

November 2005 HepTalk Listserv

Announcements from HepTalk

Welcome to the November 2005 edition of the Listserv and **welcome** to three guest editors, **Ms. Judy Norton, Dr. Keith Bletzer, and Dr. Tina Castañares**. Ms. Norton heads the program on Hepatitis C at Arizona Department of Health Services; Dr. Bletzer is a medical anthropologist who has worked with migrant workers for a number of years (including research on substance use and HIV); and Dr. Castañares works as a family physician for a migrant clinic in the Northwest and is nationally known for her work with the migrant community. Thanks very much to Dr. Bletzer, Ms. Norton, and Dr. Castañares for their contributions. They will also be editing the December edition of the Listserv.

In the November listserv Dr. Bletzer has included information from his research on farmworkers and substance abuse. Dr. Bletzer's work is a rare scientific look at the actual substance use realities for migrants.

The guest editors have also selected and reviewed four articles on Hepatitis B and C, and suggested one additional resource. The articles can help us begin to answer some common questions about hepatitis in clinics that serve migrants: "Are we going to see drug use among migrant clients?" "Will clients with Hepatitis C be interested in treatment?" "How can we integrate adult vaccinations like Hepatitis B into our clinics?" (Note also in the Hep B article that the disease is noted to be increasing in men over 19, a primary migrant demographic.) "Do people get Hepatitis C from sexual contact?" "Does abuse of women factor into our hepatitis prevention efforts?"

1. Excerpts from "*Inscription In Drug Use Among Farm Workers*," Original (unpublished) research by Dr. Bletzer.
2. "*Hepatitis C disease among injection drug users: Knowledge, perceived risk and willingness to receive treatment*"
3. "*Integrating Hepatitis B prevention into sexually transmitted disease services: U.S. sexually transmitted disease program and clinic trends, 1997 and 2001*"
4. "*Does HIV infection favor the sexual transmission of Hepatitis C?*"
5. "*The everyday violence of Hepatitis C among young women who inject drugs in San Francisco*"
6. Suggested resource: National Association of State and Territorial AIDS Directors (NASTAD)

If you have questions for Dr. Bletzer or Ms. Norton, please send them to the listserv administrator Kathryn Anderson at dempander@earthlink.net.

Please note that the articles and links below do not comprise recommendations from HepTalk, or from the CDC. They are mainly intended to stimulate discussion of issues you may find relevant to your client population.

Check the HepTalk webpage on the Migrant Clinicians Network website at <http://www.migrantclinician.org>. You can get to our page by clicking on "Clinical Excellence" on the Home page, and then clicking on "Hepatitis" on the menu at the left (<http://www.migrantclinician.org/excellence/hepatitis>).

If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list.

1. You'll find excerpts from *Inscription In Drug Use Among Farm Workers* by Dr. Keith Bletzer posted on the Migrant Clinicians website at <http://www.migrantclinicians.org/excellence/hepatitis>

Article Reviews

2. Michael D. Stein, Jina Maksad and Jennifer Clarke, 2001, "*Hepatitis C disease among injection drug users: Knowledge, perceived risk and willingness to receive treatment*," *Drug and Alcohol Dependence* 61:211-215

This study considered aspects of health knowledge and *serostatus*, and willingness to engage in hepatitis treatment, among 306 former Intravenous Drug Users (IDU), receiving methadone treatment in Providence, Rhode Island (from 1997-1998); 56% of the sample was male, and 66% were White. This population was chosen, since those in methadone treatment are less likely to be receiving targeted education, as their stabilized condition might seem to not warrant the effort. Several practical findings emerged from the study. Regarding willingness of respondents to take Interferon (the first approved treatment for chronic HCV infection), more than one-half reported they would be willing to use it. Although less than one percent had previously taken Interferon, an equal percentage of *seronegative* and *seropositive* respondents said they would be willing take the medication (53% versus 54%). This finding is interesting, since the medication is not easily taken: Interferon requires injection and liver biopsy, often produces nausea, and its success rate is around 20%. Those least willing, not surprisingly, were those who were HIV-positive, compared to those who were HIV-negative (60% versus 36%, $p < .01$); they may have had experience with HIV regimens and/or they knew persons who were taking HIV medications. Generally speaking, around half the 306 responded incorrectly to one or more hepatitis risk questions. The authors noted in their abstract that 77% knew HCV was sexually transmitted but only 30% knew that condoms could prevent transmission [caution: these percentages are given in the text as 80% and 70%, respectively]. The authors identified a few things of concern: 82% of those who failed to return for HCV test results were in fact HCV-positive and 30 persons who said they believed they were negative were in fact positive. They suggest this might mean they had negative results in the past or the results they may have previously received were not interpreted correctly. Overall, this article provides good baseline data that are suitable to planning and delivering counseling and HCV management programs.

