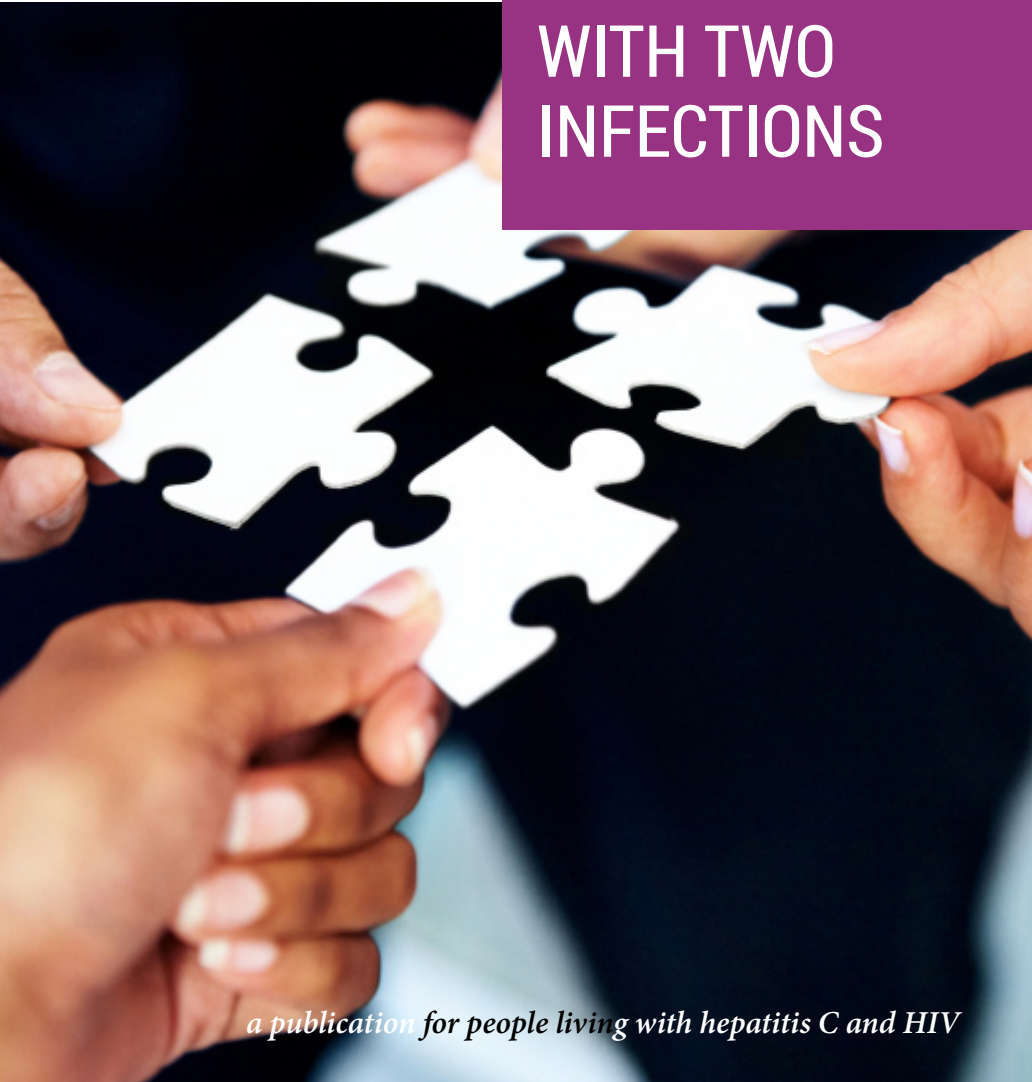




HCV & HIV CO-INFECTION

THE BASICS OF LIVING WITH TWO INFECTIONS



a publication for people living with hepatitis C and HIV

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Dear Reader:

Thank you for picking up the Project Inform “Hepatitis C and HIV Co-Infection” health and wellness booklets. I hope you find them useful.



This booklet, and its companion, is designed to provide you with the basic information you need to make healthy choices to live with HIV and hepatitis C (HCV). Living with HIV and HCV co-infection can be a very stressful thing, and you may experience feelings of fear, sadness and confusion. This is quite normal, and adjusting to a new diagnosis of HIV or HCV alone can be

difficult, so dealing with both at the same time may feel overwhelming.

This information is designed to answer common questions related to HIV and HCV, provide information about important issues for people living with both diseases, and give you the tools to cope with the stress of co-infection, live healthier, and get the care and treatment you deserve.

