

Living with **HIV**
and **Hepatitis C**
Co-infection



 **CATIE**

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35 Protecting yourself, protecting others

HIV and hepatitis C can be passed to another person when blood carrying the virus gets into their bloodstream. HIV can also be passed through semen (cum and pre-cum), vaginal fluids, front hole fluids, anal fluids and breast milk.

You can protect yourself and others from HIV, hepatitis C and other infections. Learn about your options for safer sex, safer drug use and healthy pregnancy.

What is co-infection?

Co-infection means a person is living with more than one infection at a time.

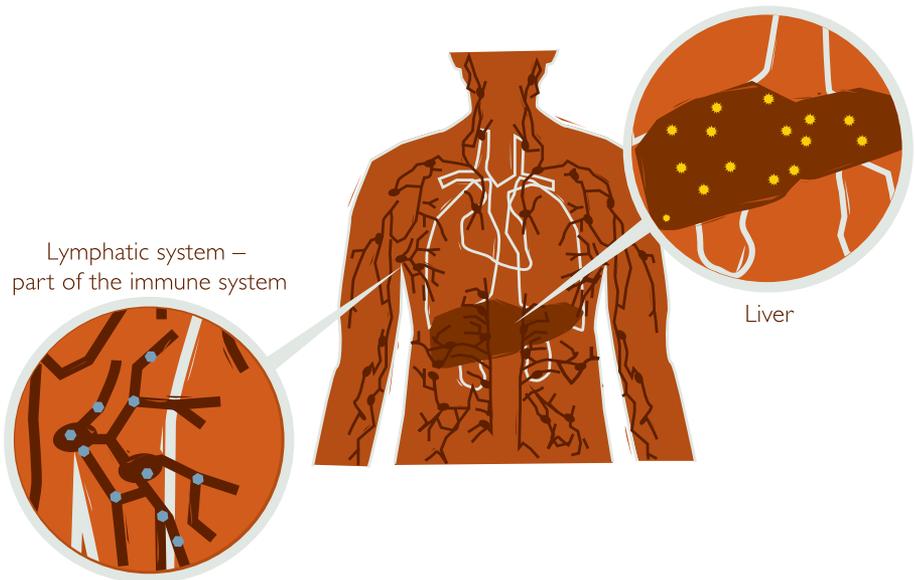
HIV and hepatitis C co-infection means that a person has both HIV and hepatitis C.

This booklet provides information specific to HIV and hepatitis C co-infection. There are many other co-infections, such as HIV and hepatitis B, HIV and tuberculosis (TB) or hepatitis C and hepatitis B.

CATIE offers information on HIV infection and/or hepatitis C infection. In addition, we provide information on other co-infections that are common among people with HIV. Check out www.catie.ca or contact CATIE at 1-800-263-1638.

What are HIV and AIDS? HIV stands for human immunodeficiency virus. It is a virus that weakens your immune system, your body's built-in defence against disease and illness. Without treatment, HIV can make it harder for your body to fight off other diseases and illnesses. Over time, you can become sick with life-threatening infections. This is the most serious stage of HIV infection, called AIDS (acquired immune deficiency syndrome).

There's no cure for HIV, but with the right treatment, care and support, most people with HIV can stay healthy and live long lives.



What is hepatitis C? Hepatitis viruses infect the liver. There are three types of hepatitis viruses that are common in Canada: hepatitis A, hepatitis B and hepatitis C. These viruses are different; they are passed in different ways; they produce different symptoms and require different treatments. This booklet focuses on hepatitis C.

Hepatitis C is a virus that affects your liver and causes damage to this important organ. This type of damage is called fibrosis in earlier stages and cirrhosis in later stages. Over time, the damaged liver isn't able to work as well. In severe cases, cirrhosis can lead to liver failure and/or liver cancer.

After infection with hepatitis C, the body tries to fight the virus. In some people, the body is able to clear the virus without treatment. If the virus is still in the body after six months, the infection becomes chronic and stays in the body unless you take medication to treat it.

