

HIV and Viral Hepatitis Co-Infection

Viral hepatitis is the leading cause of non-AIDS-related death in people co-infected with HIV and viral hepatitis.¹ It is estimated that up to 30% of people living with HIV are also infected with the hepatitis C virus (HCV)¹ and up to 15% with the hepatitis B virus (HBV)². Co-infection increases the progression to liver disease and can occur without symptoms.

To adequately address the need to prevent, manage and treat co-infection, resources are needed for programs that address HIV, HBV and HCV. Additional federal funding is needed to:

- Support state public health HIV and viral hepatitis prevention programs funded through CDC, including implementation of CDC recommendations for universal vaccination of at-risk adults for hepatitis A and B, and testing for hepatitis C.
- Support for treatment through the state AIDS Drug Assistance Programs (ADAPs) under Ryan White to increase availability of hepatitis B and C drugs on formularies, management of side effects and to cover hepatitis A and B vaccines.
- Support for core services such as outpatient ambulatory health services, medical case management, substance abuse and mental health services, oral health care and medical nutrition therapy.
- Support for non-medical case management, housing services, emergency financial assistance, medical transportation, psychosocial support services, food bank/home delivered meals, and outreach services and child care services.

POPULATIONS AT-RISK

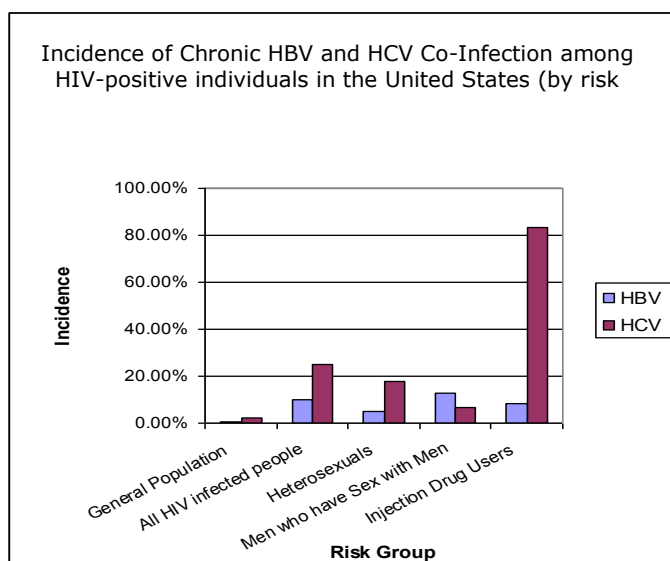
Many people who are at risk of contracting HIV are also at risk of contracting viral hepatitis. Persons who use injection drugs are far more likely to contract hepatitis C than HIV. Similarly, hepatitis B can be transmitted more easily through sexual activity than HIV, especially among gay and bisexual men of all races. Further, there is a documented rise of sexual transmission of HCV among HIV-positive gay and bisexual men.

THE RYAN WHITE PROGRAM AND SERVICES FOR CO-INFECTED PERSONS

The Ryan White Program provides care, treatment and support services to people living with HIV/AIDS. The program is administered through the Health Resources and Services Administration's HIV/AIDS Bureau (HAB). The Ryan White Program can provide services to those that are co-infected, although there are challenges in terms of sufficient provider knowledge and patient education. As of December 2010, ADAPs which are administered by the states provide the following:

- HBV treatments: covered by 25 states;
- HCV treatments: covered by 22 states;
- Hepatitis A and hepatitis B vaccines: covered by 22 states;
- Viral hepatitis diagnostics: covered by 7 states.

For more information on hepatitis treatment, vaccine and diagnostic coverage, please go to www.NASTAD.org to view NASTAD's 2010 National ADAP Monitoring Report.



Source: Alter, MJ. (2006). Epidemiology of viral hepatitis and HIV co-

HIV and Viral Hepatitis Co-Infection Recommendations

INCREASING ACCESS TO CARE AND OPTIMIZING HEALTH OUTCOMES

We recommend that in order to increase quality of care for the co-infected, greater funding is needed for Ryan White Care Program Parts A, B, C, and F, including AIDS Drugs Assistance Programs (ADAPs) to incorporate existing and emerging viral hepatitis treatments in state formularies and the AIDS Education and Training Centers (AETCs) to increase provider knowledge and capacity to care for co-infected persons. In addition, greater knowledge of co-infection and of delivering culturally competent care to persons at risk for both HIV and viral hepatitis is needed among Medicaid and Medicare providers in order to increase hepatitis counseling and testing among HIV-infected clients and to increase linkages to care for viral hepatitis. Finally, we recommend a greater use of buprenorphine in HIV primary care settings to reduce the risk of HCV infection from drug use. Further, as the economy has forced health departments to employ cost-containment measures that impact services for the co-infected, we encourage ADAPs to maintain drugs indicated for co-infection and hepatitis A and B vaccination, and if possible wraparound support for care management of co-infection.

IMPROVE RESEARCH ON CO-INFECTION

An increase in research is needed on the treatment of viral hepatitis in co-infected persons to improve cure rates, tolerability and adherence for co-infected persons. We also recommend an increase in research into the development of a vaccine against hepatitis C. Over the next decade, several new HCV treatments are expected to reach the market. Integrating new therapies into the rapidly-evolving standard of care for co-infected persons will require expanding the capacity of clinical research networks to conduct timely, high-quality studies on co-infection care and treatment.

VACCINATION

Due to the complications of co-infection, adults at risk for HIV and HCV should be vaccinated for the hepatitis A and B viruses. High risk adults account for more than 75 percent of all new cases of HBV infection each year. Despite the CDC's recommendations to vaccinate high risk adults and the cost effectiveness of vaccination, actual vaccination rates remain modest, and many persons living with HIV remain unvaccinated and susceptible to disease.

In previous fiscal years, CDC had identified funds through program cost savings in the Section 317 Vaccine Program, allocating \$20 million in FY2008 and \$16 million in FY2009 and FY2010 for purchase of the hepatitis B vaccine for at-risk adults. This funding is no longer available which further limits access to HAV and HBV vaccination for persons recommended to receive them.

TESTING

Given that HIV-positive people are at higher risk of viral hepatitis infection, it is imperative that providers test and monitor for hepatitis B and C. A simple and inexpensive test can be done to determine one's status. Earlier identification and medical evaluation is necessary to mitigate fatal liver disease among persons co-infected.

CO-INFECTION MUST BE INCORPORATED IN THE IMPLEMENTATION OF THE NATIONAL HIV/AIDS STRATEGY (NHAS)

By ensuring that persons at risk for both diseases receive comprehensive prevention messages and routine screening, hepatitis A and B vaccination, hepatitis C testing and access to care, we can reduce the incidence of both and further reduce mortality. The NHAS is an opportunity for collaboration across government agencies, HHS, and the Administration to focus on co-infection as syndemic among key populations in addition to increasing support for the HHS Viral Hepatitis Action Plan.

References

- 1 Centers for Disease Control and Prevention. (2006) Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection. MMWR. 57 (No.Rr-8)
- 2 Swan, Tracy, Treatment Action Group. (June 2006) Care and Treatment for Hepatitis C and HIV Coinfection: Expanding Access through the Ryan White CARE Act. U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis. NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.