Integrating HIV Prevention with Hepatitis C Programs Targeting HIV Service Providers, LGBT Service Providers, Substance Use Centers, Correctional Facilities, and Criminal Justice Entities



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Background:

Many U.S. HIV treatment and prevention education programs focus entirely on HIV, even co-infection with hepatitis C (HCV) continues to increase. Because HIV/HCV co-infection requires specialized attention, ACRIA developed a co-infection curriculum addressing the specialized needs of individuals living with both infections.

About 25% of people with HIV in the U.S. also have HCV. Studies indicate that 80-90% of active or former substance users with HIV are co-infected, and injection drug use continues to play a significant role in the transmission of both viruses. As needle exchange programs have increased the availability of clean needles, risky sexual behavior is emerging as a more common means of transmission. The incidence of HCV among men who have sex with men is on the increase.

Methods:

A CDC-funded project was initiated by the NYS
Department of Health and ACRIA to reach a variety of
social service-providers that target communities at high
risk for HIV and HCV: HIV service organizations, LGBT
organizations, agencies and programs within the criminal
justice system, aging service providers ,and substance use
centers. "It's Time to Integrate", a curriculum specifically
addressing HIV/HCV co-infection, including
signs/symptoms, HIV and HCV treatments, and safer
injection practices was developed. This curriculum was
used as the basis for several "train the trainer," peer
education, and education/treatment counselor trainings.

Results:

Over 1,600 participants received training, of which 592 participated of a multi-day "Training of Trainers" (see tables at right). These newly-trained staff then conducted trainings of over 21,000 staff in 14 cities across the U.S. The development of an HIV/HCV co-infection curriculum is essential to meeting the special needs of individuals living with both HIV and Hepatitis C. Programs specializing in HIV treatment and prevention education can enhance their services and better meet the needs of co-infected clients through the adoption and integration of a co-infection curriculum.

Conclusions:

Creating HIV programs that are inclusive of hepatitis as well as other STIs is essential. Easy-to-understand information allows non-medical service providers to become part of the prevention/treatment/care continuum. Developing the capacity of service providers to speak to clients about viral hepatitis is important to improve access to care and services, and creates points of care in non-traditional sites.

Table 1. Diverse participants that reflected the targeted population was trained focusing on specific service areas that served clients at highest risk.

Title of Training	Attended
Integrating Viral Hepatitis for STD/Public Health Providers (TOT)	54
Integrating Viral Hepatitis for General Audience (TOT)	42
Integrating Viral Hepatitis for Substance Use Providers (TOT)	71
Integrating Viral Hepatitis for Corrections (TOT)	59
Integrating Viral Hepatitis for HIV Providers (TOT)	151
Viral Hepatitis Training of Trainers Program	215
HIV and Hepatitis C Co-infection	1052
TOTAL	1644

Table 2. Cities Reached in two-year period with Training of Trainers

TOT Participant Cities	Attended
New York, NY	113
Newark, New Jersey (Northern New Jersey)	42
Philadelphia, PA (Southern NJ and Northern Pennsylvania)	32
Bridgeport, CT	36
Miami, FL	33
Houston, TX	39
Chicago, IL	41
San Juan, Puerto Rico (Ponce, San Juan Metro Area, Mayaguez, Arecibo, Fajardo, etc.)	32
Houston, TX	37
Dallas, TX	32
Seattle, Washington	41
Los Angeles, CA (LA Metropolitan Area and Compton)	39
San Francisco, CA	42
Denver, CO	33
TOTAL	592

Table 3. TOT Training participants and staff trained by TOT participants in a two-year period

Number of TOT Trainers		Number of Participants Trained by TOT Trainers
592	1812	21,744

Figure 1. "It's Time to Integrate Hepatitis Into Your Existing Program" program logo:



For more information:

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