There is a cure for hepatitis C. Hepatitis C treatment can completely clear the virus from the body. But there is no vaccine to prevent hepatitis C and the body does not develop protection against the virus. It is possible to become infected again.

How do you know if you are co-infected?

A person can be co-infected and not know it. Both HIV and hepatitis C are slow-acting viruses. People can be infected for years with either virus without having any signs or symptoms of illness.

Tests are the only way to find out for sure if you have HIV and hepatitis C. The test for HIV is a blood test. Hepatitis C is detected with two blood tests. The first test is called an antibody test and the second test is called an RNA test (also called a PCR test or a viral load test). Only the RNA test can tell you if you currently have hepatitis C.

You just found out you have HIV and hepatitis C

Coping with the fact that you are co-infected can be difficult. This is true whether you have been living with one virus and then learned that you have the other one or learned about both infections at the same time.

For some people who have been dealing with one infection, whether it is HIV or hepatitis C, a second infection is not easier to handle. It can feel like an extra obstacle or a setback in adjusting to life with a chronic illness.

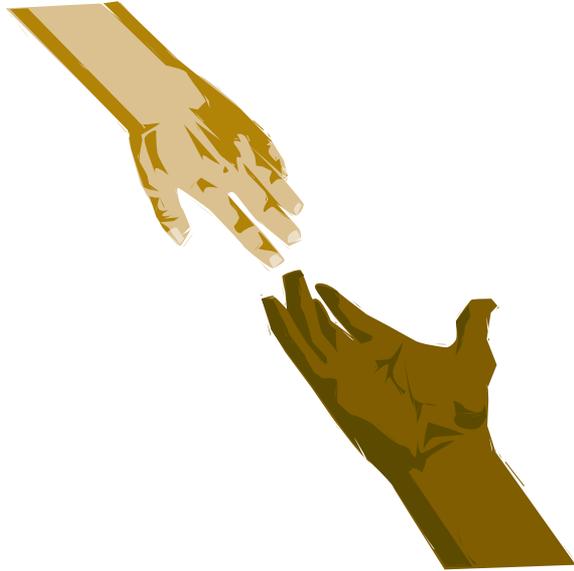
On the other hand, some people who have been dealing with one infection feel empowered by their experiences managing that infection and are able to adapt what they have learned to a second infection.

If you have tested positive for HIV and hepatitis C at the same time, the initial shock can be especially difficult to cope with. In addition to the information in this booklet, you may want more general information about HIV and hepatitis C.

The most important thing right now is to find a doctor and get other support.

Everyone reacts to the news of being co-infected in his or her own way. Still, many people ask similar questions: How can co-infection affect me? What treatment options exist and how can treatment affect me? What supports and resources are available? This booklet is meant to answer many of these questions.

Living with both HIV and hepatitis C creates a unique set of challenges related to staying healthy, making decisions about treatment and protecting yourself and others. With the help of a healthcare team, information and support, you can live a long and healthy life.



Will you be sicker because you have HIV and hepatitis C?

If left untreated, co-infection is a more serious health issue than having only HIV or hepatitis C.

In general, co-infection can make the effects of hepatitis C worse.

Liver injury can happen more quickly and can be worse in a person who is co-infected with HIV, especially if someone has been HIV positive for many years or has a low CD4 count.

Things you can do to take care of your health

Get connected

HIV and hepatitis C services in your area can offer support and information. They can also help connect you to other people living with HIV, hepatitis C or co-infection. For information on services in your area, check out www.hiv411.ca, www.hcv411.ca or contact CATIE at 1-800-263-1638.

Facing emotional problems on your own can be very difficult. Help is available. If you are feeling down or depressed, it's important to talk about it with a doctor or a counsellor. There are different kinds of counselling and therapy available. Some of these are one-on-one (where it is just you and a counsellor) and some are done in groups (where you, other people and a counsellor all meet together). The setting and type of service you receive will depend on what kind of support you're looking for and which services are available in your community.



