

Fast Facts

- People with HIV infection are affected disproportionately by viral hepatitis.
- Nearly 75% of people with HIV who report a history of injection drug use also are infected with hepatitis C virus (HCV).
- HIV/HCV coinfection more than triples the risk for liver disease, liver failure, and liver-related death.

Overview

Viral Hepatitis means inflammation of the liver caused by a virus. In the United States, the most common causes of viral hepatitis are hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Each is distinct from the other and spread in slightly different ways. HBV and HCV infections are common among people who are at risk for, or living with, HIV. You can get some forms of viral hepatitis the same way you get HIV—through sexual contact without a condom and sharing needles or works to inject drugs.

HAV, a short-term but occasionally severe illness, is usually spread through contaminated food, drinks, or touching objects (including injection drug equipment); the feces of an infected person; or sexual contact with an infected person. HAV usually causes a short-term illness. Most people recover completely and do not have any lasting liver damage.

HBV can be spread through blood and other body fluids, including semen. Some people who become infected with HBV, especially during adulthood, can clear the virus. Others, especially those infected as infants or young children, go on to develop long-term infection.

HCV is most often spread through blood, but can sometimes be spread through sexual contact. Most people who become infected with HCV go on to develop a chronic infection. Infection with HCV is often “silent.” Many people can have the infection for decades without having symptoms or feeling sick. Compared with other age groups, people born from 1945 to 1965 are 5 times as likely to be infected with HCV.

Coinfection

People with HIV infection in the United States are often affected by chronic viral hepatitis; about one-third are coinfecting with either HBV or HCV. More people living with HIV are infected with HCV than with HBV. Viral hepatitis progresses faster and causes more liver-related health problems among people with HIV than among those who do not have HIV. Although treatment with antiretroviral therapy has improved the health and extended the life expectancy of people with HIV, liver disease—much of which is related to HBV and HCV causes non-AIDS-related deaths in this population.

People with HIV who are coinfecting with either HBV or HCV are at increased risk for serious, life-threatening complications. As a result, anyone living with HIV should be tested for HBV and HCV. Coinfection with hepatitis may also complicate the management of HIV infection. To prevent coinfection for those who are not already infected with HBV, the Advisory Committee on Immunization Practices recommends HAV and HBV vaccination of high-risk patients. High-risk patients can include gay, bisexual, and other men who have sex with men^a and persons who inject drugs with HIV infection or AIDS. Read more about the recommendation. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm?s_cid=rr5516a1_e)

The Numbers

- Of people with HIV in the United States, about 25% are coinfecting with HCV, and about 10% are coinfecting with HBV.
- Nearly 75% of people with HIV who inject drugs also are infected with HCV.
- HIV/HCV coinfection more than triples the risk for liver disease, liver failure, and liver-related death.
- About 20% of all new HBV infections and 10% of all new HAV infections in the United States are among gay and bisexual men.
- CDC estimates that people born during 1945-1965 account for nearly 75% of all chronic HCV infections in the United States.
- In the United States, from 2012 to 2013, rates of acute HCV increased 33% among blacks/African Americans, 28% among whites, and 5% among Hispanics/Latinos.^b

^a The term *male-to-male sexual contact* is used in CDC surveillance systems. It indicates a behavior that transmits HIV infection, not how individuals self-identify in terms of their sexuality.

^b Hispanics/Latinos can be of any race.

Viral Hepatitis Transmission

People can be infected with the three most common types of hepatitis in these ways:

HAV: Ingestion of the virus from close person-to-person contact with an infected person; sexual contact with an infected person; or from contaminated food, drinks, or touching objects, including drug injection equipment, that has been contaminated from an infected person.

HBV: Contact with infected blood, semen, or other body fluids; sexual contact with an infected person; sharing contaminated needles, syringes, or other drug injection equipment; and needlesticks or other sharp-instrument injuries from an infected person. In addition, an infected woman can pass the virus to her newborn, but HBV vaccination of the baby at birth can prevent her newborn from becoming infected.

HCV: Contact with blood of an infected person, primarily through sharing contaminated needles, syringes, or other drug injection equipment; less commonly, HCV can be transmitted through sexual contact with an infected person and from needlesticks or other sharp-instrument injuries. Although, sexual transmission of HBV occurs much more frequently than HCV, sexual transmission of HCV occurs more often among gay and bisexual men who are infected with HIV than among those not infected with HIV. Condom use decreases but does not eliminate the risk from sexual contact.

Viral Hepatitis Prevention

HAV: The best way to prevent HAV infection is to get vaccinated. The Centers for Disease Control and Prevention (CDC) recommends HAV vaccination for people who are at risk for HIV infection, including gay and bisexual men; users of recreational drugs, whether injected or not; and sex partners of people with HAV infection.

HBV: The best way to prevent HBV infection is to get vaccinated. CDC recommends HBV vaccination for people who have or are at risk for HIV infection and who have never been infected with HBV. This includes gay and bisexual men, people who inject drugs, sex partners of people with HBV infection, people with multiple sex partners, people with a sexually transmitted infection, and health care and public safety workers exposed to blood on the job.

HCV: No vaccine exists for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs if you currently do so by getting into and staying in a drug treatment program. If you continue injecting drugs, always use new, sterile needles or syringes, and never reuse or share needles or syringes, water, or other drug preparation equipment.

Testing and Treatment

Blood tests are used to detect viral hepatitis. The virus can be detected even if a person has no symptoms. In the case of HBV, the test result can help determine if a person has been infected and, if not, whether he or she would benefit from vaccination. If an HCV test is positive, a follow-up test must be done to determine if the person is still infected, or has resolved the infection.

Treatment for viral hepatitis varies. HAV infection usually runs its course over time, and most all people who become infected with HAV recover completely and do not have any lasting liver damage. Both chronic HBV and HCV infection can be treated with antiviral medications. For HBV, treatment can delay or limit the effects of liver damage. Newly approved treatments for HCV infection are shorter, have fewer side effects, and now can cure the disease.

Coinfection with viral hepatitis may also complicate the treatment and management of HIV infection. Because viral hepatitis infection is often serious in people with HIV infection and may lead to liver damage more quickly, CDC recommends that all people with HIV infection be tested for HBV and HCV. CDC also recommends that everyone born from 1945 to 1965 should be tested at least once for HCV. While anyone can get HCV, up to 75% of adults infected with HCV were born from 1945 to 1965.

HIV/HBV and HIV/HCV coinfections can be effectively treated in many people, but treatment is complex, and people with coinfection should look for health care providers with expertise in the management of both HIV infection and viral hepatitis.

CDC has produced a 5-minute online Hepatitis Risk Assessment tool (<http://www.cdc.gov/hepatitis/riskassessment>) that allows people to answer questions privately, in their home or in a health care setting, and get tailored recommendations based on CDC's guidelines to discuss with their doctor. This tool can also determine which tests and vaccines are right for you.

Additional Resources

CDC-INFO
1-800-CDC-INFO (232-4636)
www.cdc.gov/info

CDC HIV Website
www.cdc.gov/hiv

CDC Act Against AIDS Campaign
www.cdc.gov/actagainstaids