This booklet series is designed for people across the spectrum of HIV and HCV co-infection. The information is broad and general enough for all genders, sexual orientations and ages, though we often refer to populations most heavily impacted by

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co-infections, such as men who have sex with men (MSM) or people who inject drugs (PWID). We may not cover everything or address your needs specifically: You will find a series of resources and phone lines to call for such instances.

This is our 2nd edition and there has been a lot of progress in HCV treatments since the 1st edition. The options for people living with HIV/HCV co-infection are better than ever. We have more detailed information about these treatments, as well as several other health topics including sexual transmission of HCV and re-infection prevention. All information contained in this booklet is current as of May 2015.

We don't cover everything, and you may find you have other questions that are unanswered. Take notes, write these questions down, and ask your provider or call the HELP-4-HEP HCV support line found in the resource section on page 23 (the author of these booklets works on that line).

You don't have to figure it all this out at once, and you may be amazed at your capacity to take it all in. Getting informed about HIV/HCV co-infection, getting actively involved in your health care, and engaging with your medical provider while building your support network will result in a longer, healthier life. Be well.



Andrew Reynolds
Hepatitis C Education Manager
Project Inform

What should you do now?

Whether or not you have tested positive for HIV or HCV at the same time, there are a few useful things you can do now that will help you stay as healthy as possible: (1) read up on co-infection; (2) find support; (3) find good medical care; and (4) make some healthy lifestyle changes.



Review these booklets.

These booklets were written to give you important information on both diseases and how they interact with one another. It doesn't cover everything, but these are some key areas that will help you live healthier with co-infection.



Call HELP-4-HEP at 1-877-435-7443.

The Support Partnership (Project Inform is a member) runs a national HCV helpline that is staffed by peers who are knowledgeable in HCV and HIV/HCV co-infection. This phone line provides educational as well as emotional support, and they can also help connect you to medical and social services in your area.



See an experienced medical provider.

Ideally, you already have a medical provider (doctor, nurse practitioner, or physician's assistant) who knows how to treat HIV and HCV. If not, find the best one you can (call HELP-4-HEP for providers near you) and get seen as quickly as possible. Many people start HIV treatment right away, but you want to at least get your labs done so you can check on your health to see what your next steps should be.



Make some lifestyle changes.

There are many steps you can take to maintain and improve the health of your liver, prevent other conditions and improve your quality of life. See the tips on pages 20–22 called "Top 10 Things for Healthy Living with HIV and HCV".

What is HIV disease?

Human Immunodeficiency Virus (HIV) is a disease of the immune system. It can also affect other parts of the body, such as the brain or kidneys. HIV damages the immune system by getting into your immune cells—especially CD4 cells—and uses them to make more copies of itself. Over time, these cells die, and as they lessen you may become more susceptible to other infections and conditions.

Without HIV treatment, it usually takes 8-10 years before most people start to experience their first serious symptoms from this weakened immune system. And, it can still be transmitted to sexual or drug-using partners.

However, it's important to start HIV meds well before these symptoms appear. Indeed, most HIV experts recommend starting HIV treatment as soon as one tests positive. With HIV treatment, called antiretroviral therapy, many people can live a near normal lifespan! A full consultation with a medical provider can help you decide the best HIV care for you.

Even if you feel well—and just about everyone with HIV does feel “normal”—HIV is still considered a disease. But the word “disease” may make it seem like you should feel sick, when in fact you can feel quite well most of the time. For this reason, many people say that they “live with HIV” or are “HIV-positive.”

HIV and AIDS are not the same thing. HIV is the virus that, if left unchecked, can lead to AIDS, the later stage of the disease course when a person has lost a lot of CD4s and/or develops certain conditions.



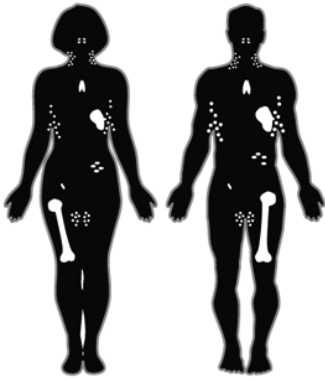
What is hepatitis C disease?

“Hepatitis” means “inflammation of the liver.” There are many things that can cause hepatitis, including certain medications, excess alcohol, other diseases and viruses. Hepatitis can be both short-lived (*acute*) or ongoing (*chronic*). Besides hepatitis C, there are other hepatitis viruses: A, B, D, E. Hepatitis A and B can be prevented by vaccine, and hepatitis D and E are very rare in the United States. There is no vaccine for HCV.

Hepatitis C infects the cells of the liver, where it reproduces. It is also found in the blood. In fact, it is transmitted primarily from blood-to-blood contact; today most often from sharing syringes and other injecting equipment among people who inject drugs. About 1 in 4 Americans with HIV also have HCV. HIV speeds up the liver damage caused by HCV, and HCV-related liver disease is a major cause of suffering and death in people who are co-infected.