3. Lisa K. Gilbert, Jane Bulger, Kelli Scanlon, Kathy Ford, David Bergmire-Sweat and Cindy Weinbaum, 2005, "*Integrating Hepatitis B prevention into sexually transmitted disease services: U.S. sexually transmitted disease program and clinic trends, 1997 and 2001*," *Sexually Transmitted Diseases* 32(6):346-350.

Since Hepatitis B vaccine is strongly recommended for individuals who have a sexually transmitted disease, this study sought to assess the situation of vaccine availability through a

national mail survey on prevention activities at clinics supported by municipal, state and territorial STD programs (defined as those that could diagnose and treat STDs). Authors note that there has been general decline in Hepatitis B (particularly 94% decline in children aged 0 to 11 years) at the same time there has been an increase since 1999 in men aged >19 years and women \geq 40 years. The study was a continuation of a clinic survey conducted in 1997; 80% of the clinic managers responded to the present survey (uncertain if any of these also responded earlier). Vaccination programs more than doubled from 1997 (24%) to 2001 (65%), which was significant ($p < .001$). Most those that were contacted advocated for a vaccination program; 55% said such a vaccination was a legitimate “responsibility,” and 78% reported that they had collaborated with local immunization initiatives to create a vaccination program. There also was a close association of vaccinations offered by state STD programs with a Hepatitis B prevention plan; these programs often targeted high-risk groups like intravenous drug users (IDU), men-who-have-sex-with-men (MSM) and prison inmates (who also might be one or both the above). There was significant increase in STD clinics that had a policy that required, and offered, education of clinic clients. The Vaccines for Children (VFC) program was the best predictor of vaccine availability in clinics.

4. Pietro Filippini, Nicola Coppola, Carlo Scolastico, Giovanni Rossi, Mirella Onofrio, Evangelista Sagnelle and Felice Piccinno, 2001, “*Does HIV infection favor the sexual transmission of Hepatitis C?*,” *Sexually Transmitted Diseases* 28(12):725-729.

Despite the conventional wisdom that HCV is only transmittable via a parenteral route (blood transfusions or intravenous drug use), researchers continue to find cases within their data sets that suggest that other-than-parenteral transmission occurs. Conducted in Naples, Italy, this case control study was based on 109 cases (61 men and 45 women) seen at a day clinic and found to be HIV-positive over a five-year period (1994-1999). Each of the 109 was matched with two control subjects to generate a set of 212 control subjects (122 men and 90 women) who reported various unsafe activities: 37 of 106 and 74 of 212 for heterosexual intercourse; 32 men of 106 and 64 men of 212 for homosexual intercourse; 5 of 106 and 10 of 212 for heterosexual intercourse with a drug user; 31 of 106 and 62 of 212 for heterosexual intercourse with a steady partner; and one man of 106 and two of 212 for homosexual intercourse with a steady partner who was HIV-positive.