Build a healthcare team

Building a healthcare team that you trust can help you live better with HIV and hepatitis C. In addition to a doctor and nurse, you may also see specialists—doctors who concentrate on a particular condition—such as an infectious disease specialist, HIV specialist or liver specialist (a hepatologist). Other people who can support you include a pharmacist, naturopath, counsellor, psychologist, psychiatrist, dietitian or social worker.

Some services provide support and care for both HIV and hepatitis C in one place and at the same time. In other cases, people get care for their HIV, hepatitis C and other health issues in different places.

Some people who are co-infected use street drugs. Some healthcare professionals have negative attitudes towards people who use drugs. This can make it hard to trust them.

If you aren't sure where to start when putting together your team, your local HIV or hepatitis C organization or community health centre may be able to help. Remember, every person has the right to good, respectful medical care.

No matter what your team looks like, it's a good idea to keep all of your health information together. This will help you and your team share information. A personal health record makes it easier to keep track of your prescriptions and appointments, to collect and review your test results and look for trends over time. CATIE has a personal health record available for downloading and printing: www.catie.ca/pdf/myh/MYH_Health-Record.pdf

Get the right tests

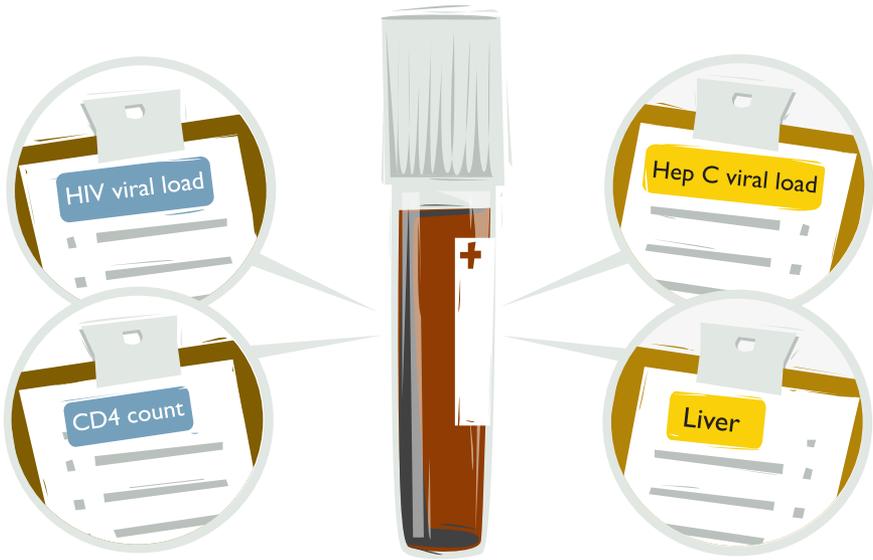
Your doctor will likely recommend a variety of tests to check (monitor) how HIV and hepatitis C are affecting you, your immune system and your liver. You and your doctor will decide how often you have each of the tests.

Differences between viral loads

HIV and hepatitis C virus naturally make copies of themselves (replicate) at different speeds—don't be alarmed by hepatitis C viral loads that are a lot higher than your HIV viral loads.

An **HIV viral load test** measures the amount of HIV in your blood. The viral load test measures the number of copies of HIV in a millilitre of blood. Generally, the higher the viral load, the faster HIV will attack the immune system.

A **hepatitis C viral load test** measures the amount of hepatitis C virus in your blood. This test is sometimes called an RNA test or a PCR test. Unlike HIV and the immune system, a higher or lower hepatitis C viral load does not imply more or less liver damage.



Your **CD4 cell count** will give you and your doctor a rough idea of how strong your immune system is. Generally, you should be getting your CD4 count checked every three to six months. It may make sense to check it more often if you've been stressed or sick.