However—and this cannot be stressed enough—hepatitis C is curable, including for people living with co-infection. HCV medications are better than ever: They cure people at high rates, at shorter durations and fewer side effects, and work nearly as well in people living with co-infection as they do in people with HCV alone. You may be co-infected now, but it’s very possible you can move on to just living with HIV alone.

Hepatitis C disease can develop quickly in people living with HIV. Over time, HCV causes scarring of the liver, ranging from mild (called *fibrosis*) to severe (called *cirrhosis*). It’s a relatively asymptomatic disease: People either have no symptoms at all or they develop so slowly that people don’t notice them sneaking up on them. As cirrhosis progresses, the increased scarring can interrupt the flow of blood through the liver and prevent it from performing its more than 500 vital functions. For some, this can lead to liver cancer and failure, creating the need for a liver transplant.



Your immune system

The immune system has many parts: cells, tissues, organs, fluids and vessels. Some of these include the skin, appendix, tonsils, spleen, thymus and lymph glands. We know a lot about how the immune system works, but there's a lot more to learn.

When it comes to HIV, the immune system can control it to some degree in many people, but over time, the virus still pushes it out of balance, causes inflammation and destroys immune cells that are not easily replaced.

HCV can affect how the immune system functions, and some people with HCV may also have immunologic conditions. Having a stronger immune system and HIV that is under control appears to slow down the liver damage caused by hepatitis C.

One way to keep your immune system healthy and keep both viruses under control is get into and stay in care to keep up with your health. Other things you can do is begin (or maintain) habits that improve your health, including, but not limited to: Eating a balanced diet, exercising, eliminating drinking alcohol and/or starting treatment for HIV and/or HCV.

MAIN POINTS TO REMEMBER

- The immune system is complex and made up of many parts.
- HIV can push the immune system out of balance and destroy immune cells that are not easily replaced.
- HIV can be controlled with medications.
- A healthy immune system slows down the liver damage that is caused from hepatitis C.

Your liver

The liver is your body's largest internal organ. It's about the size of a partially deflated football, and can be found in the upper right part of your abdomen near the bottom of your rib cage. It's a remarkable organ that even has the ability to re-grow itself.

The easiest way to think about the liver is as your body's filtering system and warehouse. The liver filters everything we eat, drink, breathe or absorb through our skin. It also stores nutrients like vitamins, minerals and iron. Other functions of the liver include:

- Clears out alcohol and drugs (both legal and illicit)
- Makes bile and helps digest food
- Controls fats and cholesterol
- Controls sugars as needed
- Makes platelets that help blood to clot

A healthy liver is essential for a healthy life. HIV and HCV affect the liver in different ways, and co-infected persons tend to be at higher risk for liver disease and at faster rates than HCV mono-infected persons. Getting cured of HCV will stop (and in some cases reverse) the damage done to the liver. Beyond cure, there are many things you can do to help your liver stay healthy. Check out the "Top 10 Things for Healthy Living" on pages 24–26.



MAIN POINTS TO REMEMBER

- The liver filters your blood and stores nutrients.
- A healthy liver improves your quality of life.
- Changing certain habits can improve your liver health.
- Getting cured of HCV will halt and in some cases reverse liver damage.

Fibrosis and cirrhosis

Over time, chronic HCV can cause damage to the liver, such as *fibrosis* and *cirrhosis*. For people living with HCV alone, the scarring process is relatively slow: Without treatment, it takes an average of 20-30 years for fibrosis to develop into cirrhosis. People living with co-infection often experience faster rates of scarring than do people living with HCV alone.

FIBROSIS

Chronic inflammation of the liver leads to the production of substances (collagen and other proteins) that can damage the liver's cells. Over time, this damage can lead to scarring.

Fibrosis refers to the development of scar tissue in the liver. In the early stages of fibrosis, the liver is able to function with relative ease. Over time, the fibrosis grows and the scar tissue spreads, stressing the liver and its ability to do its job. The speed with which fibrosis develops is different from person to person, and several factors can speed it up:

Factors that Influence the Rate of Fibrosis Progression

- Alcohol consumption
- Age at time of infection
- Co-infection with hepatitis B
- Co-infection with hepatitis C
- Presence of other comorbid diseases (like diabetes)

There are tests that can be done to measure the amount of scarring that may be happening in your liver (see booklet 2).

