

# Health

## Hepatitis B: Still a Risk?

Before the advent of AIDS/HIV, one of the most serious health concerns facing gay and bisexual men was Hepatitis B. While the severity of the AIDS epidemic has taken attention away from Hepatitis B, and the adoption of safe sex practices has slowed its spread, it remains an important and little understood health problem among gay men.

Hepatitis B virus (HBV) is a blood-borne virus transmitted in the same way as HIV. If the blood or semen of an infected person finds its way into the bloodstream, a person may become infected. This can happen through needle sharing, unprotected anal or vaginal sex, occupational exposure among health care workers, and, with limited efficiency, through oral sex.

But while the route of transmission is the same as HIV, the viruses behave quite differently in the body. While HIV has a long incubation period, HBV causes illness fairly quickly, usually from 2 to 4 months after infection.

Some studies estimated that by the early 1980's, more than 80% of sexually active gay men in urban areas had been infected with the HBV. Only about one-half of people who get HBV develop acute illness after infection; the other half may have either very mild symptoms or no symptoms at all.

Those who become sick are frequently dramatically ill. Among the symptoms a person may have are: jaundice (a yellowing of the skin and whites of the eyes); urine turning a dark orange or coffee color; extreme fatigue; gastro-intestinal problems including vomiting, nausea, lack of appetite, and stomach pains; fever; and pronounced joint pain.

There is no treatment for Hepatitis B or the symptoms associated with it. Those who develop Hepatitis B are basically advised to get plenty of rest, avoid alcohol and drugs (because of their damaging effect on the liver), and drink plenty of water to avoid dehydration.

These symptoms can be caused by any of several things, including Hepatitis A, B or C virus, Non-A/Non-B Hepatitis, other infectious diseases affecting the liver, excessive alcohol consumption, and other organic or artificial causes. Diagnosis usually involves a series of blood tests to determine viral exposure and liver function, as well as assessment of possible exposure risks.

About 1 to 2% of those who get acute Hepatitis B die as a result of severe illness. In approximately 90-95% of the cases (including both those who develop acute illness and those without symptoms), the infection resolves within six months. In these cases, a person will not have recurring Hepatitis B and is, in fact, immune from HBV (but can get other forms of Hepatitis).

However, around 5-10% of those infected with HBV do not resolve the infection, and they become carriers. There are several implications to being a carrier, including the ability to transmit HBV to other people, the possibility of continuing attacks of hepatitis symptoms (usually called having "chronic active hepatitis") and an increased chance of serious long term liver damage (including cirrhosis and liver cancer).

It is believed that a person who is a carrier can reduce his chance of illness and long term complications through good health practices, especially by avoiding alcohol and eating a well-balanced diet. Regular contact with a health care provider who can assess the degree of ongoing liver activity and damage is also important.

Although the rate of new cases among gay men has gone down dramatically since the early 1980's (from over 30% of the new cases with a known source to less than 15%), gay men are continuing to get HBV.

Because of the carrier rate, there is a significant population of gay men who were infected with Hepatitis B in the past and who remain infectious. While safer sex practices should protect against HBV infection as well as HIV, there are many men who do not practice safer sex consistently. They may be as vulnerable to HBV as to HIV.

Studies show that HBV, while transmitted in the same way as HIV, is a much more infectious virus. This means that the chances of getting it from a single unprotected encounter with an infected person are much higher than the chances of getting HIV. And, because precautions are not always foolproof (breaking condoms, etc.), the hardier HBV may be more able to infect a person.

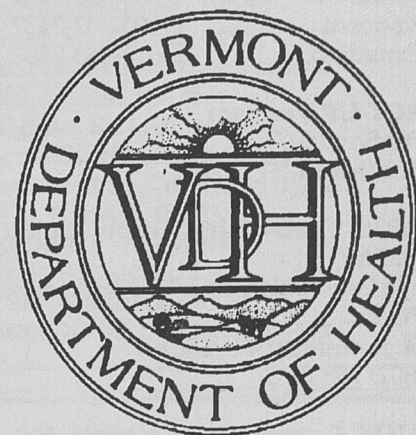
Unlike HIV, a vaccine exists for HBV. Originally introduced in the early 1980's, the vaccine was developed largely through the cooperation of the gay community, where many of the early studies were done.

Gay men were urged to get vaccinated, but the relatively high cost, the already high rate of infection in the community, and the developing AIDS epidemic helped prevent widespread vaccination.

Sexually active gay men, including those who practice safer sex, are still urged to consider vaccination as a way to protect themselves against HBV. The vaccine is a series of three shots administered over a six month period. Talk to your health care provider about whether you should be tested and vaccinated for HBV.

If you have any questions about HBV and how it may affect you, call the Vermont Department of Health at 1-800-244-7639.

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**1-800-882-AIDS**