

**TRAINING MANUAL FOR
TREATMENT ADVOCATES**

**HEPATITIS C VIRUS
& COINFECTION
WITH HIV**

TAG

Treatment Action Group

SECTION 4:

NATURAL HISTORY: WHAT HAPPENS TO PEOPLE WITH HEPATITIS C?

- HCV has two stages: *acute* and *chronic* (lifelong)
- Acute infection is a term for the first six months after a person gets HCV. Most people—**80%**—don't feel sick at all during acute HCV, and don't know that they have HCV.
- The symptoms of acute HCV may include:
 - Jaundice (yellow skin and eyes);
 - Fever;
 - Feeling tired and weak;
 - Nausea, vomiting, stomach pain, and appetite loss; and
 - Dark urine

HCV is not always chronic

- Some people (20–40%) will get rid of the virus without treating it, usually during acute infection
- The medical term for this is *spontaneous viral clearance*
- HIV-negative people, women, children and young adults, and people who have symptoms during acute HCV are more likely to spontaneously clear HCV
- HIV-positive people are less likely to clear HCV without treatment; experts think that up to 25% of HIV-positive people will get rid of their HCV without treatment

Most people with chronic HCV do not have any symptoms at all

- But the most common symptoms are being forgetful and feeling tired or depressed.
- Sometimes people with very mild liver damage have symptoms
- There is no clear link between having symptoms and having liver damage
- Many people don't have any symptoms until they have very serious liver damage

Chronic HCV does not always cause serious liver damage

- Some people live with HCV for many years and will never have serious liver damage
- Liver damage from HCV happens slowly, usually over decades
- It can take from **15 to 50 years** for an HIV-negative person who has chronic HCV to develop severe liver damage (***cirrhosis***)
- People who get HCV when they are over 40 seem to progress more quickly, probably because a person's immune system tends to slow down as they age
- People who drink alcohol—especially heavy drinkers—are more likely to develop liver damage
- People with cirrhosis are at risk for very serious complications, such as ***liver cancer*** and ***liver failure***

HIV/HCV Coinfection: Impact of HIV on HCV

- HCV is a serious problem for HIV—positive people
- HIV increases the risk for liver damage from HCV
- **Coinfected people are twice as likely to get cirrhosis as people with HCV alone**
- HIV speeds up the rate of liver damage from HCV; some coinfecting people have gotten cirrhosis in **less than 10 years**
- **HCV is curable, no matter what a person's HIV status is**
- Older treatment, pegylated interferon (PEG-IFN) and RBV, did not work as well for people coinfecting with HCV and HIV, **DAA regimens are likely to work the same for people who are HIV-positive.**
- HIV treatment can help to slow down liver damage from HCV
- HIV treatment, also called **antiretroviral therapy (ART)**, may help keep the liver in good condition by keeping the immune system strong
- Coinfecting people with less than 200 CD4 cells/mm³ are at the highest risk for serious liver damage from HCV.

HIV/HCV Coinfection: Impact of HCV on HIV

- So far, no one is sure about the impact of HCV on HIV
- Being coinfecting with HCV makes treating HIV more complicated
- HCV coinfection **increases the risk** for liver toxicity (also called ***hepatotoxicity***) from HIV meds
- It is important to know which medicines are easier on the liver
- However, many studies in HIV/HCV---coinfecting people have shown that the **benefits of HIV treatment outweigh the risks**

ADVOCACY EXERCISE

Discussion Questions:

1. Do you know people in the community who have died from HCV?
2. When and how did they find out they had HCV? Was it already “too late?” What options were available to them for treatment or support?
3. Which groups of people living with HIV/AIDS may not have regular access to health and HIV care?

Action Steps:

1. What can we do to prevent more deaths from HCV?
2. Which groups of people should we be screening for HCV?
3. How can we get more people tested for HCV?