



ADDRESSING HEPATITIS C AMONG PEOPLE WITH HIV

Why This Topic?

An estimated 2.4 million people are currently living with Hepatitis C (HCV), the most commonly reported bloodborne infection in the United States.^{1,2} HCV is a primary cause of chronic liver disease in the U.S., progresses more rapidly among people coinfecting with HIV,^{3,4} and increases the risk of developing liver cirrhosis and hepatocarcinoma among patients with HIV infection.^{5,6} While HCV is primarily spread through injectable drug use,⁷ high-risk behaviors among persons with HIV increase the risk of transmission.⁸⁻¹¹ Additionally, there is increased risk for perinatal transmission of HCV for infants born to persons co-infected with HCV and HIV.¹²

People with acute HCV are often asymptomatic. Therefore, the Centers for Disease Control and Prevention (CDC) recommends one-time HCV testing for all adults 18 and older, including people with HIV, with more frequent testing recommended for people who engage in risk behaviors.¹³

What are Facilitators of Providing HCV Care to Those Co-infected with HIV/HCV?

- Dedicate time prior to implementation for proper planning and establishment of partner relationships.
- Staff your team with case managers, peer navigators, or a similar position to support clients with linkage to and engagement in care.
- Train providers to increase cultural humility, reduce stigma, increase patient trust, and improve patient-provider relationships.
- Incorporate HCV testing into clinical work flow.
- Embed HCV testing in standing orders.

How Can You Address Barriers to HCV Screening and Care for Those Co-infected with HIV/HCV?

- ❑ Increase coordination among multiple partners and provider types to address the social and behavioral needs of patients.
 - ❑ Establish clinic guidelines on screening and treatment of co-infected patients and clinic work flow.
 - ❑ Increase provider knowledge of HCV screening and treatment, as well as care in substance use and mental health to build staff capacity.
 - ❑ Increase funding for HCV programs and staffing to perform HCV testing and treatment.
 - ❑ Address insurance issues including pre-authorization requirements, coverage denials, and high treatment cost.
 - ❑ Invest time and resources required to engage and manage multiple agencies as partners and the need for communication strategies to bring all partners together on a regular basis.
 - ❑ Make quality data available for sharing safely and quickly across partners.
 - ❑ Invest in programs to combat medical mistrust and misconceptions about the susceptibility to HCV and the availability of treatments.
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- Identify and address points of treatment where patients may fall out of care (HCV Care Cascade).
 - Establish relationships with community-based organizations and implement bidirectional referrals with mental health and substance use disorder providers.

What are Organizational and Staff Capacity Requirements that Lead to Success?

- ❑ **Staffing:** HCV-specific case managers and/or peer navigators to facilitate access to care for patients
- ❑ **Staff Skills:** Proficiency at treating HCV (facilities should provide tailored training by provider type to improve knowledge and support HIV providers in treating HCV)
- ❑ **Services:** HCV testing integrated into a primary care setting
- ❑ **Workflow:** Establishing workflow procedures to facilitate screening and treatment for HIV/HCV co-infected patients
- ❑ **Collaboration:** Connections to agencies to whom you can refer clients for support resources such as housing, transportation, food
- ❑ **Data Sharing:** Establishment of data use agreements to facilitate data sharing

