



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

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Commissioner

## 2019 ALERT #7

### Acute Hepatitis C among Men Who Have Sex with Men Living with HIV

*Please Share this Alert with All Primary Care, Family Medicine, Emergency Medicine, Internal Medicine, Infectious Disease, Pulmonary Disease, Intensive Care, Laboratory Medicine and Infection Control Staff in Your Facility*

- **The Health Department is investigating eight, likely genetically unrelated, cases of acute hepatitis C reported by one provider in Manhattan; patients were diagnosed between December 2018 and March 2019.**
  - All of these patients are men who have sex with men (MSM), living with HIV;
  - Most of these patients snort, smoke or inject crystal methamphetamine (CM).
- **Most cases of acute hepatitis C are asymptomatic and are detected by seroconversion**
  - Annual hepatitis C testing is recommended for persons who inject drugs and for MSM living with HIV.<sup>1</sup>
  - More frequent screening (every 3-6 months) may be considered for patients who report sharing syringes or drug using equipment, including non-injection equipment (e.g., straws).
- **Suspect acute hepatitis C in patients with clinical manifestations of hepatitis or newly elevated alanine transaminase (ALT).**
  - If acute hepatitis C is suspected, order BOTH a hepatitis RNA test AND an antibody test at the same time.
- **Routine hepatitis C screening requires two steps: hepatitis C antibody testing followed by a hepatitis C RNA test.**
  - In NYC, laboratories are required to routinely perform a confirmatory RNA hepatitis C virus test when there is a positive hepatitis C antibody test result.<sup>2</sup>
- **For patients who have previously tested hepatitis C antibody positive, re-screening should be conducted by RNA test.**
- **Providers should report all acute cases of hepatitis C to the New York City Health Department.**

March 7, 2019

Dear Colleagues,

The New York City (NYC) Health Department is investigating eight confirmed cases of acute hepatitis C reported by a Manhattan provider. Diagnoses dates for these patients ranged from 12/6/2018-3/8/2019. All patients are MSM living with HIV; at least 6 report snorting, smoking or injecting crystal meth. Patients' ages range from 26 to 48 years. Two of the eight cases are hepatitis C reinfections in individuals who have been previously treated and cured. To date, four specimens were sequenced at New York State

Wadsworth Laboratory. **No molecular links between these four viruses were identified; additional sequencing is pending.**

Although these cases do not represent a single cluster of genetically linked transmission, they highlight the need for regular hepatitis C screening, vigilance and testing for acute hepatitis C infection, as well as the need for hepatitis C prevention and treatment tailored to people at high risk for infection and reinfection.

**Acute hepatitis C** is usually asymptomatic, though 15% of patients may have jaundice, nausea, and abdominal pain. For patients at high risk for infection, including MSM living with HIV and people who use drugs, routine alanine transaminase (ALT) monitoring may detect new hepatitis C infections. **Early hepatitis C infection may be antibody negative and screening for acute hepatitis should include RNA testing ordered at the same time as the antibody test.**

An estimated 116,000 New Yorkers are living with chronic hepatitis C virus infection, many of whom have not yet been diagnosed.<sup>3</sup> In 2017, there were 5,308 people newly reported with chronic hepatitis C in New York City, primarily through electronic laboratory reporting.<sup>4</sup> In contrast, the Health Department received fewer than 10 provider reports of acute hepatitis C infection, and estimates the actual number to be many times higher.

#### **Screening for hepatitis C:**

All patients at risk for hepatitis C (Baby-boomers, people living with HIV, MSM, and people who use drugs) should be screened for hepatitis C with an HCV antibody test, followed by confirmatory RNA testing if positive. Annual hepatitis C testing is recommended for people who inject drugs and for MSM living with HIV.<sup>1</sup> More frequent screening (every 3-6 months) may be considered for patients who report sharing syringes or drug using equipment, including non-injection equipment (e.g., straws).

#### **Treatment of hepatitis C:**

Hepatitis C is curable with eight to twelve weeks of all oral direct acting antiviral therapy. All patients with chronic hepatitis C should be offered treatment, regardless of fibrosis stage or current alcohol or drug use. Providers should also consider treating some patients with acute hepatitis C, particularly those at risk for transmitting the infection such as MSM living with HIV and people who use drugs.<sup>5</sup> If the decision is made to treat during acute infection, wait 12-16 weeks from time of diagnosis to see if spontaneous viral clearance occurs. Referrals for hepatitis C treatment can be found at [www.nyc.gov/health/HepC](http://www.nyc.gov/health/HepC).

#### **Prevention**

Hepatitis C is transmitted through blood. People who actively use drugs and share drug use equipment are at highest risk for infection; outbreaks of sexual transmission of HCV have also been reported among MSM living with HIV.<sup>6</sup> Providers should refer people who use drugs to harm reduction and substance use treatment services including:

- Medication Assisted Treatment (buprenorphine, methadone)

- Linkage to syringe exchange and harm reduction programs
- Linkage to substance use treatment services

Referrals can be found at [www.nyc.gov/well](http://www.nyc.gov/well) or for crystal meth <https://recharge.support/> and condoms can be located at [NYC HealthMap](#) .

**What to report:**

The Health Department depends on providers to report **acute hepatitis C cases**. Please report:

- If patient has any positive hepatitis C laboratory test (i.e., nucleic acid test (NAT) or antigen or antibody)  
**AND**
- Documented negative hepatitis C test (NAT, Antigen, or Antibody) within previous 12 months (test conversion)  
**OR**
- Associated clinical criteria (fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain) AND either (a) jaundice, OR (b) a peak elevated serum alanine aminotransferase (ALT) level >200 IU/L during the period of acute illness.

Healthcare providers are not required to report chronic hepatitis C cases in New York City, as laboratories reporting allows the Department to track chronic hepatitis C.

**How to report:**

Healthcare providers should report acute hepatitis C cases:

- Online at [www.nyc.gov/nycmed](http://www.nyc.gov/nycmed)
- By mail using the Universal Reporting Form (<http://www1.nyc.gov/assets/doh/downloads/pdf/hcp/urf-0803.pdf>)
- By phone, call the NYC Health Department's Provider Access Line (PAL) 1-866-692-3641 (1-866-NYC-DOH1)

Sincerely,



Demetre C Daskalakis, MD MPH  
Deputy Commissioner  
Disease Control

*Ann Winters*

Ann Winters, MD  
Medical Director  
Viral Hepatitis Program

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<sup>1</sup> AASLD/IDSA: <https://www.hcvguidelines.org/evaluate/testing-and-linkage>

<sup>2</sup> NYC Health Code. [Section §13.03\(b\)\(3\)](#)

<sup>3</sup> Bocour et al. Estimating the prevalence of chronic hepatitis C infection in New York City, 2015. *Epidemiol Infect.* 2018 146 (12): 1537-1542.

<sup>4</sup> [New York City Hepatitis A, B & C Annual Report, 2017](#)

<sup>5</sup> AASLD/ISDA <https://www.hcvguidelines.org/unique-populations/acute-infection>

<sup>6</sup> AASLD/ISDA <https://www.hcvguidelines.org/unique-populations/msm>