HIV and Hepatitis C Co-infection

Are you HIV positive and newly diagnosed with hepatitis C (Hep C)? Do you have one virus and think you might be infected with the other?

If so, this brochure answers some basic questions about living with both HIV and Hep C.

What is HIV and Hep C co-infection?

When people have HIV and another major infection such as Hep C, they are co-infected. HIV is a virus that attacks the immune system, killing the CD4+ cells that help the body fight off infection. Hep C is a virus that attacks the liver, and can cause liver damage (cirrhosis), liver failure and liver cancer. You might also hear the Hep C virus referred to as HCV.

How do I know if I'm co-infected?

If you have either HIV or Hep C, you are at risk for also having the other virus because both can enter your body the same way.

The only way to find out for sure if you are infected with HIV and Hep C is by being tested. Each virus is detected by a different test, so you need both an HIV test and a Hep C test.

You might be co-infected and not know it. Both are slow acting viruses. People can be infected for years with either virus without having any signs or symptoms of illness.

Why is HIV and Hep C co-infection a problem?

Being infected with both HIV and Hep C is a problem because each one is very hard on your body. When you are co-infected, each disease makes the other one worse. You can get sicker faster, and it is hard to treat both diseases at the same time. HIV can cause the Hep C virus to reproduce more quickly. People who are co-infected can develop liver damage and liver cancer more quickly than people who have only Hep C. Having HIV makes Hep C harder to treat because the immune system is weaker. Having Hep C also makes HIV harder to treat. Many of the medications used to treat HIV are processed by the liver. A liver badly damaged by Hep C cannot process drugs as well. Although generally safe, the risk of side effects with HIV medications may be slightly higher.

I have HIV. What are my treatment options for Hep C?

Your doctor will see how healthy your liver is by doing blood tests and other procedures such as an ultrasound or biopsy of your liver. You will then discuss Hep C treatment options based on the health of your liver, immune system and other factors. Together you will decide if treatment for Hep C is right for you at this time.

In co–infection, Hep C treatment is a combination of two antiviral drugs: ribavirin (Pegetron capsules or Copegus) and a long–lasting form of interferon called pegylated interferon (Pegetron or Pegasys). Both are taken for about one year. Once you start taking these medications, your doctor will monitor your blood regularly to see whether the drugs are working. If the level of Hep C virus in your blood has not fallen significantly after three months, your doctor will likely stop therapy.

How well you respond to treatment depends on many factors. Among the most important are the strain of Hep C you have and the extent of liver damage. Some strains are harder to treat than others. And the more extensive the liver damage, the poorer the response will probably be.

As well, people who have been co-infected with Hep C for many years generally do not do as well as

people who are recently infected. Your age, weight and the amount of Hep C virus in your blood can also affect treatment success.

For information about your treatment options, check out the CATIE Fact Sheet on Pegetron and CATIE Fact Sheet on Pegasys.

Are there side effects to Hep C treatment?

Yes. Almost all people taking treatment for Hep C will experience side effects. Some common ones are:

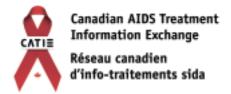
- flu-like symptoms such as fatigue, headaches and/or muscle pain
- depression
- anemia
- irritability

Side effects often become less intense during the course of the treatment. And there are many ways to manage them. For example, you can reduce flu-like symptoms by taking over-the-counter medication the day of interferon treatment.

Depression is a very common side effect that deserves attention. About one out of every three people treated for Hep C can develop mental health problems, including depression. Because of this risk, if you have a history of serious mental health problems, or you are drinking alcohol or taking street drugs, you may not be ready for Hep C treatment right away.

Some doctors start their patients on medications to minimize the risk of depression a month before starting Hep C therapy. If you are using substances, you may want to talk to your doctor or nurse about how to quit drinking alcohol or get help for dependence on street drugs. These changes will make it easier to take treatment.

Because of side effects, some people are tempted to stop their Hep C treatment. But for the treatment to



work, it is important to take all doses exactly as prescribed. If you experience bad side effects, you should talk to your doctor or nurse about ways to prevent or reduce them.

Are Hep C treatments safe during pregnancy?

