

STBBI Factsheet (HCW#2)

STBBI=Sexually transmitted blood borne infections



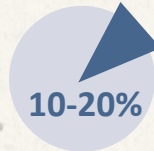
Hepatitis C (HCV)



HCV is passed by **blood-to-blood contact** (e.g., sharing drug use equipment or water; sharing tattoo equipment, rough sex when blood is present).



The only way to know if a person currently has HCV is with a **hepatitis C virus test**.



In 2019, across BC prisons, **10-20% of people incarcerated got tested for HCV**.

Hepatitis C (HCV) Treatment



People who currently use/inject drugs can be treated for HCV.

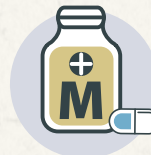


Everyone is covered by **PharmaCare**, even if treated before or don't have liver damage.



Sofosbuvir/Velpatasvir (Epclusa)

- **1 pill** 1/day for **12 wks**
- Must **space antacids by 4 hours**
- >95% cure rate



Glecaprevir/Pibrentasvir (Maviret)

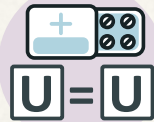
- **3 pills** 1/day, for **8 weeks** (longer with cirrhosis or previous treatment)
- **Must be taken with food**
- >95% cure rate



The common side-effects of current HCV treatments are: headache, fatigue, GI upset



HIV



When people living with HIV **take their HIV meds every day**, HIV will usually be **undetectable in their blood**. This means they **CANNOT** pass HIV to others during sex. This is called U=U (undetectable = untransmittable).



STBBIs

STBBIs are more prevalent among people who have ever been incarcerated

- Limited access to STBBI testing, care and treatment in prisons
- Fear of being stigmatized
- Being more likely to pass it on because they don't know their STBBI status
- High risk behaviours