

FACT SHEET

HEPATITIS & HIV COINFECTION



BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS

Hepatitis C (HCV) virus has emerged as one of the most worrying health problems facing HIV-infected persons.¹ The hepatitis C virus commonly affects people with HIV and is a leading cause of death among people with HIV.² Viral hepatitis progresses faster among persons with HIV infection, and persons who are infected with both viruses experience greater liver-related health problems than those who do not have HIV infection.³

People living with HIV infection who are coinfecting with either hepatitis B (HBV) or C are at increased risk for serious, life-threatening complications. Coinfection with hepatitis may also complicate the management of HIV infection.³

Facts at a glance

- In Canada, it is estimated that a large proportion (18 per cent) of people with HIV are coinfecting with hepatitis C.²
- Due largely to injection drug use (IDU), 30 per cent of HIV-infected patients are coinfecting with hepatitis C in developed countries with 10 million coinfecting worldwide.¹
- The strongest predictor or risk factor of coinfection is a history of IDU, with coinfection rates estimated to range from 50–92 per cent.²
- As a result, the populations affected most severely by coinfection are those in which IDU is most prevalent, such as current and former prisoners and Aboriginal people.²
- Two separate studies in Ontario and Québec prisons found that the prevalence of hepatitis C among HIV-positive inmates was 68 per cent and 65 per cent respectively.²
- Hepatitis C infection has increasingly been reported in HIV-positive men having sex with men (MSM) who have not used injection drugs.¹
- Although the risk of hepatitis C transmission sexually is very low, it is not absent. Studies show that having multiple sex partners and being infected with HIV may increase the risk of hepatitis C infection.⁴
- Although antiretroviral therapy has extended the life expectancy of persons with HIV infection, liver disease — much of which is related to hepatitis C and B infection — has become the leading cause of non-AIDS-related deaths among this population.³

Treatment for persons with coinfection

Many people with HIV–hepatitis C coinfection and HIV–hepatitis B coinfection can be effectively treated. However, managing the coinfections is complex and persons infected with both viruses should seek care from health care providers who have expertise in the management of both HIV and viral hepatitis. Coinfecting individuals should be counselled about drug interactions and side effects of HIV and hepatitis treatments.³

References

- 1 Klein M, Saeed S, Yang H, Cohen J, Conway B, Cooper C, Côté P, Cox J, Gill J, Haase D, Haider S, Montaner J, Pick N, Rachlis A, Rouleau D, Sandre R, Tyndall M, Walmsley S. **Cohort Profile: The Canadian HIV-Hepatitis C Co-infection Cohort Study.** *Int J Epidemiol*, 2010 Oct; 39(5):1162–1169. Accessed January 16, 2013.
- 2 Wilson M, Dickie M, Cooper C, Carvalhal A, Bacon J, Rourke S. **Treatment, care and support for people co-infected with HIV and hepatitis C: a scoping review.** *Open Med* 2009; 3(4). Accessed January 16, 2013.
- 3 Centre for Disease Control <http://www.cdc.gov/hiv/resources/factsheets/hepatitis.htm>. Accessed January 16, 2013.
- 4 Public Health Agency of Canada. <http://www.phac-aspc.gc.ca/hepc/faq-eng.php>. Accessed January 16, 2013.