References

- ¹ Hofmeister MG, Rosenthal EM, Barker LK, et al. Estimating prevalence of hepatitis C virus infection in the United States, 2013–2016. *Hepatology* 2019;69:1020–31. CrossRef PubMed
- ² CDC. Viral hepatitis surveillance—United States, 2017. Atlanta, GA: US Department of Health and Human Services, CDC; 2019. <https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm>
- ³ Telfer P, Sabin C, Devereux H, et al. The progression of HCV-associated liver disease in a cohort of haemophilic patients. *Br J Haematol*. 1994;87(3):555–561.
- ⁴ Graham CS, Baden LR, Yu E, et al. Influence of human immunodeficiency virus infection on the course of hepatitis C virus infection: a meta-analysis. *Clin Infect Dis*. 2001;33(4):562–569.
- ⁵ Laiwattanapaisan R, Sirinawasatien A. Current treatment for hepatitis C virus/human immunodeficiency virus coinfection in adults. *World J Clin Cases*. 2021;9(18):4491–4499. doi:10.12998/wjcc.v9.i18.4491
- ⁶ Buonomo AR, Scotto R, Zappulo E, et al. Severe Vitamin D deficiency increases mortality among patients with liver cirrhosis regardless of the presence of HCC. *In Vivo*. 2019;33(1):177–182.
- ⁷ Centers for Disease Control and Prevention. Viral Hepatitis Surveillance—United States, 2015. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2017.

Where Can I Find Additional Resources?

HCV and HIV Co-infection: An AETC National Curriculum:
<https://targethiv.org/library/hcv-and-hiv-co-infection-aetc-national-curriculum>

Data to Care for People Coinfected with HIV and Hepatitis C Virus:
https://targethiv.org/intervention/data-care-people-coinfected-hiv-and-hepatitis-c-virus?utm_source=bpURL

Improving Linkage to Care for Persons with HIV and HCV Using Digital Media:
<https://targethiv.org/presentation/improving-linkage-care-persons-hiv-and-hcv-using-digital-media>

ConnQuer HCV Educational Resources:
<https://targethiv.org/library/connquer-hcv-educational-resources>

Innovations in HIV/HCV Care:
<https://journals.sagepub.com/hpp/september-focus-issue-collection>

Additional Replication Resources

Integrating HIV Innovative Practices (IHIP):
<https://targethiv.org/ihip>

Best Practices Compilation:
<https://targethiv.org/bestpractices/search>

HIV Care Innovations:
<https://targethiv.org/library/hiv-care-innovations-replication-resources>

⁸ Chan DP, Sun HY, Wong HT, Lee SS, Hung CC. Sexually acquired hepatitis C virus infection: a review. *Int J Infect Dis* 2016;49:47–58.

⁹ Garg S, Brooks J, Luo Q, Skarbinski J. Prevalence of and Factors Associated with Hepatitis C Virus (HCV) Testing and Infection Among HIV-infected Adults Receiving Medical Care in the United States. *Infectious Disease Society of America (IDSA)*. Philadelphia, PA, 2014.

¹⁰ Yehia BR, Herati RS, Fleishman JA, Gallant JE, Agwu AL, Berry SA, et al. Hepatitis C virus testing in adults living with HIV: a need for improved screening efforts. *PLoS ONE* 2014;9(7):e102766. <https://pubmed.ncbi.nlm.nih.gov/25032989/>.

¹¹ Spradling PR, Richardson JT, Buchacz K. Trends in hepatitis C virus infection among patients in the HIV Outpatient Study, 1996–2007. *J Acquir Immune Defic Syndr* 2010;53:388–396.

¹² Benova L, Mohamoud YA, Calvert C, Abu-Raddad LJ. Vertical transmission of hepatitis C virus: systematic review and meta-analysis. *Clin Infect Dis* 2014;59:765–73.

¹³ Schillie S, Wester C, Osborne M, Wesolowski L, Ryerson AB. CDC Recommendations for Hepatitis C Screening Among Adults—United States, 2020. *MMWR Recomm Rep* 2020;69(No. RR-2):1–17. DOI: <http://dx.doi.org/10.15585/mmwr.rr6902a1>

About IHIP

Integrating HIV Innovative Practices (IHIP) includes implementation tools and resources, peer-to-peer technical assistance (TA), and other capacity building support to help providers address needs and gaps in the delivery of HIV care and treatment along the HIV Care Continuum. Visit www.targethiv.org/ihip to subscribe for updates on intervention materials, trainings and TA opportunities.