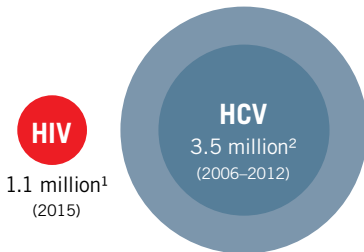


HIV & HEPATITIS C COINFECTION

HIV and Hepatitis C Virus (HCV) Infections in the United States (2000-2015)

Estimated Number Infected



Coinfections are largely due to the sharing of injection drug equipment.

Condomless anal sex among men who have sex with men and perinatal transmission are also emerging as priority areas.⁵

HCV infections were declining, but have increased in the last few years.³

The overall rate of annual HIV infections is decreasing.⁴

As of 2016, an estimated 300,000 Americans were coinfecting with HIV and HCV.⁶

Priority Populations

HIV ⁷	HIV and HCV	HCV ⁸
<ul style="list-style-type: none"> Youth/young adults People living in the Southern U.S. 	<p>Populations most at risk for coinfection:</p> <ul style="list-style-type: none"> African Americans Gay, bisexual, and other men who have sex with men Incarcerated/formerly incarcerated individuals People who inject drugs (PWID) Transgender people 	<ul style="list-style-type: none"> Veterans People living in rural areas Baby boomers Homeless individuals Pregnant women

People living with HIV are at increased risk for HCV.



Of people living with HIV in the U.S., about 1 in 4 are coinfecting with HCV.⁶



Of people living with HIV in the U.S., about 4 in 5 people with HIV who inject drugs also have HCV.⁶

People living with HIV who are coinfecting with HCV are at increased risk for serious, life-threatening complications.



HIV coinfection more than triples the risk for **liver disease, liver failure, and liver-related death** from HCV.⁶

1. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, HIV/AIDS Basic Statistics, 2017
 2. Edlin BR, Eckhardt BJ, Shu MA, Holmberg SD, Swan T. Toward a more accurate estimate of the prevalence of hepatitis C in the United States. *Hepatology*. 2015 Nov;62(5):1353-63. Centers for Disease Control and Prevention. Hepatitis C virus infection among adolescents and young adults: Massachusetts, 2002-2009. *MMWR*. 2011;60(17):537-41.
 3. CDC, National Notifiable Diseases Surveillance System (NNDSS), 2015

4. Centers for Disease Control and Prevention. HIV Surveillance Report, 2015; vol. 27. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2016. Accessed May 16, 2018.
 5. University of Washington, Hepatitis C Online, 2017
 6. CDC HIV and Viral Hepatitis, June 2017
 7. National HIV/AIDS Strategy for the United States: Updated to 2020, 2015
 8. Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services (HHS), National Viral Hepatitis Action Plan 2017-2020, January 2017

HIV & HCV Coinfection Treatment



Medication interaction is minimal and outweighed by the benefits of treatment, but some clinicians may choose to defer antiretroviral treatment until HCV therapy is complete.⁹



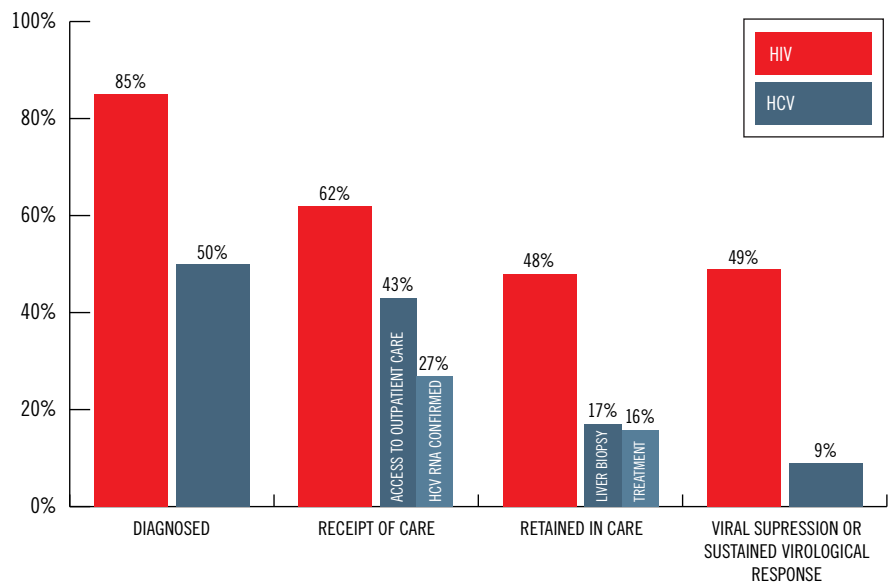
People living with HIV who were coinfectd with HCV had better treatment outcomes when they had providers who had:

- Experience treating people living with HIV coinfectd with HCV
- Positive expectations of treatment outcomes¹⁰

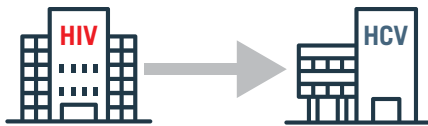
Care Continuum for HIV and Chronic HCV^{11, 12, 13}

The care continuum is a system that guides and tracks patients over time through the health services recommended for HIV and HCV care and treatment.

This graphic shows the percentage of people engaged in each step of the care continuum, from diagnosis to viral suppression for HIV and sustained virological response for HCV.



Three Ways HIV Prevention and Services Organizations Can Integrate HCV



1. REFER clients to HCV testing and services at another organization



2. PARTNER with an organization to provide HCV testing and services at your location



3. BUILD INTERNAL CAPACITY to provide HCV testing and services through training

Strategies



PROVIDE integrated testing at the same time and place



CREATE and distribute materials with integrated HIV & HCV messaging



PROMOTE harm reduction approaches through outreach, syringe services programs, and destigmatizing substance use disorders



PRIORITIZE populations most at risk for coinfection



INTEGRATE HCV into HIV coalitions, and community planning, action, and advisory groups



SEEK funding available to use for both HIV & HCV¹²



9. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, 2017
 10. Osilla KC, Wagner G, Garnett J, et al. Patient and provider characteristics associated with the decision of HIV coinfectd patients to start hepatitis C treatment, 2011
 11. CDC, Understanding the HIV Care Continuum, July 2017
 12. HRSA HIV/AIDS Bureau, Integrating Hepatitis C Treatment In Ryan White Clinics: Models and Steps, June 2011

13. Yehia BR, Schranz AJ, Umscheid CA, Lo Re V III. The Treatment Cascade for Chronic Hepatitis C Virus Infection in the United States: A Systematic Review and Meta-Analysis, 2014

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