Median age of the two groups was 30 years. Particular care was taken to exclude all patients with a history of drug abuse and/or blood transfusions, placing emphasis within the observed sample on unprotected homosexual or heterosexual behaviors. The authors propose that risk for HCV is increased for those in a long-term sexual relationship with someone who has HCV infection and for persons who are co-infected with HIV. More patients positive for Hepatitis C were found in the 106 observed cases than 212 control cases (15.1% versus 5.2%, $p = .005$), particularly for patients reporting heterosexual or homosexual relationships with a steady partner who was HIV-positive (18.7% versus 1.6%, $p = .0008$). Those individuals who were co-infected with HIV were more likely to have HCV infection. The authors emphasize their main thesis that HIV may enhance the sexual transmission of HCV at the same time they note the possibility of “unrecognized confounding factors” such as surgery and shared toothbrushes, razors, and non-disposable syringes. Given that complementary data were collected by means of a questionnaire, this study missed the opportunity to explore in a formal interview other possible contributing factors. Finally, HCV infection with negative Hepatitis B results were more often found in 106 cases than the 212 control cases (33.9% versus 15.6%, $p = .0003$), and in persons engaging in unsafe sex within heterosexual relationships (43.2% versus 16.2%, $p = .004$).

5. Philippe Bourgois, Bridget Prince and Andrew Moss, 2004, “*The everyday violence of Hepatitis C among young women who inject drugs in San Francisco*,” *Human Organization* 63(3):253-264.

This study was conducted in the Haight Ashbury District (San Francisco, CA), an area that continues to receive disaffected youth, despite municipal campaigns to gentrify local

neighborhoods. Based on long-term ethnography of multiple female social networks by the second author from 2000-2001, periodic follow-up was made over 2002-2003 (the lead author was conducting ongoing ethnography in a nearby area from 1994 through 2003). The field research found that violence was a central theme of the women's lives. Proposing that gender-based violence impedes interventions to promote harm reduction practices related to HIV and HEP C transmission, the authors note how violence may be viewed, among the women studied, as a "commonsense way for resolving problems and for asserting hierarchies of prestige and belonging... [a means] to communicate care and concern..." (page 254). The local scene is described as one in which males express predatory interest in new women in the area, whom they assist in injecting and often coerce into sexual relations – at same time, women new to the area recognize that sexual favors are a way to negotiate a place to stay, drugs they wish to use (plus assistance with injection), and general protection from other men. Women further recognize the "wear and tear" the street exerts on them, noting differences in certain women from when they first arrived and several years later. "Potential infection vectors" are most likely to occur for women new to the area, when they are not yet familiar with the local culture and not sufficiently skilled in negotiating protection during sexual relations. The authors note how the Hepatitis C literature is generally silent on gendered violence and its relationship to HCV transmission, as they poetically propose that young women become "mired in abusive relationships cemented by physical and psychological addiction... that provides many women in Haight Ashbury with a sense of order and control over their lives" (pages 259/260). They further observe how several studies mention (without explaining) that having a sexual partner of long duration may be associated with Hepatitis C transmission. They make an oblique criticism of research modalities that expect large samples, pointing to 48 *seroconversions* to Hepatitis C among 195 persons (at least those who returned) in the formal study from which their smaller field sample was drawn; they wonder how serious their conclusion will be taken, given their small sample, that gender is a factor in transmission. Overall, this article is an example of using ethnography to identify local issues and situations not easily uncovered by other methodologies. The lead author is a well-known researcher of urban street situations, and the co-authors were his students.

6. The guest editors recommended the following resource: National Association of State and Territorial AIDS Directors (NASTAD) at <http://www.nastad.org> <<http://www.nastad.org>> <<http://www.nastad.org>> <<http://www.nastad.org>> > Click on PUBLICATIONS, click on VIRAL HEPATITIS; OR do a SEARCH for each one, by name, OR contact NASTAD directly for those reports that no longer may be available on the Website.

- Viral Hepatitis in the Correctional Setting (29 pages) – Report Number 2
- Viral Hepatitis and HIV: A Primer for Community Planning Groups (37 pages) – Report Number 3
- Viral Hepatitis and Injection Drug Users (38 pages) – Report Number 5
- Tapping into the Viral Hepatitis Community (30 pages) – Report Number 6
- An Overview of Hepatitis C Care and Treatment (pages 25) – Report Number 7
- Select Annotated Bibliography of the Public Health and Biomedical Literature (7 pages)
- Fact Sheet on Viral Hepatitis (2 pages)

HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at dempander@earthlink.net. You can also contact the listserv administrator if you would like to unsubscribe from the list. The content of the November 2004 HepTalk listserv was compiled by the guest editors and the HepTalk project staff.