HIV-Hepatitis C Co-Infection in the Indianapolis-Carmel Metropolitan Statistical Area

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The Marion County Public Health Department’s Ryan White HIV Services Program oversees Ryan White Part A, C, and Minority AIDS Initiative grants in the Indianapolis-Carmel Metropolitan Statistical Area (MSA). These programs serve the needs of persons newly infected or living with HIV and out of care and/or uninsured or medically underserved.

HCV: Approximately 2.7 million U.S. residents were living with chronic hepatitis C (HCV) infection at year-end 2014. Many were unaware of their status because HCV is predominantly (70%-80%) asymptomatic until the late stages of disease. HCV is a leading cause of chronic liver disease and increases risk for hepatocellular carcinoma 20-fold. HCV disproportionately affects people living with HIV. While overall prevalence is 1.3%-1.62%, one in four people living with HIV also have HCV.

HIV Co-Infection: Research indicates that HCV viral loads are higher and that HCV progresses faster in those with comorbid HIV. In fact, HIV co-infection more than triples risk for severe HCV-related liver disease, the leading cause of non-AIDS related death among people living with HIV. Treatment in those co-infected is complex, lengthy and less successful than in mono-infected individuals.

Prevalence of HCV Co-Infection in the MSA: On December 31, 2014, there were 5,411 MSA residents known to be living with HIV and an additional 795 thought to be HIV-positive but undiagnosed and unaware of their status. At the same point in time, between 17,848 and 22,242 MSA residents over 17 years of age were thought to be living with HCV. HCV records were searched for HIV-positive Marion County residents (85% of the MSA’s people living with HIV) to identify those diagnosed with HIV-HCV co-infection at year-end 2015. Of 4,811 Marion County residents with confirmed HIV diagnoses, 5% (N=244) had also been diagnosed with HCV. While this is more than three times the estimated rate overall, it is far below the 25% thought to be co-infected with HCV. In fact, based on: (1) the total number of county residents thought to be living with HIV (N=4,811); (2) the estimated number of living with HIV but undiagnosed and unaware (N=707); and, (3) a 25% co-infection rate, the number of HIV-positive Marion County residents expected to be co-infected with HCV is 1,380. Given that only 244 are known to be diagnosed with co-morbid HCV, 1,136 co-infections remain undiagnosed. Two-thirds of Marion County residents diagnosed with HIV-HCV co-infection also have AIDS diagnoses and are more likely to have exhibited symptoms of, and been tested for, HCV.

Recommendations for HCV Testing among People Living with HIV: Given the severity of co-infection, it is important to screen for HCV among all individuals living with HIV. Current U.S. Health & Human Services guidelines call for HCV screening for all people living with HIV and, for those at risk, screening should be performed at least annually.

Sources:
1 CDC. (2012). Hepatitis C FAQs for health professionals.
2 IARC. (2010). IARC monographs on the evaluation of carcinogenic risks to humans.
6 NASTAD. (2011). HIV and viral hepatitis co-infection.