Addressing Treatment Gap for People With HIV and Hepatitis C

People living with both HIV and hepatitis C can benefit from direct-acting antivirals, but many are not receiving treatment.

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Researchers identified factors associated with disparities in the uptake of direct-acting antivirals (DAAs) among people living with HIV and hepatitis C virus (HCV), according to new findings presented at the annual Conference on Retroviruses and Opportunistic Infections (CROI 2025).

Today's DAA therapy usually involves one pill once daily, usually for two or three months. The medications are generally well tolerated, and more than 90% of treated people achieve a sustained virological response, meaning continued undetectable virus 12 or 24 months after completing therapy, also known as a cure.

People living with HIV face a higher risk of negative outcomes from coinfection with HCV and are therefore a key group targeted for DAA treatment. Although the DAA treatment gap has narrowed over time, disparities persist among specific populations eligible for treatment, particularly people with both HIV and HCV, according to the study.

Raynell Lang, MD, of the University of Calgary, and colleagues found that among 6,300 people with HIV/HCV coinfection in the United States and Canada, more than half (58%) initiated DAA during between 2014 and 2021. Accounting for the competing risks of death and HCV clearance, the treatment gap between those eligible for DAA treatment initiation and those who initiated DAA treatment significantly narrowed from 77% after the first year of study to 6% after eight years.

What's more, after eight years, about 13% of the study population had achieved HCV viral clearance without treatment, indicating spontaneous HCV clearance or unobserved treatment, while 15% had died.

Factors associated with disparities in DAA uptake include HIV risk, alcohol use, smoking,

race/ethnicity and HIV.

For example, people with HIV who were heterosexual or injected drugs had lower rates of DAA initiation compared with men who have sex with men. Those with HIV who identified as non-Hispanic Black and Latino also had reduced rates of DAA initiation compared with non-Hispanic white people with HIV. Likewise, DAA initiation was significantly lower among people with heavy alcohol use, smokers, and those with a detectable HIV viral load or a prior AIDS diagosis. Conversely, people with more advanced liver fibrosis were more likely to start DAAs.

Researchers highlight the need to develop targeted approaches to increase equity in DAA initiation by addressing these disparities to eliminate HCV among people with HIV.

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