

HEP C AND SEXUAL TRANSMISSION - DOES IT OCCUR?



Although there is some uncertainty about hepatitis C being transmitted sexually, it's not classified as an STI (sexually transmissible infection). General scientific knowledge supports this position.

Some people, unable to identify any other risk factors, believe they may have contracted hep C sexually. Additionally, some research suggests that a small percentage of people do contract hep C through sexual contact. Thus, transmission of hep C during sex is seen as possible but is believed to be rare.

GENERAL TRANSMISSION OF HEP C

Hep C is most commonly transmitted through blood-to-blood contact, i.e. when the blood of someone with the virus enters the bloodstream of someone else.

This can occur through:

- sharing needles or syringes or any other drug injecting equipment; or
- unsafe tattooing or body piercing.

Less common means are from mother to baby at birth (vertical transmission), household transmissions (e.g. sharing razors and toothbrushes) and occupational transmission (mainly through needle-stick or sharps injuries).

The hepatitis C virus (HCV) has not been found in the breast milk of mothers with hepatitis C. Breast feeding is encouraged unless a mother's nipples are cracked and/or bleeding.

Before HCV tests were introduced in Australia (in 1990), some people received contaminated blood transfusions or blood products. All blood donations in Australia are now screened for hepatitis C.

There is a slightly increased rate of hep C transmission in people with multiple sexual partners and high levels of sexual activity. Studies showing this, though, have usually found it difficult to exclude other possible routes of transmission, e.g. injecting drug use.

HCV TRANSMISSION DURING SEX: IS IT POSSIBLE?

If hep C is transmitted during sex, it is likely to be through blood-to-blood contact. This emphasises the need for safe sex practices where there is a risk of blood-to-blood contact, e.g. sex when you have cuts or lesions on or close to the genitals, during anal sex (because the anus lining is easily broken), during menstruation, and during sexual practices that may involve bleeding or broken skin. Transmission of hep C through sexual body fluids (rather than blood) is thought to be rare. It is probably more likely to occur when the amount of HCV circulating in the blood is high. This may occur in the initial acute stage of infection or when the immune system is suppressed (e.g. co-

infection with HIV). In such cases, though, the hep C-negative sexual partner would additionally require a break in their skin to allow entry of hep C into their bloodstream.

Research increasingly suggests the risk of sexual transmission of hep C either through blood-to-blood contact or sexual body fluids is minimal.

SEX AND RELATIONSHIPS

When one or both partners are hep C positive, couples need to assess their sexual practices to reduce the risk of blood-to-blood contact during sex. People need to balance the desire for unprotected sex against the very small risk of hep C transmission.

It is currently believed that a decision to use safe sex methods depends on the nature of the sexual relationship. With new or casual sexual partners, or any instances where there may be blood-to-blood contact during sex, safe sex practices should always be used to protect against the wide range of STIs. Within monogamous sexual relationships where there is little risk of blood-to-blood contact, there is no need to adopt safe sex practices just because one partner is hep C positive.

SAFE SEX AND SEXUALLY TRANSMITTED DISEASES

All sexually active people should consider safe sex because of the risk of contracting a sexually transmissible infection. STIs include conditions such as genital herpes, HIV, hepatitis B, gonorrhoea, syphilis, chlamydia, crabs and genital warts. If you have any condition that involves scratching, sores or blisters (especially when these may come into contact during sexual activity) the possibility of blood-to-blood contact and transmission of STIs is increased.



Produced by the Hepatitis C Council of NSW with assistance from NSW Health, Drs Ingrid van Beek, Alex Wodak and Leena Gupta, and Profs Geoff McCaughan, Geoff Farrell, Michael Kidd, Sue Kippax and Bob Batey.

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