No. The drugs used to treat Hep C can harm a fetus. Women who are pregnant or are thinking about having a baby should NOT use the drugs to treat Hep C during pregnancy or for at least six months before becoming pregnant. This is also true for the male partner of women who are or want to get pregnant. If you or your partner are pregnant or want to have a baby, talk to your doctor first.

Do Hep C treatments have any effect on HIV treatments?

They can. Tell your doctor about all the medications you are taking so that he or she can be sure that they do not affect each other. Because of the interaction between medications for HIV and Hep C, some doctors prefer to treat one disease at a time.

Sometimes doctors treat Hep C first to limit the damage it may cause to the liver. When Hep C is treated early enough, it may be possible to get rid of all signs of the virus in the blood and reverse the damage to the liver.

Sometimes doctors choose to treat the HIV first to increase CD4+ cell counts and strengthen the immune system. People living with HIV who have CD4+ cell counts over 500 may respond better to the treatment for Hep C than those with lower CD4+ cell counts.

In some cases, doctors treat both HIV and Hep C at the same time. They will take extra care to ensure that the treatment for one disease is not making the other disease worse.

What can I do to protect my health?

If you think you might have been infected with HIV or Hep C, get tested. All treatments work better when you are diagnosed early, before the viruses have time to damage your immune system and/or your liver.

If you are co-infected with HIV and Hep C, protecting your liver is important. It's a vital organ in your body. It processes vitamins and minerals and filters your blood. Protecting your immune system is important too. It helps you fight off disease and stay healthy.

If you are infected with HIV, Hep C or both, here are some ways you can protect your liver and your immune system:

- Eat healthy, nutritious food.
- Get lots of sleep and exercise. If you cannot sleep for long periods, take naps.
- Avoid alcohol and street drugs. They can damage the liver.
- Drink lots of water.
- Quit or cut back on smoking.
- Be vaccinated to protect yourself from hepatitis A and B.
- Tell your doctor if you are taking any other drugs, including prescription and non-prescription medications, and complementary therapies. They may interact with your HIV or Hep C treatments.
- If you are considering herbs or supplements for your liver, talk to your doctor.
- Protect yourself from re–infection with HIV or Hep C.

What can I do to protect myself and others from HIV and Hep C?

In addition to protecting others, it is very important to reduce your chance of being re–infected with other strains of either virus. The more strains you have, the harder both diseases are to treat.

Both HIV and Hep C can pass from person to person. HIV spreads during unprotected sex and by using contaminated needles and other drug equipment. Hep C spreads mainly by using contaminated needles, straws, spoons and other drug equipment used to inject or snort drugs. Unprotected sex is another way to transmit Hep C, particularly among people with HIV. There is also a small risk that Hep C can be spread by unsafe tattooing and by sharing razors, scissors or toothbrushes.

To protect yourself and others:

- If you use drugs, do not share or re-use needles or other equipment. Cleaning equipment with bleach will kill HIV. but it may not stop Hep C.
- Practice safer sex. Use condoms.
- Do not donate blood, semen or organs.
- Practice safer tattooing. Do not re-use needles.
- Do not share razors or toothbrushes.

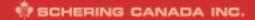
Want more information about HIV and Hep C co-infection?

Your doctor and other members of your health care team are good sources of information. They should be able to answer your questions about HIV and Hep C co–infection and your treatment options. You might want to use this brochure to start a discussion. For more detailed information, be sure to check out the CATIE Fact Sheet on Hepatitis C.

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What you need to know

- If you have HIV, you should consider getting a hepatitis C test because effective management of both viruses improves your chances of protecting your health.
- Hepatitis C treatment can affect your HIV treatment. You and your doctor will decide on the best way to manage both infections.
- Hepatitis C treatment involves daily pills plus weekly injections. Your doctor can give you advice on how to deal with the side effects of treatment.
- Protect yourself and others by not sharing drug equipment and by having safer sex.

CATIE (Canadian AIDS Treatment Information Exchange) provides extensive information about all aspects of HIV treatment. We also provide information on Hep C. All calls, mailings and other contacts are treated confidentially. Contact CATIE online or by phone at

www.catie.ca 1.800.263.1638

Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question. The Canadian AIDS Treatment Information Exchange (CATIE) in good faith provides information resources to help people living with HIV/AIDS who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not guarantee the accuracy or completeness of any information published by CATIE. Users relying on this information do so entirely at their own risk.