**HIV Module: HIV and Hepatitis C**

*By Dr. Karen Jacobson and Dr. Onyema Ogbuagu*

Objectives:

* Describe the epidemiology of Hepatitis C (HCV) including HIV co-infection
* Understand screening guidelines and recommendations for HCV
* Describe the clinical manifestations of HCV and usual clinical course if untreated
* Describe the management of HCV infection in patients living with HIV

**Case 1. Mr. Amarillo is a 47 year old man with HIV/AIDS, hypertension, chronic tobacco use and active alcohol use disorder. He has never injected drugs. His HIV is well-controlled on combination antiretroviral therapy. He has sex with men and women but he does not currently have a partner. He shares with you that an old friend of his was recently sick with complications from hepatitis C (HCV), and he wonders if he could be at risk. He recently transferred care to your clinic, and you have no medical records for him. He does not know if he has ever been tested for Hepatitis C. His ROS is negative, specifically for abdominal pain, swelling, or jaundice.**

1. **Describe the epidemiology of HCV in general and in people living with HIV/AIDS.**
2. **Should he be screened for HCV? What are the current guidelines on screening for HCV in patients with HIV/AIDS?**

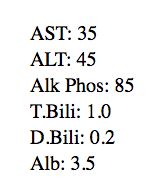
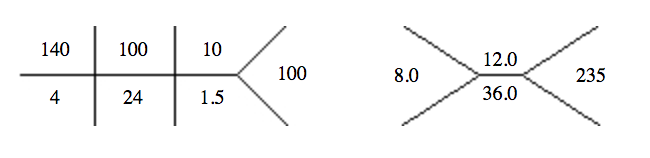
**Case 1, Continued: Mr. Amarillo tests negative for Hepatitis C.**

1. **How would you counsel Mr. Amarillo about his results and future risk for hepatitis C? When and under what conditions should he be tested again in the future?**

**Case 2: Ms. Leber is a 63 year old woman with HTN, CKD stage 3, longstanding HIV/AIDS and a long history of polysubstance use, including injecting heroin. \*\*\* ART regimen She was diagnosed with HCV >10 years ago. She was treated with Interferon and ribavirin in 2010 but had to stop the regimen due to toxicity.**

1. **Describe the natural course of HCV. How does it differ in patients with HIV co-infection?**
2. **What testing should be performed when preparing to start a patient on treatment?**

**Case 2, Continued: Ms. Leber’s test results are shown below.**

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INR 1.1

Hepatitis A antibody positive

Anti-HBs and anti-HBc positive, HBsAg negative

Fib-4 = (Age\*AST)/(platelets/√ALT) = 1.4

1. **How would you proceed in managing Ms. Leber’s HCV in the setting of her HIV? What regimens are currently available to treat HCV?**
2. **What monitoring should Ms. Leber undergo during and after her treatment?**

**Resources**

AASLD/IDSA guidelines: “HCV Guidance: Recommendations for Testing, Managing and Treating Hepatitis C”. Available at <https://www.hcvguidelines.org/contents>