

# 2010 Profile of HIV/AIDS in The Detroit Metro Area

## Hepatitis and HIV

### Data from Adult and Adolescent Spectrum of Disease (ASD)

Data for this analysis were provided by a supplemental surveillance project, Adult and Adolescent Spectrum of Disease (ASD). ASD collected data from the medical records of HIV patients at two major medical centers in Detroit, between 1990 and 2004, from the time the persons first contacted either site, until they died or were lost to follow-up.

Hepatitis C (HCV) was the most common hepatitis co-infection among HIV-infected persons. Of the 1,790 persons in care and in ASD in 2001-2003, 353 (20 percent) had a diagnosis of HCV at some time during ASD follow-up, while 207 (12 percent) had a diagnosis of hepatitis B (HBV), and 64 (4 percent) of hepatitis A (HAV). The true rates of co-infection with HBV, and particularly with HCV, may be higher than these estimates because HBV and HCV infections are frequently asymptomatic, and only a portion of the persons in ASD were tested for HBV and HCV.

Table 8 (page 4-45) shows the demographic and HIV transmission risk profiles for all the persons in ASD co-infected with HAV, HBV and HCV. Of persons co-infected with HCV, higher proportions were female and black, compared to the proportions among all persons in ASD, and a higher proportion were over 40 years of age. The predominance of blood transfer as the transmission mode for HCV was reflected in the higher proportions of HCV-co-infected persons who had a history of drug injection or other blood contact recorded as their HIV transmission risk. In contrast, the demographic and HIV transmission risk profiles of persons co-infected with HAV (predominantly oral-fecal transmission) did not differ significantly from the profiles of all the persons in ASD. Among persons co-infected with HBV, the only significant differences were that higher proportions were male and had MSM or drug injection recorded as their HIV transmission risk, reflecting the transmission modes for HBV (sexual contact and blood transfer).

The proportions of persons in ASD who were vaccinated against HAV and HBV were lower among persons co-infected with the respective viruses. These differences were expected because of the lack of need for immunization as a result of the long-term immunity (HAV and HBV) and chronic infection (HBV) that are associated with these viruses.