



COORDINATING HCV AND HIV TREATMENT IN PRIMARY CARE



October 2021



ABOUT THE NATIONAL NURSE-LED CARE CONSORTIUM

The National Nurse-Led Care Consortium (NNCC) is a member organization dedicated to advancing the principles of nurse-led care through policy advocacy, innovative public health programming, and training and technical assistance. NNCC provides resources and consultation for health centers and community organizations aimed at improving skills and capacity to meet the needs of vulnerable communities, including residents of public housing. NNCC is an affiliate of Public Health Management Corporation (PHMC).

ABOUT THE NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people. The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a health center, and one of the world's largest health centers focused on LGBTQIA+ communities.



A PROGRAM OF THE FENWAY INSTITUTE

INTRODUCTION

Hepatitis C is an infection caused by HCV (hepatitis C virus) that spreads through contact with the blood of a person with HCV. HCV can be a short-term illness, but for more than half of those affected by HCV, it is a chronic disease. There is currently no vaccine for HCV, and those with chronic HCV can often have no symptoms or not feel sick. Avoiding or reducing behaviors that transmit HCV and treatment of HCV – which can cure the infection within 8 to 12 weeks – can prevent onward transmission.^[1] HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. Without treatment, HIV can lead to AIDS (acquired immunodeficiency syndrome). HIV is a chronic disease with no cure. However, receiving proper medical care can allow people living with HIV to live long, healthy lives and avoid spreading HIV to others.^[2]

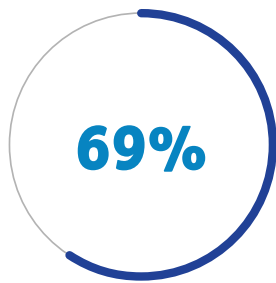
HCV and HIV are overlapping epidemics with serious clinical implications for people with HCV and HIV. Health centers are poised to prevent and treat these viral infections by understanding the implications of comorbidity and by creating a welcoming environment for those at risk for or currently diagnosed with one or both diseases.

OVERLAPPING EPIDEMIOLOGY

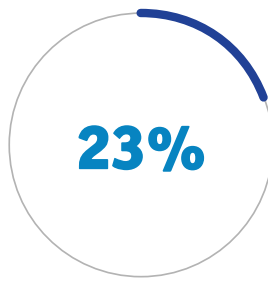
HCV and HIV in the United States

In 2019, 36,801 people received an HIV diagnosis in the United States (US) and dependent areas. From 2015 to 2019, HIV diagnoses decreased 9% overall in the US and dependent areas. Transgender people accounted for 2% of all diagnoses of HIV infections, and men who have sex with men (MSM) accounted for 69% of all diagnoses of HIV infections. [3] In 2018, there were 5,534 HIV-related deaths (4.7 per 1,000 persons with diagnosed HIV infection). [4] In 2019, there were 15,815 deaths among adults and adolescents with diagnosed HIV in the US and dependent areas. [5]

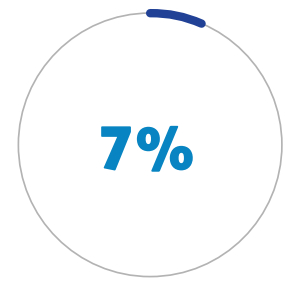
Of the **36,801 NEW HIV DIAGNOSES** in the US and dependent areas in 2019:



were among gay and bisexual men



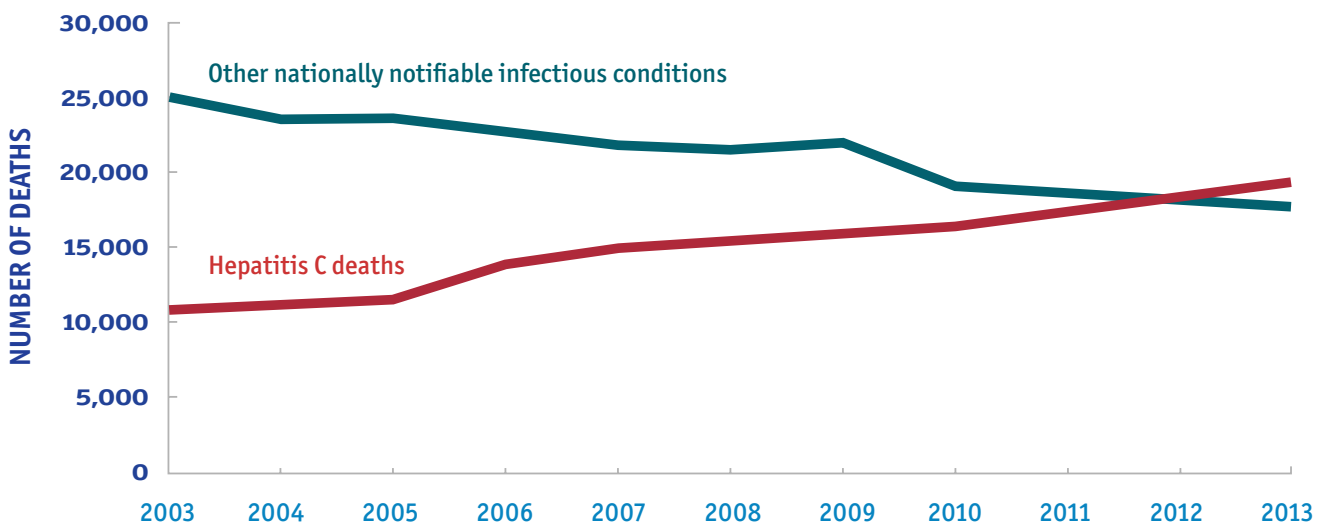
were among heterosexuals



were among people who inject drugs

In 2019, there were 4,136 reported cases (1.3 per 100,000 people) of acute HCV infection, and an estimated 57,500 acute HCV infections. In 2019, there were 14,242 HCV-related deaths (3.33 per 100,000 people). [6] Some transgender people may be at increased risk for HCV as the virus can spread by sharing equipment to inject silicone, drugs, hormones, or vitamins; receiving a tattoo or piercing at a place other than a licensed shop; or engaging in sex work. [7] MSM and bisexual women also have a higher chance of acquiring HCV if they inject drugs, have sex with multiple partners, or have sex that causes bleeding. [8][9] HCV currently kills more people per year in the United States than HIV. [10]