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CIRRHOSIS

As the fibrosis progresses and the scarring covers more and more of the liver, it literally changes shape. This is called *cirrhosis*. Early cirrhosis, called *compensated cirrhosis*, can also be asymptomatic while the liver is still able to perform its functions. As the scarring gets more severe, the shape of the liver changes and it gets increasingly stiffer, reducing the blood flow and leading to a series of symptoms and complications. This is called *decompensated cirrhosis*, and it can be life-threatening without access to specialist health care.

Signs and Symptoms of Decompensated Cirrhosis:

Severe fatigue
Loss of appetite
Nausea
Jaundice
Weight loss
Stomach pain
Fluid Retention
Mental confusion

Finding the right medical provider

On their own, HIV and HCV are complex conditions, and together they are even more complex. Your best option is to find a doctor, nurse practitioner or physician's assistant who's experienced with treating both, but that may not be easy. It is often harder to find a provider who is willing or able to treat HCV than it may be to find an HIV specialist.

Your best bet may be to find providers with HIV experience: Many are also quite good at managing HCV. Depending upon the condition of your liver, you may also end up seeing two doctors: one who focuses on your HIV and another—like a *hepatologist* or *gastroenterologist*—who focuses on your HCV.

It's also important to find other doctors with HIV/HCV experience like psychiatrists, gynecologists, eye doctors and dentists. If you see a complementary specialist (acupuncture, herbalist, etc.), then they too should have this experience. Providers with less or no experience may need to talk to sources that can help them provide the best medical care for you (see below). Make sure your providers know about each other, and especially make sure they all know about medications and treatments you take.

Resources to find HIV providers:

- www.aahivm.org (Find a Provider)
- www.hivma.org (Referral Link)

Resources to find HCV providers:

- 877-435-7443 (HELP-4-HELP)

Resources for advice to medical providers:

- "US Guidelines for the Treatment of HIV in Adults" (pp J-5 to J-11, www.aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf)
- HIV Clinician Consultation Center, 800-933-3413
- AASLD/IDSA/IAS-USA "Recommendations for Testing, Managing and Treating Hepatitis C (www.hcvguidelines.org)

Getting support

There are many resources out there for you and you can gather support in lots of different ways. You will decide which ones work for you and which ones will not. These resources include reading materials, going to support groups, telling friends and family, and so on.

There are excellent services, resources and written materials for HIV. However, co-infected people can have unique needs. Whenever you read something or talk to someone about HIV and HCV, ask: “How does co-infection affect this?” Don’t hesitate to ask questions of your provider, support groups, phone lines, etc.

Start with what makes you comfortable, but also test your comfort zones. For example, you may think of yourself as shy so the thought of going to a support group or calling a helpline might make you nervous. You can just listen to or read the experiences of others and learn ways to cope and live healthy with HIV and HCV. In time, you may begin to feel comfortable talking about what’s going on in your life. In fact, your stories may even inspire or educate others to improve their health and cope with their disease.



SUPPORT LINES

There are several toll-free phone lines for HIV and HCV. This is a great way to get started as you can talk to a trained phone counselor to learn about these diseases. A list of resources can be found on page 29 that can help with co-infection issues.

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INTERNET WEBSITES, CHAT ROOMS, SOCIAL MEDIA, BLOGS AND “ASK THE EXPERTS”

There are several websites on HIV and HCV. In addition to fact sheets and booklets, some sites allow you to talk through email, blogs, chat rooms or “ask the experts” sections. There may also be groups on social media sites like Facebook or Reddit. Wherever you look, make sure the site is reputable: There’s lots of misinformation and outdated materials on the Internet.

SUPPORT GROUP

Support groups are an excellent way to find a safe space to talk about your life. People who go to support groups often enjoy better health and quality of life. You may have to “shop around” to find one that works for you. Call 211, contact a local community-based organization (CBO), or call HELP-4-HEP for referrals to groups.

CASE MANAGERS, SOCIAL WORKERS, BENEFITS COUNSELORS, OTHER HEALTH EDUCATORS

Many community agencies and clinics have case managers or social workers who know the local social service system, and can help you find resources and services. They may also be able to help you find experienced medical providers and ways to pay for your health care and prescription costs. Call 211, local service agencies, or HELP-4-HEP for ways to get connected to these services.

Safer drug use

Substance use—both legal and illegal—can make it harder to treat HIV and HCV. Some substances, such as alcohol, can actually speed up HCV disease progression. Others can prevent your medications from working as well as they should. Finally, it can be a lot harder to remember to take your meds if you're under the influence.

That said, you can do many things to stay healthy until you are ready to quit drugs or alcohol.

Some people think you need to be off all substances in order to take HIV or HCV treatments. There are also many insurance programs—both private and public—that require a length of sobriety before they will approve HCV treatment. Talk about these issues with a medical provider, therapist or harm reduction worker who you trust.

