

## Fast Facts

- People with HIV infection are disproportionately affected by viral hepatitis.
- About 80% of people with HIV who inject drugs also have hepatitis C virus (HCV).
- HIV coinfection more than triples the risk for liver disease, liver failure, and liver-related death from HCV.

## Overview

*Hepatitis* means inflammation of the liver. This condition is most often 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). HBV and HCV 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 unprotected sexual contact and injection drug use. HAV, which causes a short-term but occasionally severe illness, is usually spread when the virus is ingested from contact with food, drinks, or objects (including injection drug equipment), contaminated by feces (or stool) of an infected person.

## Coinfection

People with HIV infection are often affected by viral hepatitis; about one-third are coinfecting with either HBV or HCV, which can cause long-term illness and death. More people living with HIV have HCV than 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 drug therapy has extended the life expectancy of people with HIV, liver disease—much of which is related to HCV and HBV—has become the leading cause of 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/or HBV vaccination of high-risk patients (including those who are gay, bisexual, and other men who have sex with men [MSM]<sup>a</sup>; injection drug users;) with HIV infection or AIDS. Read more about the recommendation at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm?s\\_cid=rr5516a1\\_e](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.
- About 80% of people with HIV who inject drugs also have HCV.
- HIV coinfection more than triples the risk for liver disease, liver failure, and liver-related death from HCV.
- About 20% of all new HBV infections and 10% of all new HAV infections in the United States are among MSM. In the United States, HCV is twice as prevalent among blacks as among whites.

## Viral Hepatitis Transmission

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

- **HAV:** Ingestion of contaminated fecal matter, even in tiny amounts, from close person-to-person contact with an infected person, sexual contact with an infected person, or contaminated food, drink, or objects, including injection equipment.
- **HBV:** Contact with infectious blood, semen, or other body fluids; sexual contact with an infected person; sharing of contaminated needles, syringes, or other injection drug equipment; and needlesticks or other sharp-instrument injuries. In addition, an infected woman can pass the virus to her newborn.
- **HCV:** Contact with blood of an infected person, primarily through sharing contaminated needles, syringes, or other injection drug equipment, and, less commonly, sexual contact with an infected person, birth to an infected mother, and needlesticks or other sharp-instrument injuries from an infected person.

<sup>a</sup>The term **men who have sex with men (MSM)** is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how men self-identify in terms of their sexuality.

- Chronic HCV is often “silent,” and many people can have the infection for decades without having symptoms or feeling sick. Compared with other age groups, people aged 46 to 64 are 4 to 5 times as likely to be infected with HCV.
- Any sexual activity with an infected person increases the risk of contracting hepatitis. In particular, unprotected anal sex increases the risk for both HBV and HIV among MSM, and direct anal-oral contact increases the risk for HAV.
- New data suggest that sexual transmission of HCV among MSM with HIV occurs more commonly than previously believed.

## Viral Hepatitis Prevention

If you have HIV infection, you can lower your risk of contracting hepatitis and other bloodborne viruses by not sharing toothbrushes, razors, or other personal items that may come into contact with an infected person’s blood. Do not get tattoos or body piercings from an unlicensed facility or in an informal setting, which may use dirty needles or other instruments. Just as HIV-positive individuals would not want to engage in behaviors that would put them at risk for hepatitis, these same behaviors would also put others at risk for HIV.

- **HAV:** The best way to prevent HAV infection is to get vaccinated. The Centers for Disease Control and Prevention (CDC) recommends vaccination for HAV for people who are at risk for HIV infection, including MSM; users of recreational drugs, whether injected or not; and sex partners of infected people.
- **HBV:** The best way to prevent HBV infection is to get vaccinated. CDC recommends vaccination against HBV for people who have or are at risk for HIV infection, including MSM; people who inject drugs; sex partners of infected people; people with multiple sex partners; anyone with a sexually transmitted infection; and health care and public safety workers exposed to blood on the job.
- **HCV:** There is no vaccine for HCV. CDC estimates that people born during 1945 through 1965 account for nearly 75% of all HCV infections in the United States. 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 syringes and never reuse or share syringes, needles, water, or other drug preparation equipment.

## Testing and Treatment

Health care providers use blood tests to detect viral hepatitis in their patients. 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 antibody test is positive for HCV, a follow-up test must be done to confirm current infection.

Treatment for viral hepatitis varies. There is no treatment for HAV infection, but almost all people who get HAV recover completely and do not have any lasting liver damage, although they may feel sick for months. Both chronic HBV and HCV can be treated with antiviral medications. For HBV, treatment can delay or limit the effects of liver damage. Many people infected with HCV experience clearance of the virus as a result of treatment. Newly approved treatments are shorter, have fewer side effects, and may be more effective.

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 during 1945-1965 should be tested at least once for HCV.

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.

A 5-minute online **Hepatitis Risk Assessment** tool at [www.cdc.gov/hepatitis/riskassessment](http://www.cdc.gov/hepatitis/riskassessment) allows people to answer questions privately, in either their home or a health care setting, and get tailored recommendations based on CDC’s guidelines to discuss with their doctor. This tool can also determine viral hepatitis testing and vaccination recommendations.

### Additional Resources

#### CDC-INFO

1-800-CDC-INFO (232-4636)  
[www.cdc.gov/info](http://www.cdc.gov/info)  
*Get answers to questions and find HIV testing sites.*

#### CDC HIV Website

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

#### National HIV and STD Testing Resources

<http://hivtest.cdc.gov>

#### CDC National Prevention Information Network (NPIN)

1-800-458-5231  
[www.cdcnpin.org](http://www.cdcnpin.org)  
*Technical assistance and resources.*

#### Act Against AIDS

[www.cdc.gov/actagainstaids](http://www.cdc.gov/actagainstaids)

#### AIDSinfo

1-800-448-0440  
[www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)  
*Treatment and clinical trials.*

#### AIDS.gov

[www.aids.gov](http://www.aids.gov)  
*Comprehensive government HIV resources.*