



February 13, 2015

Dear Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program Colleagues:

The treatment of hepatitis C virus (HCV) is rapidly evolving. New oral medications have greatly improved the outcomes of individuals with hepatitis C infection by achieving sustained viral suppression for the majority of people who complete treatment. These new regimens are not only more efficacious, but are better tolerated and are of shorter duration. In addition, studies suggest that individuals with HIV who are co-infected with HCV and utilize the new oral medications have similar rates of HCV viral suppression as those with HCV mono-infection.¹

New HCV treatments are an important development as there are as many as one quarter of individuals with HIV infection in the United States that are also infected with HCV; HCV co-infection rates among HIV infected injection drug users is even higher with as many as 80 percent being co-infected.² HIV/HCV co-infected individuals have higher rates of progression to end-stage liver disease including fibrosis, cirrhosis and hepatocellular carcinoma. Even when HIV is virally suppressed, those with HIV/HCV co-infection have higher rates of advanced liver fibrosis, cirrhosis, non-hepatic organ dysfunction and overall mortality compared with individuals that are HCV mono-infected. However, co-infected individuals that achieve sustained virologic response to hepatitis C treatment have lower rates of end-stage liver disease as well as lower rates of mortality related to liver disease.³

These advances in hepatitis C treatment underscore the importance of identifying those with HIV/HCV co-infection and getting their HCV infection treated. As per the [DHHS Guidelines for the Uses of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#), all HIV infected individuals should be screened for HCV and those at high risk for acquiring HCV should be screened annually. Individuals with HIV/HCV co-infection should receive appropriate counseling on avoiding transmission to others as well as avoiding alcohol and other liver-toxic substances. HIV/HCV co-infected individuals also need to be screened for hepatitis B and for immunity to hepatitis A and appropriately vaccinated for both. It is also important that those with HIV/HCV co-infection be evaluated for and receive treatment for hepatitis C.

AIDS Drug Assistance Programs (ADAPs) have an important role in providing access to medications for people living with HIV, including those with HCV co-infection. When feasible, ADAPs are encouraged to add hepatitis C medications to their formularies. For those living with both HIV and HCV, providing access to hepatitis C medications improves the overall health outcomes for people living with HIV who are served by the Ryan White HIV/AIDS Program.

Sincerely,

Laura W. Cheever /s/

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