The following are some tips for living as healthy as possible while using drugs, for both you and the people with whom you use.

DON'T SHARE ANYTHING

Both HIV and HCV are transmitted by sharing syringes and other injecting equipment that have blood on them. If you inject drugs, don't share anything you use, including syringes, cookers, cotton, water and ties.

HCV is a tough virus. Bleach will kill HIV and even hepatitis B, but it's not effective against HCV (besides, you can't bleach cotton or water). HCV can live on surfaces like cookers for a long time (up to 16 days) and still be potentially infectious. (It can remain infectious in water for up to 3 weeks.)

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As best you can, use new works each time you inject. If you re-use works, make sure they're your own by marking them in some way. If there is a syringe exchange program in your area, make sure you have enough syringes and other supplies to last, and maybe have some extra unused ones to pass along to your friends.

After you've been treated and cured of HCV, these safe injection practices are still important because you can get re-infected with the virus. Once you're cured, you don't want it again!

SMOKING CRACK, CRYSTAL METH, or HEROIN

As HCV can live for long periods of time on surfaces, there is a risk of HCV being transmitted from sharing pipes. If your lips are chapped and bleeding, and come into contact with someone else's bleeding lips, there is a risk of transmission of HCV. It may be a lower risk than sharing injecting equipment, but it's still worth exercising caution. If you can, use a rubber stem cover on the pipe (spark plug covers or other vinyl tubing) and change it for each person to minimize transmission.

ALCOHOL AND HEPATITIS C

Heavy daily alcohol use—50 grams or 4 glasses—damages the liver by increasing inflammation and scarring, speeding up the process of cirrhosis. It also increases HCV viral load, and can lessen the effectiveness of HCV treatment. Alcohol can also impact adherence, as one may miss a dose (or more) or think medications aren't a priority in the moment. Studies show that even moderate drinking (1-2 glasses a day) increases liver fibrosis and cirrhosis.



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In short, alcohol and HCV are a bad mix!

That said, it may be very hard to quit, and for some people who are alcohol dependent, quitting can be very dangerous. A combination of counseling and other meetings (Alcoholics Anonymous) may work for you, but there are other alternatives, such as SMART Recovery (a non-12 step but proven method of reducing drinking) and medically supported detox. Talk with a medical provider or drug treatment counselor to see what options are best for you.

MARIJUANA

Using marijuana is common for both recreational and medical reasons, including managing medication side effects or for help with HIV-related conditions. That said, it's not without some risks, and we have conflicting evidence: several studies suggest that daily use can lead to more scarring of the liver in people with HCV while others have found it does not. Discuss the benefits and risks with a medical provider, therapist or a harm reduction worker.

A FINAL NOTE If you use substances, be kind to yourself. There is enough judgments, stigma and criminal justice risks in society at-large, that you don't need to add to it. You can quit when you're ready—sometimes on your own or you may need help, but in the mean-time, do it in a way that is safe for you and those around you. Find a non-judgmental medical provider, counselor or harm reduction worker and talk about ways to use more safely, slow down and eventually quit.

Sexual transmission of HCV

Sexual transmission of hepatitis C is relatively rare in HIV-negative people. It happens, but the rates are very, very low. However, in people who are living with HIV, the risk is much higher. This is true of men and women, regardless of sexual orientation. The exact reasons are not entirely clear, but we have enough research to inform us of the many risk factors that increase the risk of sexual transmission of HCV.

This section focuses on gay men, as this is the area where we have the most data to support health education. That said, whatever your sexual orientation may be, if you are HIV/HCV co-infected, and you practice any the behaviors listed on the next page, many of the safer sex techniques described for them will apply for you as well.

We know that HCV is transmitted from blood-to-blood contact, but what about sexual fluids? The truth is, we don't know. Some studies have found HCV in semen, while others have not. In the end, whether it is in semen or not, we do know it's in blood, and sexual practices that can cause bleeding carry risk for HCV transmission.

Several risk factors have been identified for sexual transmission: condomless anal sex, group sex, fisting and so on. So, what accounts for the higher rates in this population? One possible explanation is sero-sorting, or the practice of only having sex with someone who has the

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same positive HIV status. This is a common practice among gay men to prevent the transmission of HIV to negative sex partners. Gay men may be aware of their partner's HIV status, but not their HCV status, and if they practice condomless anal sex (or fisting) their risk for HCV is higher.

