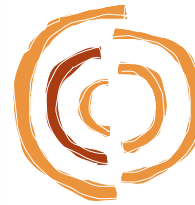


# Hepatitis C factsheets HIV & hep C coinfection



**Hepatitis**  
NSW

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of hep C (what happens to people who've been exposed to the virus) can take a number of possible courses.

It's important to remember that just as with HIV, treatment for hep C is changing and improving. This means you can help change how hep C affects your body, and in some cases, minimise your chances of ever getting sick from it.

Here are some of the things that can happen once you contract hep C.

1. Your body may deal with hep C of its own accord, and you may never get sick.

About 25% of all people who contract hep C will clear the infection (although this happens less commonly in people with HIV). For a range of reasons, hep C infection is eradicated from the body in these people, usually within 12 months of having been infected. In other words, unlike HIV it appears hep C can be eliminated from the body by the immune system in some people. Usually, if you have normal liver function tests and two hep C PCR tests in a row where hep C doesn't show up (6 months apart), this means you are not chronically infected and that you have cleared the virus from your body.

2. Hep C may remain present in your body.

About three quarters of people who contract hep C will be chronically infected. This means that they have detectable hep C virus (measured by a PCR test) in their blood for a period of longer than twelve months. People in this group may be at risk of developing liver problems over time.

## **HIV and hep C coinfection**

Having both HIV and hep C is not uncommon. It's estimated that about 13% of people in Australia living with HIV also have hep C. Less than 1% of people with hep C also have HIV.

### **About hep C**

Infection with hep C is potentially serious, as it can cause problems with your liver. However, not everybody infected with hep C will get sick or have any serious liver problems. The natural history

## **Chronic hep C infection**

The course of hep C illness in people with chronic infection can vary, depending on a range of factors which include treatment, and other external factors which might affect liver health. Hep C infection differs from HIV in one important aspect, in that the amount of virus in your blood doesn't really tell anyone much about whether or not you are likely to get progressively sick.

This factsheet was produced by Hepatitis NSW and was last reviewed in December 2010

Hepatitis Helpline infoline and HepConnect peer support service: 02 9332 1599 / 1800 803 990

Web info: [www.hep.org.au](http://www.hep.org.au) Web peer support: [www.hepcaustralasia.org](http://www.hepcaustralasia.org)

Hepatitis NSW Inc is a community-based, non-government organisation, funded by the NSW Health Dept.

High alcohol consumption and being overweight are two factors which might lead to a poorer outcome. It is important that people with chronic hep C reduce or eliminate their alcohol consumption.

Even if you are one of the 75% of people who develop chronic (long-term) hep C, you might still continue to have a good prognosis. Many people with chronic infection have consistently normal liver function tests and these people have a better prognosis. Others with persistently abnormal liver function tests are likely to develop ongoing liver problems (although these can still develop with normal liver function tests). Some people may develop permanent scarring of the liver - called cirrhosis. A very small number of people may go on to develop liver cancer or liver failure. Out of every 100 people initially exposed to hep C, it is thought around five people may develop these extremely serious problems over time. The development of cirrhosis and liver failure appears to be more common in people coinfecting with HIV than in people infected with hep C alone.

## The role of hep C treatments

As with HIV, hep C treatments are improving, and the standard of care now is to use a combination of ribavirin (pills) and pegylated interferon (injections).

Not everyone who has hep C will necessarily be recommended to take treatments straight away or at all. You are usually offered hep C treatment if there is evidence of serious liver damage detected on the liver biopsy and there are no contraindications to therapy.

## Testing for hep C in people with HIV

Usually hep C is diagnosed by hep C antibody testing. For a small number of HIV positive people who may have been exposed to hep C, there may be a risk of the hep C antibodies not showing up with normal testing. This has been reported only in patients with low CD4 counts. It may be necessary to have a PCR hep C viral detection test. Talk to your doctor about this.

People with HIV can still be treated for hep C but it may be more complicated than treating either infection by itself if you are on HIV treatment. Having HIV coinfection of itself is no reason you shouldn't be considered for hep C treatment if necessary, based on the same general treatment criteria above.

However, you should talk carefully with your doctor, because there might be a risk of drug side effects and interactions. Side effects of ribavirin and interferon combination therapy can include:

- flu like symptoms
- depression
- low red blood cell count (anaemia).

If you do experience side effects, talk to your doctor. It may be possible to manage the side effects by:

- using other medications to reduce any fever and pain
- dose reduction (taking a smaller than normally prescribed dose to reduce side effects)
- psychological support or antidepressants.

If you have a high HIV viral load or low CD4 count, you could be at risk of becoming sick from HIV, so you might be advised to treat HIV first, to reduce that risk.

A small number of people, when they first begin HIV treatment, may experience a flare up of hep C symptoms and feel quite sick. Some people call this "immune restoration disease". It's a sign your body is restoring some of the immunity lost through HIV.

This is usually a short term problem, and tends to resolve as the HIV treatments begin to work, and your immune system stabilises. But you may still need to be aware of this possibility, and take extra care to avoid anything that might worsen the liver inflammation during this period when you first start HIV treatments, especially if you initially had a low CD4 count.

Genetically, there are several "types" of hep C virus, each of which is called a genotype. These can be readily distinguished by testing.

People with hep C genotypes 2 and 3 respond better to treatment (approx. 80% chance of cure) than people with hep C genotypes 1 and 4 (approx. 50% chance of cure).

