

Twin epidemics: HIV and Hepatitis C in the urban Northeast

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A new Yale study looks at the scope and consequences of a burgeoning health problem in the cities of the U.S. Northeast: concurrent infection with both HIV and Hepatitis C (HCV). The study appears online in the May 14 issue of the *Public Library of Science (PLoS One)*.

HIV and HCV are the two most prevalent [chronic viral infections](#) in the United States. But standard population surveys are underestimates, due to the exclusion of high-risk homeless and criminal justice populations.

The Yale team studied more than 8300 individuals who underwent health screenings and assessments for HIV and HCV at the community health care van (CHCV), a mobile medical clinic in New Haven, Connecticut. Their goal was to unravel the true risk factors for each disease individually, and for co-infection—infection with both [viral diseases](#) simultaneously—by correlating risk factors and innovative Arc GIS mapping techniques.

Eight percent of those studied were infected with HIV. Ten percent were infected with HCV, and just

over a fourth were co-infected with both HIV and HCV. Individuals infected with either one or both viruses reported crack [cocaine use](#) and were of older age than non-infected counterparts. HIV/HCV co-infected individuals were more likely to be men who had sex with men, people who inject drugs, and those who had not completed high school. HCV infection alone correlated with a history of [interpersonal violence](#) and being Hispanic, and [HIV infection](#) alone correlated with having had syphilis.

The Yale researchers believe that although HIV and HCV share common risk behaviors for transmission, they are distinct in geographical distribution as well as in ways that have important implications for future surveillance, healthcare delivery, and disease prevention.

The Yale team believes this study could "give another geographical and clinical dimension to HIV/HCV co-infection as not just an additive epidemic but rather the synergy of unique risk factors that merit specialized treatment and care," said lead author Dr. Jamie Morano of the infectious diseases section at Yale School of Medicine.

Senior author Dr. Frederick Altice added, "We must also be poised to develop or create models of treatment delivery for treating these complicated patients, since they often don't routinely interface with traditional systems of care."

Provided by Yale University

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