What is the role of HIV itself and the risk of getting HCV from sex? It certainly makes sense that a weaker immune system can make one more vulnerable to HCV infection. Although the evidence for this is limited, we do have one excellent review that shows that there is a relationship between lower CD4 counts and increased risk of HCV. Additionally, rates of HCV were higher in HIV-positive gay men with lower CD4 counts even when they had fewer risk factors for HCV.

We do not yet know what the protective factor of taking HIV medications might provide against sexual transmission of HCV (while we do know the other health benefits they provide), but it can't hurt. Regardless of CD4 count, you want to minimize your risk of blood contact to minimize the risk of HCV transmission. The following section reviews the risk factors for sexual transmission of HCV that have been identified in studies looking at HIV-positive gay men.

What activities increase the risk of sexually transmitted HCV?

Fisting

Fisting can cause trauma to the surfaces of the anus and rectum that could lead to bleeding, including microscopic bleeding. Fisting someone else might also increase your risk if you have breaks in skin on your fingers and hands.

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Sharing Sex Toys

As with fisting, sex toys can lead to anal/rectal bleeding. If a sex toy has HCV-infected blood on it, it may facilitate transmission of the virus. Note: There have not yet been any studies looking on HCV on sex toys, but we know that HCV can live on surfaces for as long as 16 days, so it's a safe to assume to say that it can live this long on sex toys and should exercise the same caution.

Group Sex

Engaging in group sex appears to increase the risk. This may be due to longer sex sessions that might lead to more trauma and bleeding, but it could also increase the likelihood of coming into contact with someone with HCV.

Multiple Sex Partners

As with group sex, multiple partners is associated with sexual transmission of HCV: More partners increase the possibility of having sex with someone with HCV, but it has also been shown to coincide with other risk behaviors

STDs (STIs)

Sexually transmitted diseases that cause sores (ulcers) are associated with HCV due to the presence of blood. These include herpes, chancroid, lymphogranuloma venereum (LGV) and primary syphilis. Anal warts, specifically sex following anal wart removal, also increases the risk of HCV.

Using Non-Injectable Drugs with Sex

HCV transmission can occur due to the sharing of intranasal straws or pipes, but using substances during sex might also decrease one's inhibitions and lead to taking more risks than usual. Additionally, some substances like poppers may increase bleeding, while others like ketamine might numb you to feeling any discomfort or tearing during anal sex.

Co-infection and family planning

HIV/HCV co-infection complicates the decision to have a baby, but it does not have to eliminate the choice. With planning, support and regular medical care, a woman can have a healthy baby with minimal risk of HIV and HCV transmission.

To start, there are some absolutes:

- 1 Women on HCV treatment CANNOT get pregnant. Some of the HCV medications can cause severe birth defects and/or fetal death. Two reliable forms of birth control should be used while on treatment. For example, a woman should use a birth control pill AND the man should wear a condom. This practice should continue for 6 months post-treatment. Note that some oral contraceptives may interact with some HIV medicines, so talk to your provider about the right choices for you.
- 2 Similarly, a man on HCV treatment CANNOT get a woman pregnant. Just as with women, birth defects may occur and two reliable forms of birth control should be used throughout treatment and for 6 months afterwards.
- 3 Without treatment, breastfeeding is safe and the risk of HCV transmission very low (see below for further information). However, if a woman is on HCV treatment, she cannot breastfeed her infant. With co-infection, transmission of HIV remains a concern and breastfeeding is not recommended. Consult with your doctor and pediatrician to find options that work for you.



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HCV Cure and Pregnancy

Although current HCV treatments have not yet been studied for safety in pregnant or breastfeeding women, today's shorter length of treatment makes family planning more manageable. Before, couples would have to wait 18 months. Now, couples would only wait 9 or so. Another consideration is that by curing HCV infection, it eliminates the risk of transmission to a baby.

Pregnancy

When it comes to pregnancy, mother-to-child transmission and HIV/HCV co-infection, great strides have been made in preventing HIV transmission. HCV, on the other hand, is complicated by HIV: Without HIV, risk of HCV transmission is about 5%; but with HIV, the risk of HCV transmission goes up to about 25%. HIV treatment not only reduces the risk of HIV transmission, but it appears to reduce the risk of HCV transmission as well. Several things should be considered when taking HIV meds during pregnancy: ensuring the health of the woman, protecting the baby, when to start, drug choice and drug side effects. You may also choose to postpone your pregnancy so you can complete HCV treatment in the hopes of getting cured and eliminating the risk of HCV transmission entirely.