Liver tests are used to look at the health of the liver. Many doctors recommend liver tests every three to six months when you're co-infected with HIV and hepatitis C. These tests include:

- Blood tests (some check the levels of liver enzymes, such as ALT and AST, and some measure liver function, such as bilirubin, prothrombin time and albumin)
- Ultrasound (which takes a picture, like a photograph, of the liver to measure how much damage there is)
- Fibroscan (which measures how scarred the liver is; it is also called transient elastography; Fibroscan machines are available in some clinics in Canada)

- Liver biopsy (which uses a small needle to take out a tiny sample of the liver that the doctor can look at under the microscope to check for damage)

More and more, doctors are using combinations of less invasive tests, such as Fibroscans and blood tests, instead of biopsies, which are minor surgery and cause discomfort in some people.

In severe cases, cirrhosis from hepatitis C can lead to liver cancer. Finding cancer in its early stages can lead to more successful treatment. Talk with your doctor about your risk for liver cancer and a screening schedule for you.

Take simple steps to look after your health

There are lots of things you can do to take care of your health, keep your immune system strong and look after your liver.

Living healthy can be hard if you don't have a safe place to live, much money or clean water. Do the best you can. Every bit helps.

- **Try to quit or cut down on alcohol.** The process of breaking down alcohol in the body puts an extra strain on the liver and can cause more injury.
- **Try to quit or cut down on smoking.** Smoking tobacco can lead to other health issues such as heart disease, cancer and breathing problems. Speak to your doctor, nurse or pharmacist about help for quitting.

- **Try to quit or cut down on street drugs.** Some drugs may affect your liver or your ability to take certain HIV or hepatitis C medications. It may become harder for your liver to break down the drugs and there's a higher risk for overdose. For information on safer drug use, consider talking to a harm reduction worker or a doctor you trust.
- **Consult with your doctor or pharmacist before taking painkillers and other medications, vitamins, herbs and supplements.** Some are more liver friendly than others. If you are on treatment for HIV and/or hepatitis C, speak with your doctor about possible interactions.
- **Exercise, rest and relaxation are all important.** Find the right balance for you. A health professional can give you advice for your situation.



- **Eat a healthy and balanced diet.** Choose fresh foods over salty, sugary, fatty and fried foods whenever possible. Drink plenty of water.
- **Get tested for hepatitis A and B.** Both of these viruses also infect the liver and can make liver damage worse if you already have hepatitis C. There are vaccines to protect against hepatitis A and B. If you have never been vaccinated, it's something to consider, especially if you inject drugs, travel or have multiple sexual partners.
- **Get regular checkups to monitor your overall health.** When thinking about health, it's important not to focus only on liver health and CD4 cell counts—there are other health issues that are linked to HIV, hepatitis C and co-infection. Let your doctor know about any problems you are having, changes you notice or if something feels different. These changes may or may not be related to HIV or hepatitis C.

Alcohol: Thinking about cutting back?

Drinking less alcohol is one of the best things you can do for your health when you are co-infected with HIV and hepatitis C. If you want to try to drink less, try different strategies to discover what works for you. You might:

- Set a drinking goal and try to stick to it.
- Space out alcoholic drinks with non-alcoholic drinks such as water.
- Switch to smaller drinks or drinks with lower alcohol content (three percent instead of five percent, for example).
- Seek support through a support group, addiction treatment or counselling.

- **Try to take care of your emotional health.** Some people with hepatitis C and HIV experience mental health issues, such as stress, depression or anxiety. Different people find different things can help. You might talk to someone you trust, do something nice for yourself, get some exercise or make a healthy meal. If you find that you feel down a lot of the time and can't enjoy things you usually enjoy, or are feeling very stressed or anxious, talk to a counsellor or your doctor or nurse. Some people find it helpful to talk to others who are living with HIV, hepatitis C or both.

CATIE offers more information on how to live better with HIV and hepatitis C—including nutrition information, sharing information about your diagnosis and more—online at www.catie.ca.

