Time to CEASE HIV/HCV coinfection

Access to highly effective HCV treatment has the potential to eradicate hepatitis C from HIV-positive communities in Australia. I hope this will soon be the case in other countries as well.

August 4, 2016 By David Pieper

World Hepatitis Day on 28 July was a fantastic opportunity to raise awareness of the possibility of curing hepatitis C (HCV) and diagnosing more hepatitis B. But it is also a good time to recognise that for those with HIV and hepatitis C co-infection, treatment should be a priority.

An estimated 3,000 Australians are living both with HIV and HCV. In other countries the numbers are much higher. HCV is more prevalent among people with HIV than in the broader population and is a major risk for health complications in people with HIV. HIV worsens hepatitis C-related liver disease, fastens the progression to cirrhosis, and leads to higher rates of death from both liver failure and liver cancer.

Unlike HIV, HCV is curable. A simple blood test can determine whether someone has HCV and new, extremely effective hepatitis direct-acting antiviral treatments (DAA) are now approved in Australia and available on the Pharmaceutical Benefits Scheme (PBS). This means that the cost is heavily subsidised by the Government and only a small co-payment is required by people who need treatment.

I was lucky to be involved in a Viral Hepatitis Clinical Research Program at the Kirby Institute. The program is currently recruiting for an ongoing study called CEASE, which aims to control and eliminate HCV among Australia's HIV-positive population. People with HIV/HCV co-infection are being recruited because researchers hope to demonstrate the likelihood of eliminating hepatitis C within a discrete population. This methodology may then be used to show how hepatitis C could be controlled in other discrete populations.

I was cured of hepatitis C while on the CEASE trial and I'm really happy that my participation in the trial will hopefully help eliminate hep C among people currently living with both HIV and hep C. I found having hep C on top of HIV very difficult. While I didn't have cirrhosis, I was worried that my hep C might progress to cirrhosis or liver cancer, but after treatment with the DAAs I am completely cured. The side effects were nothing compared to previous treatments that I tried.

A course of DAA treatment can range from 8 to 24 weeks. Treatment is largely well tolerated with minor side effects; the cure rate is around 95 percent. All Australian adults diagnosed with chronic hepatitis C and who hold a Medicare card are eligible to access DAA treatment regardless of the stage of the illness.

Australia is very lucky to have open access and widespread uptake of HCV treatment. This will not only lessen liver disease and death but reduce ongoing HCV transmissions. For people living with HIV, regular hepatitis C screening is important as it allows for treatment if you have hep C. All people with HIV should be tested for hepatitis A and B and, consider vaccination if they need it.

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