per episode
- 70% reported no 'chem-free' sex in previous 6 months (Zero Sober Sex)

### HIV Status

52% HIV-ve      32% HIV+ve      16% Unknown

### Of the HIV+ve cohort not on ARV therapy (42 individuals);

64% reported zero condom use for intercourse

### Of the HIV+ve cohort on ARV therapy (238 individuals);

25% reported zero condom use for intercourse

64% reported good ARV adherence (poor adherence represented little threat to viral suppression)

### Of the HIV-ve cohort;

55% had done 1 or more courses of PEP (typically, between 3 and 8 courses)

40% reported using condoms for intercourse less than 50% of the time

75% expressed an interest in PrEP as an HIV prevention tool

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Data from 56 Dean Street  
Chelsea & Westminster hospital NHS Foundation Trust

## 56 Dean Street ChemSex data; IVDU

### Injecting Drug Use

29% were injecting drug users

34% had never injected drugs

37% unanswered

### Of the injecting drug users;

23% reported having shared needles

27% reported never having injected themselves (allowing others to inject them)

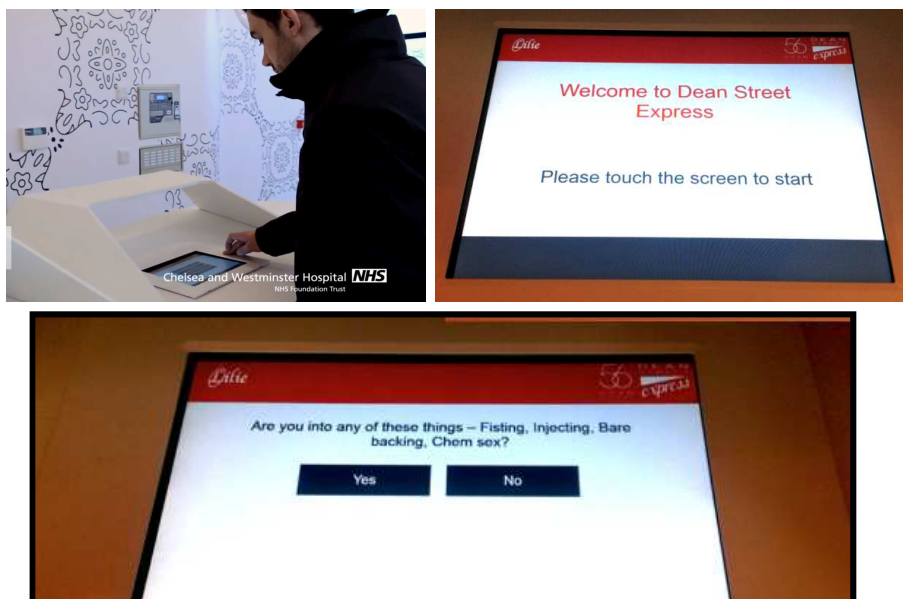
30% had been injected by both themselves and others

This is an injecting-naïve population

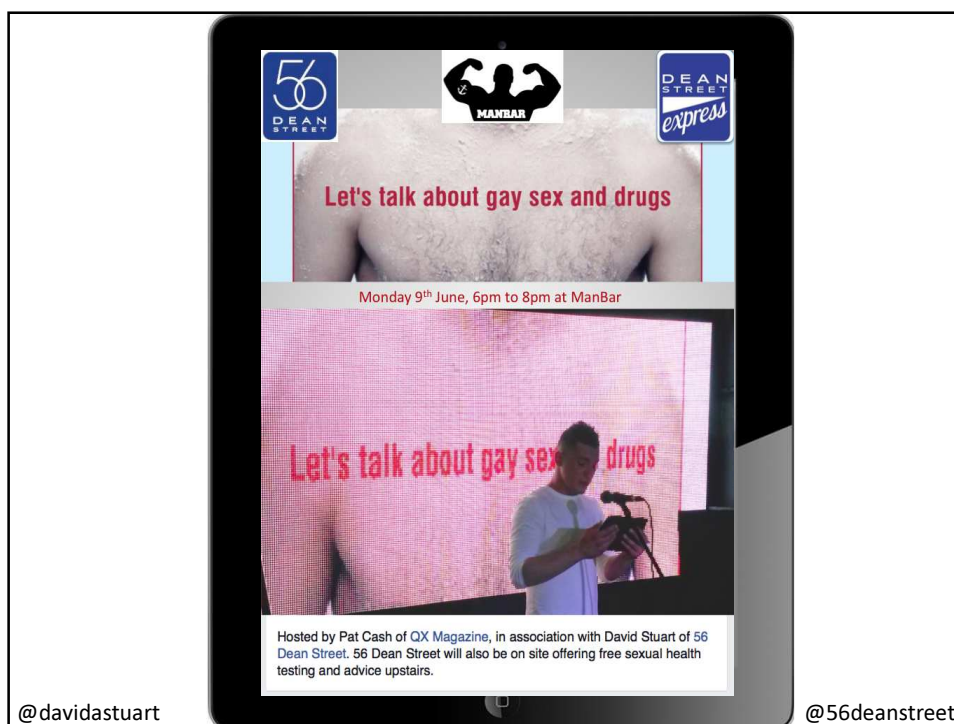
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## Simplifying access to treatment



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**DEAN STREET WELLBEING PROGRAMME**  
Sponsored by Monument Trust

**Events, 2014**



A panel of London scene personalities, discuss  
**Young people's attitudes to HIV**

## Questions to ask during consultation

A 3 day ChemSex environment is rife with the possibilities of infection.

*"Forgive me, I've never been at a ChemSex party; but I do want to give you the best advice, and help you be safe. Let's talk through what typically happens, from the sex, any toys or fisting, douching or sharing bathroom utensils or lube containers, and I'll do my best to give you the best advice to avoid any infections."*

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**www.chemsexsupport.com** (from 56 Dean Street)

• For Chem users

- How to access support
- Tips for safer use/drug info/sexual health info
- Behaviour-change video library (craving management, reduction tips, sober sex advice, safer play information)
- List of London recreational /social alternatives to bars, clubs, saunas, chems

For professionals

- A working definition, ChemSex
- Referral information
- Video tutorials/conducting ChemSex interventions
- Resources/tools for working with ChemSex'ers
- Papers on adapting services to be ChemSex-efficient
- ChemSex research
- Drug Drug Interactions

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## Conclusion

Perfect storm of;

- a promiscuous population
- High HCV/HIV prevalence
- High risk sex practices
- Increased (naïve) injecting use
- Poor or non-existent care pathways
- Ignorance/poor cultural competency amongst clinicians
- Shame/stigma amongst patient group, inhibiting honest disclosure
- Potential clusters of acute infections in a concentrated, but expanding population
- Complex psychological drivers

We need to be aware, communicate effectively with our patients, improve proformas, and affect happy referrals to appropriate ChemSex support, to treat early, and avoid continued behaviour that leads to multiple re-infections.

Work with MSM voluntary sector, to mobilise community response to ChemSex & HCV stigma

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