Learn about the treatments for HIV and hepatitis C

Treatments are available for HIV and for hepatitis C. You and your healthcare team will decide on how to best treat the two viruses. The treatments are different in several ways. (See “Different viruses, different treatments” on the next page for more information.)

Different viruses, different treatments

Since treatment information can be complicated and changes quickly, this is a general introduction to major issues related to the treatment of HIV and hepatitis C. As you begin to make treatment decisions, you may want more detailed and current information than this booklet provides.

Treatment is available for HIV and for hepatitis C.

HIV and hepatitis C treatments are different: they have different goals, work in different ways and have different regimens.

HIV treatment means taking a combination of HIV drugs—usually at least three—every day. Treatment is usually taken once or twice a day and some drugs are combined into one pill so that there are fewer pills to take.

There are more than 20 different HIV drugs, and experts recommend specific first-time combinations because they are safe, effective and generally easy to take. However, other factors, such as the type of virus that you have, your other medical conditions and/or your other prescription drugs, may mean you and your doctor will decide on a different combination.

You and your doctor will also decide on the best time for you to start treatment and whether to take hepatitis C or HIV treatment first.

HIV**Hepatitis C****What is the main goal of treatment?**

The goal of HIV treatment is to lower the HIV viral load as low as possible (called to an undetectable level) and keep it there. This allows the immune system to retain (or rebuild) its strength and keep you healthy.

There is no cure for HIV infection—at least, not yet.

The goal of hepatitis C treatment is to cure hepatitis C.

This is also called a sustained virological response (SVR). It means that a person does not have hepatitis C any more.

Are there other goals?

Treating HIV can also improve the health of many other systems in your body, including your heart, kidneys and liver. A healthier liver can better handle hepatitis C. It is also good for your long-term health.

Being on treatment and having an undetectable viral load dramatically lowers your risk of passing HIV on to other people.

Treatment may improve the overall health of the liver.

By improving liver health, hepatitis C treatment can also reduce the risk of liver-related complications with HIV treatment.

Do I have to go on treatment?

HIV treatment has significant benefits for your long-term health. It is now recommended that all people living with HIV start treatment as soon as possible. Research has shown that treatment can prevent serious illnesses, such as cancer, cardiovascular disease and life-threatening infections. HIV medications are now much simpler to take and cause fewer side effects.

Treatment is especially important for people who are co-infected because liver injury can happen more quickly.

A few people clear the virus without treatment; for some others, liver damage happens slowly enough that they can choose when to do treatment.

We now know that people with HIV should start as soon as possible after their diagnosis. It's good for their long-term health and for their lifespan. However, HIV remains a lifelong infection and HIV treatment is a lifelong commitment. Stopping treatment, even for a short time, is not recommended because there is a risk of serious health problems, including more liver damage. These short breaks from treatment can also cause your HIV drugs to stop working.

Many people who are co-infected consider **hepatitis C treatment** when they have evidence of scarring (or fibrosis) within the liver.

Your hepatitis C treatment options and how well you respond to hepatitis C treatment depend on many factors. Among the most important is the type (called the strain or genotype) of hepatitis C virus you have. Some strains are harder to treat than others. A hepatitis C genotype test can tell which type you have.

Hepatitis C treatment is generally a combination of different drugs. Many combinations include one or more drugs called direct-acting antiviral (DAA). DAAs are a group of medications that directly block the ability of the hepatitis C virus to make copies of itself. Treatments that include DAAs usually have few side effects, and several combinations are taken for up to 12 weeks.

In many cases, these DAA combinations are as effective in people with HIV and hepatitis C and they are in people who only have hepatitis C.

Other hepatitis C treatment combinations include the drug peg-interferon, which is given by a once-a-week injection and can cause more serious side effects. These combinations are generally less effective than combinations with DAAs and they are prescribed less often than DAAs.

For more information on HIV treatment and hepatitis C treatment, check out the treatment section of www.catie.ca.

CATIE has factsheets on each HIV and hepatitis C treatment.