It's important to have an obstetrician who is experienced with HIV, and it's even better if he/she is experienced with co-infection. It is recommended that all HIV-positive pregnant women be on treatment, regardless of CD4 count or viral load. Some doctors recommend that women with early-stage HIV not start treatment during the first trimester of pregnancy, when the baby's organs are developing. You definitely don't want to take Sustiva (or Atripla, which has Sustiva in it) during the first trimester. There may also be a rise in your liver enzymes. Co-infected pregnant women may experience an increase in liver enzymes, especially if your CD4 count is low when you start treatment. You'll want a liver function test one month into your

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pregnancy and every three months afterwards. Talk to your medical provider about the risks and benefits of treating your HIV, and what medication options are good for you.

You will also get screened for hepatitis A and hepatitis B, and if you are negative for them, you should get vaccinated. These vaccines are safe during pregnancy.

During pregnancy, you may want to avoid certain procedures, although there are no clear guidelines. Some obstetricians recommend avoiding amniocentesis and other procedures that may expose the baby to blood in-utero. There are other alternatives to do this type of monitoring.

Labor and Delivery

At the time of labor and delivery, there are things you and your doctor can do to reduce the risk of mother-to-child transmission of both viruses. Caesarian section may be an option, and while it does reduce the risk of HIV transmission in some cases, it does not appear to have any impact on HCV. It is safe to take HIV medicines during the labor and delivery process, but as stated earlier, not HCV medications.



During labor and delivery, there are things you and your doctor can do to reduce the risk of transmission of both viruses.

At birth, your baby will receive an HIV medication called AZT to further reduce the risk of HIV transmission. Your baby will not get any HCV medications. There will be a series of follow-up tests for your baby over 6 months to determine if he/she has been infected with HIV, and it's recommended to wait 18 months to

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test for HCV antibodies. Note: a baby can test antibody positive for either virus (they get their mothers' antibodies but not necessarily have their own antibodies) as it takes some time for a baby's immune system to develop. Your pediatrician may order viral load tests for both HIV and HCV to determine infection.

Breastfeeding

Although HCV cannot be transmitted through breast milk, HIV can regardless of treatment status. It is recommended that mothers with HIV use formula or breast milk from an accredited breast milk bank. Talk to your pediatrician or a lactation consultant about your options for you and your baby.

Birth Control

Many HIV medications can interact with hormonal birth control pills and alter the strength of the birth control pills, the HIV meds or both. It may be worth exploring other birth control options. This is especially important if you are on HCV treatment. Some HCV medications can impact the way certain types of contraception work, too. Talk to your doctor about what options are best for you.

MAIN POINTS TO REMEMBER

- Co-infected women can have healthy pregnancies and deliver a baby free of HIV and HCV;
- Pregnant women cannot take HCV treatment;
- Pregnancy cannot occur until both the woman and man have been off of HCV treatment for at least 6 months;
- Two reliable forms of birth control should be used during HCV treatment (for both women and men);
- HIV treatment reduce the risk of mother to child transmission of HIV; and
- Regular visits with obstetricians experienced in HIV (and, if possible HCV) are important for both the mother and her baby during pregnancy.

Top 10 things for healthy living with HIV and HCV

Whether or not you're ready to start taking medications for HIV or HCV, it's important to take good care of your liver.

1 Get certain vaccines.

Vaccines are safe for co-infected people, and getting vaccinated against hepatitis A and B is possibly a life-saving decision. Check with your medical provider to test if you've been exposed to either of these before, as well as to make sure you don't currently have HBV. If you haven't been exposed or infected, start the vaccinations (2 shots for hepatitis A, 3 for hepatitis B). Talk to your doctor about other vaccines against such infections as flu, tetanus, shingles or pneumococcal pneumonia.

Higher CD4 counts (>350) help these vaccines work better. Therefore, HIV-infected people with lower CD4 counts sometimes may need to take certain vaccines more than once. You may also consider starting HIV treatment first to raise your CD4 count to make it more likely for the vaccinations to work.

2 Stop or reduce your alcohol intake.

Alcohol can be very hard on a liver that is not infected with HCV, but it is very hurtful on one with HCV. It also appears to reduce how well medications control and cure HCV. Changing drinking habits can be very difficult, so get the support you need to help you quit safely.

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- 3 Watch out for too much acetaminophen.**

Too much acetaminophen (Tylenol) can be hard on even a healthy liver, and more so on HCV-infected ones. Check the labels of over-the-counter products you take because it can be found in 600+ different medicines. You can still take acetaminophen safely (usually at smaller doses), but make sure that all your doctors know what's being prescribed and what OTC products you take.
- 4 Stop smoking.**

Smoking can cause a lot of health problems, but for people with HCV smoking tobacco or marijuana may increase and speed up liver damage. Smoking also increases the risk of lung, throat and other cancers in HIV-infected persons.
- 5 Drink lots of water.**

Most of your body is made up of water so it needs water to stay healthy and function well. Try to drink 8–10 glasses of water per day.
- 6 Exercise within your limits.**

Check with your medical provider first to make sure it's OK to exercise. Staying physically active will burn calories and fat, maintain or lose weight, and lower stress-related chemicals. Exercise also helps against feeling tired and may even improve your mood. You don't need to train hard: even something as simple as a 30-minute walk a day could help your heart health and weight loss.
- 7 Reduce and manage stress.**

Stress is hard on the immune system and makes your liver work harder. Find ways to manage stress and you may find you feel better.

