



POSTER PRESENTATION

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Service integration of blood borne viral infections in HIV/AIDS prevention sites

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From 16th International Symposium on HIV and Emerging Infectious Diseases
Marseille, France. 24-26 March 2010

Background

Outbreaks of acute hepatitis C virus (HCV) in HIV infected men who have sex with men (MSM) were recently reported in Europe, Australia, and New York City (Vogel & Rockstroh, 2009). Acute HCV infection is defined as a newly identified viral HCV antibody with either jaundice, serum alanine amino-transferase (ALT) levels >400 IU/L (CDC, 2007). In addition to known acute hepatitis C cases, an at risk population may be defined as men who have sex with men (MSM), who did not already have chronic hepatitis C and who reported sexual and/or drug-related risk behaviors within the prior 6 months (Taylor, 2009). A comprehensive strategy is needed to identify and treat populations at risk for blood borne viral infections.

Methods

Although a recent survey of local health officers showed that 87 percent of city and county health departments provide education about HIV/AIDS and 77 percent provide HIV testing, less than 50 percent provide hepatitis C counseling and only 23 percent provide HCV testing (CDC, 2001). Direct service workers have limited experience with combining counseling, testing, prevention immunization and treatment services for these diseases in HIV/AIDS prevention sites, STD clinics, drug treatment sites, and correctional health programs (CDC, 2001).

Results

Integration of services to prevent blood borne viral infections is a fairly new prevention strategy. HIV, HBV, and HCV present unique opportunities to provide service delivery at a single client visit. Treatment may include PEGYLATED INTERFERON and RIBAVIRIN.

Persons with HCV-related liver disease should be vaccinated against diseases that may produce further complications or increase their risk of death.

Discussion

Data from several demonstration projects indicate that integration of HCV counseling and testing into existing public health programs [including AIDS Service Organizations, STD clinics, drug treatment sites, and correctional health programs] is feasible and may enhance identification of persons with risk behaviors for other blood borne virus infections, such as HIV and HBV (CDC, 2001).

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Published: 11 May 2010

doi:10.1186/1742-4690-7-S1-P150

Cite this article as: McCadney: Service integration of blood borne viral infections in HIV/AIDS prevention sites. *Retrovirology* 2010 7(Suppl 1): P150.

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