In addition to genotype testing of people's hep C virus, people with chronic hep C can be genetically tested to help ascertain their body's chance of being cured with hep C treatment. The IL28b test is now available across NSW. Phone the *Hepatitis Helpline* for more information on this really useful decision making tool.

# Hepatitis C factsheets

## HIV & hep C coinfection

### What effect does hep C have on HIV?

There is still some debate about whether hep C affects HIV. Some studies have suggested that hep C infection can lead to more rapid progression of HIV but others have not.

### What effect does HIV have on hep C

Hep C is a more serious illness in people with HIV disease as it progresses more rapidly in these patients. The reasons for this are not known completely but probably relate to the possibility that your body's ability to control hep C may be reduced if you have HIV infection. You should discuss this issue carefully with your GP or an infectious diseases specialist.

### How does hep C affect HIV treatment choices?

HIV can still be treated even if you also have hep C. In fact, it's really important to be aware of your HIV viral load and your CD4 count, and to treat HIV to keep it under control.

Hep C can affect HIV treatment choices, because of the potentially toxic effects some HIV drugs have on the liver. There's no accepted list of "best HIV treatments" for people with both HIV and hep C virus. Many different HIV drugs can affect your liver in the short and long term, but you need to consider both viruses, and carefully plan your treatment combination with your doctor. Ritonavir (in full doses) and nevirapine are two HIV drugs which are more likely to affect the liver.

Your doctor is likely to regularly check up on how your liver is coping, to make sure the HIV drugs aren't causing any problems.

### Taking care of your liver with coinfection

One of the really important things is to have your liver function carefully and regularly tested, so that you know what's going on with this crucial organ. In addition, you may need to be careful about avoiding other risky things which can damage or stress your liver. This can include:

- binge drinking or heavy drinking;
- use of some prescription and other drugs: ask your doctor for more information about drugs which can affect your liver.

Some people claim there is really no safe level of alcohol consumption if you have hep C, although you may find it unreasonable to be totally abstinent. Minimising intake may be the best approach. See the Commonwealth Health Department website, <http://www.alcoholguidelines.gov.au/summary.htm> for more information on hep C and recommended alcohol intake.

Many people with hep C use non prescribed alternative treatments like herbs. But just because someone says a treatment is "natural" doesn't necessarily mean it's proven or even safe. To look after your liver, make sure that you discuss any herbal treatment with your doctor, and with a well qualified alternative therapist. The wrong kind of herbal treatment might be dangerous, and even harm your liver. One herb which should not be used if you have hep C related liver problems is kava.

Maintaining a healthy, balanced diet is a good idea, although there is no evidence that a special diet is needed for people with hep C.

Vaccination against hepatitis A and B is essential for people with both hep C and HIV. These preventable forms of hepatitis can cause serious complications for people who already have chronic hep C.

## Hep C transmission and prevention: the effect of HIV

Injecting drug use involving the sharing of needles and other injecting equipment is the main way that hep C is transmitted in Australia. However, people have also contracted hep C through:

- tattooing and body piercing where equipment is not sterile (e.g. in prisons, where there's no access to clean equipment)
- blood transfusion before blood banks routinely screened donations for the hep C virus (ie. before 1990)
- pregnancy, from a mother to her child.

Like HIV, the hep C virus needs to be present in the blood in certain amounts in order to be transmissible via blood to blood contact. HIV can lead to increased levels of hep C virus in the blood. There's some evidence, therefore, that HIV may increase the risk of hep C being transmitted: this has certainly been shown in mother to child transmission. It's important to be aware of this possibility.

Sexual transmission of hep C is a controversial subject, but it can occur if there is blood to blood contact. Sexual activity which increases the risk of abrasions or tears in the anus or vagina, such as fisting, may result in transmission of hep C.

## Minimising the risk of passing hep C to your partner during sex

Decisions around safe sex in this context are likely to be very individual but should be based on reliable information. Using condoms may be your preferred option. However, some HIV positive people with HIV positive partners often choose not to use condoms. If you are having sex with someone who is also HIV positive, but not positive to hep C, you may want to discuss with a doctor some of the potential risks for the sexual transmission of hep C (e.g. unprotected anal sex, or sex during menstruation), and whether you need to use a condom or barrier protection. If you're co infected with HIV and hep C you may also wish to avoid other sexual activities where there is the potential for blood contact.

## Injecting drug use

If you do inject drugs, you need to be 'blood aware'. Any injecting equipment that's re used, handled, or passed on to other people is potentially infectious. This includes not only needles and fits but tourniquets, spoons and other articles. Never share any part of the injecting equipment and use a new fit every time.

Hep C may be transmitted:

- through blood left in a syringe that is reused by someone else
- through blood left in the water, spoon or filter by a used fit
- from blood left on a tourniquet that brushes against an injecting site
- through blood on a person's skin, e.g. when a finger is pressed against someone who's just injected themselves
- in any blood left on the filter
- from blood left on surfaces or objects like the table, or other injecting equipment.

For more information about safe injecting to prevent hep C transmission, contact your local AIDS Council, hepatitis organisation or injecting drug user group.

For more information about treatment options for coinfection, talk to your GP or specialist, or contact your AIDS Council treatments officer.

## Contacts

National Association of People Living With HIV/ AIDS (NAPWA): 02 9557 8825 or freecall 1800 259 666

Australasian Society for HIV Medicine (ASHM): 02 8204 0700

For more information, contact the *Hepatitis Helpline* on 9332 1599 (Sydney callers) or 1800 803 990 (NSW regional callers).

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Reviewed for this factsheet by Dr Joe Sasadeusz, Australasian Society for HIV Medicine, April 2005.