CONTINUED ...

8 Eat as healthfully as possible.

It's best to minimize your fat intake, so look for foods that are low fat, low sodium and low sugar. The fewer processed or packaged foods you can eat the better, and the more fresh fruits and vegetables you can eat the better. Do not eat raw or undercooked shellfish because they may cause hepatitis. If you take vitamins, minerals or herbal supplements, talk to your doctor or pharmacist to make sure you're not taking too much iron or certain vitamins.

9 Drink coffee.

Caffeinated coffee has been shown both to slow down liver disease and improve the treatment response in people with HCV. While it is unclear if it's the caffeine or other things in coffee, drinking 2–3 cups a day may improve your liver health.



10 Join a support group.

Support groups provide people with a space to talk about the physical, emotional and practical challenges of living with HCV and/or HIV. They're also an excellent place to get tips for how to live well, make treatment decisions and get updates on the latest news.

How ready are you?

The next two pages covers some of the main issues with taking HIV and HCV medications. After you've read all the booklets, take some time to think through the statements below and answer each honestly by making a checkmark in the box. Share this with your provider so he or she can help you with any areas that concern you.

AGREE A LOT
AGREE
DISAGREE
DISAGREE A LOT

I understand the difference between side effects that I can manage on my own and troubling side effects that I should call my doctor about.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I am going to make my treatment regimen(s) a priority in my life.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I feel confident that I can add these meds into my daily routine.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I know how I'm going to take every dose of my pills along with changing my eating habits if that's necessary.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

I understand the consequences of missing doses of pills.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

I will be able to stick to my medication schedule even when I'm not feeling well.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

I have thought about the consequences should people find out I'm taking these medications.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

AGREE A LOT
AGREE
DISAGREE
DISAGREE A LOT

I will make sure I see my doctor for routine blood work while I'm on treatment.

I have people around me who can help out should treatment interfere with my daily life.

I have reliable health insurance coverage while I'm on treatment.

If I'm taking HCV meds, I understand why I should use two forms of birth control.

I understand there's a small risk that treatment may not cure my HCV.

I know which habits of mine I can change to improve my general health and to improve how well I do on treatment.

I've spoken to my doctor or pharmacist about the possible interactions of all the prescription and non-prescription meds and herbal products that I take.

I am ready (or not ready) to start HIV meds, and I understand the reasons why.

Resources

RESOURCES FOR HIV CARE

Project Inform

[www.projectinform.org/
HIVhealth](http://www.projectinform.org/HIVhealth)

Directories for ASOs

www.asofinder.com
www.cdcnpin.org
<http://directory.poz.com>

Directories for HIV Providers

www.aahivm.org
(ReferralLink on right)
www.glma.org
(click FIND PROVIDER at top)
www.hivma.org
(click FIND PROVIDER at top)

RESOURCES FOR HCV CARE

HELP-4-HEP

877-435-7443 (toll-free)
www.help4hep.org

Caring Ambassadors

www.hepcnetwork.org

HCV Advocate

www.hcvadvocate.org

Hep C Connection

www.hepc-connection.org

Hepatitis C Association

www.hepcassoc.org

Hepatitis Education Project

www.hepeducation.org

INSURANCE PROGRAMS, HELP WITH HEALTH COSTS

Centers for Medicaid/Medicare

www.cms.gov

Co-pay and PAP programs

[www.fairpricingcoalition.org/
projects](http://www.fairpricingcoalition.org/projects)

HarborPath (HIV)

www.harborpath.org

HealthCare.gov

www.healthcare.gov

HIV Health Reform

www.HIVHealthReform.org

Medicare

www.medicare.gov

CONNECTING WITH OTHERS

HIV+ Bulletin Boards

[www.thebody.com/cgi-bin/
bbs/ubbthreads.php](http://www.thebody.com/cgi-bin/bbs/ubbthreads.php)

Poz Community Forums

<http://forums.poz.com/>

Yahoo Support Groups

[http://health.groups.yahoo.
com/group/hivaidnetwork/](http://health.groups.yahoo.com/group/hivaidnetwork/)



www.projectinform.org/coinfection