Annual number of Hepatitis C-related deaths vs. other nationally notifiable infectious conditions in the US, 2003-2013



SOURCE: Centers for Disease Control and Prevention

Please visit the Viral Hepatitis National Strategic Plan for the United States for up-to-date information on efforts to address the epidemic of hepatitis C and other forms of viral hepatitis.

HCV and HIV coinfection

About 5% of adults with chronic HCV have coinfection with HIV. Additionally, 1 out of 5 people living with HIV and up to 80% of people who inject drugs and are living with HIV have evidence of current or prior HCV. Coinfection with HIV also accelerates liver damage from HCV.[11]

HCV and HIV share risk factors, including injection drug use and perinatal transmission. Studies have shown that people who inject drugs (PWID) living with HIV are six times more likely to have HCV coinfection; and between 2010 and 2017, acute HIV infections increased by 350% largely due to the increased use of drug injections.[12] About 1 in 10 new HIV diagnoses are related to general injection drug use or occur among MSM who inject drugs.[13] In 2018, there were 1,544 children with diagnosed perinatal HIV.[14] Similarly, most people contract HCV from injection drug use, and about 6% of infants will acquire HCV during the delivery process.[15]

Many studies have also shown that sexual HCV transmission is increasing among MSM with or at risk for HIV. This is related to having anal sex without a condom, having sex that causes rectal trauma or bleeding, and having sex while taking methamphetamines.[16] Although transgender people are underrepresented in HIV epidemiologic studies, one study examining coinfection with HIV and at least one other disease (including tuberculosis, viral hepatitis, and sexually transmitted infections) found that comorbidity was more common among transgender people than non-transgender people.[17]

Due to the many intersections between HCV and HIV, it is important that primary care providers coordinate HCV and HIV treatment and prevention, and create inclusive and welcoming environments for patients in need of HCV and HIV screening, prevention, and treatment.

RECOMMENDATIONS

Universal plus risk-based screening for HCV and HIV

All adults should be tested for HCV and HIV at least once in their lives. The preferred screening test for HIV is an HIV antibody/antigen test. The preferred screening test for HCV is an HCV antibody test, followed by an HCV RNA test if the antibody is positive.

People with increased risks for HIV and/or HCV should be screened more often. For example, people with HIV should be tested for HCV at diagnosis, and yearly thereafter for MSM with HIV. Decision support tools within the electronic health record (EHR) can support HCV screening. For example, the EHR could prompt clinicians to order an HCV test in people with a diagnosis of HIV.

People starting HIV pre-exposure prophylaxis (PrEP) should also be screened for HCV. PrEP refers to the use of antiretroviral medication by people who do not have HIV but are at risk for infection through sex and/or injection drug use.[18] When taken as prescribed, PrEP is highly effective for preventing HIV. Again, the EHR can help ensure appropriate screening, such as by incorporating HCV testing into order sets for PrEP initiation. Fenway's T/TA resource on "TelePrEP and Tele-STI Care: Optimizing Safer Sex in the Pandemic": <https://www.lgbtqiahealtheducation.org/courses/teleprep-and-tele-sti-care-optimizing-safer-sex-in-the-pandemic/>

HCV treatment in the setting of HIV treatment or PrEP

HCV treatment is effective for people living with or at risk for HIV, but clinicians must be mindful of drug-drug interactions. Most preferred HIV treatment regimens in the United States do not have significant drug interactions with HCV therapies. Click here for more information about first-line HIV treatment regimens in the United States: <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/whats-new-guidelines>. [Click here to learn more about guidelines for testing, managing, and treating HCV.](#)

Reducing barriers to HCV and HIV treatment and prevention

The following practices are vital in health centers to reduce patient barriers to HCV and HIV treatment and prevention:

1. Co-locate services of importance for people at risk for HIV and/or HCV: e.g., PrEP, HIV treatment, HCV treatment, medication-assisted treatment (MAT) for substance use disorders.
2. Work in multidisciplinary teams (e.g., care coordinators, patient navigators, nurses, providers, data managers) to facilitate linkage to and engagement in care.
3. Provide services in non-traditional settings (e.g., homeless shelters, on the streets).

Ensuring clinical environments are welcoming to people with/at risk for HCV and HIV

Take steps to convey a welcoming atmosphere for sexual and gender minority people by:

1. Routinely collecting sexual orientation and gender identity information.
2. Asking about, and using, affirmed names and pronouns. <https://www.lgbtqihealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/>
3. Displaying racial and ethnically diverse LGBTQIA+-friendly imagery in clinical settings.
4. Avoiding assumptions about gender identity, sexual orientation, sexual behavior, home life, partners, and anatomy.
5. Training all staff about the care of sexual and gender minority people.

Take steps to convey a welcoming atmosphere for people who inject drugs by:

1. Training all staff about substance use disorders to improve comfort with harm reduction principles and reduce stigma
2. Ensuring clinicians promote harm reduction strategies to patients in a culturally sensitive manner.
3. Promoting the importance of condom usage, using clean syringes, and using naloxone.
4. Offering MAT on-demand, with minimum barriers.
5. Demonstrating respectful and judgment free care.

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