Striving for a Healthier Future: Combating HIV and Hepatitis C Coinfection

The CDC estimates that 21% of people living with HIV also have hepatitis C virus.

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Hepatitis C is a significant public health concern affecting an estimated 71 million people worldwide. In the U.S. alone, it is estimated that approximately 2.4 million individuals are living with chronic hepatitis C.

According to the Centers for Disease Control and Prevention, approximately 21% of people with HIV in the U.S. also have hepatitis C. Among injection drug users with HIV, the coinfection rate is much higher—estimated to be between 62% and 80%. HIV and hepatitis C coinfection can lead to accelerated liver disease progression, increased risk of liver-related complications, and higher mortality rates if left untreated.

Hepatitis C also disproportionately affects individuals without insurance, American Indian and Alaska Native persons, Black individuals, justice-involved populations, and people who use drugs—the same populations disproportionately affected by HIV.

While hepatitis C can cause serious liver damage if left untreated, the infection is curable. Advances in direct-acting antivirals have revolutionized hepatitis C treatment, with cure rates exceeding 95% in an 8- to 12-week course of medication. More than 15,000 people die of hepatitis C in the U.S. every year. Unfortunately, for a variety of reasons including lack of health insurance, provider bias, and lack of knowledge of hepatitis infection, too few people access curative treatments.

To counter these low cure rates, the White House announced a five-year Hepatitis Elimination Plan in its FY 2024 Budget Proposal. This comprehensive strategy aims to eliminate viral hepatitis as a public health threat in the U.S. by 2030. The Plan focuses on five key pillars:

1. Diagnose Hepatitis C: Accelerating the availability of point-of-care diagnostics to identify individuals living with hepatitis C and start them on curative treatments on the same day.
2. Cure Hepatitis C: Ensuring universal access to safe and effective treatment for all individuals diagnosed with hepatitis C, including those coinfected with HIV.
3. Bolster Public Health and Provider Capacity: Investing in grassroots organizations and community

partners to build trust and engage communities, scaling-up training for all types of healthcare clinicians, and exploring innovative models of care such as mobile treatment and telehealth to further the reach of the program.

Advocates have been working with the White House and others to craft the details of the Elimination Plan, ensuring that the Plan encourages treatment for all populations affected by hepatitis C and addresses opportunities for testing, linkage to care, and treatment in underserved populations with disproportionate rates of hepatitis C, including incarcerated persons and people who use drugs.

Taking a syndemic approach to the prevention and treatment of hepatitis C and HIV is emphasized in both the Viral Hepatitis National Strategic Plan and the National HIV/AIDS Strategy (NHAS). By integrating efforts to prevent, diagnose, and treat hepatitis C among people with HIV, the Strategy aims to reduce liver-related morbidity and mortality, improve overall health, and enhance the quality of life for individuals coinfected with these viruses. Expansion of harm reduction approaches, such as needle exchange programs and substance use disorder treatment, is central to both Strategy's efforts to prevent new hepatitis C and HIV infections among people who use drugs. The Department of Health and Human Services recently released a 2021-2022 Progress Report for the Viral Hepatitis National Strategic Plan.

Coinfection with HIV and hepatitis C poses a significant health challenge, but through collaborative efforts outlined in the White House Hepatitis Elimination Plan, the National Hepatitis Strategy, and a focus on harm reduction, the U.S. can move toward achieving elimination goals. By scaling up prevention, testing, harm reduction interventions, and treatment efforts, we can reduce the burden of hepatitis C.

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