Starting treatment for HIV or hepatitis C

Things to consider when thinking about treatment

Starting treatment for HIV or hepatitis C is a big step. When thinking about either treatment, there are many issues, both medical and non-medical, to consider, including:

- Your **ability to stick to** (adhere to) the treatment regimen. Adherence is important for the drugs to work. This is true for both hepatitis C and HIV treatment. For hepatitis C, taking all of your medications increases the chance of being cured. For HIV, you need to have a certain amount of HIV drugs in your body to keep the virus suppressed. Missing doses leads to drug levels that drop too low to control the virus. It can also give the virus the chance to figure out how to make copies of itself even when exposed to the drug(s). If this happens the drug(s) will no longer work for you.

Thinking about how taking medications every day may affect your life can help you stick to your treatment once you start taking it. Common issues that come up include managing side effects, taking pills in different situations of daily life and remembering to take pills on time.



If you are at a point in your life where, for whatever reason, you are not able to take your medications regularly and as prescribed, take a clear and honest look at what's giving you trouble. Solving these problems is a very individual matter. Your pharmacist, clinic nurse, social worker or friends who have been on treatment can often help you.

- Managing **side effects**, both short term and long term, and if you feel strong enough and supported enough to cope with them. Hepatitis C treatments that include only DAAs have few side effects that tend to be mild or moderate. Learning as much as you can about the side effects of treatment and how to cope with them beforehand will help you make better decisions. (See “Dealing with side effects” on page 30 for more in depth information.)



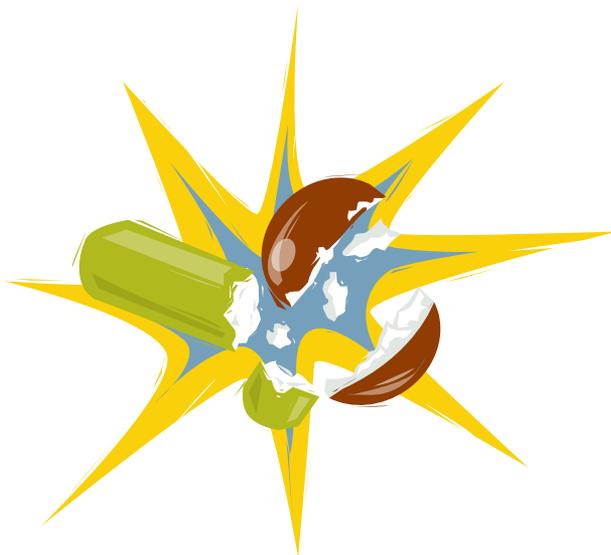
- **Other health problems**, including heart disease, diabetes, kidney injury, anemia, obesity or mental health issues such as depression. These conditions may affect the specific drugs you take or how you can prepare for the side effects of treatment. For example, some people with depression start antidepressant medications a few weeks before starting hepatitis C treatment that includes peg-interferon.
- How fast **liver injury** is happening. Your liver might not get worse or it could get worse very fast. Monitoring your liver health will give some information about how fast the disease is happening. Severe liver injury can make hepatitis C and HIV more difficult to treat and can also limit which HIV medications you can take.
- Your **support network**. Joining a support group and talking with family and friends can play an important role throughout all phases of treatment.
- If you are **pregnant** or your partner is pregnant, or if either of you wants to have a baby, see the section “You can have a healthy baby” on page 40 for important information.

Your healthcare team can help you consider all of these factors so that you can come to a decision that is best for you. The most important thing is to start treatment when you are ready.

Making sure your drugs work together

Sometimes when people take medications for more than one condition at the same time, these medications react with each other. This reaction is called a **drug-drug interaction** or more simply a drug interaction. Drug interactions can cause more side effects or change how effective a particular medication is.

It is important to be aware that some of the medications commonly used to treat HIV and hepatitis C can interact with one another. Other medications that you may be taking, including methadone, can also interact with certain HIV or hepatitis C medications.



Talk to your doctor about the different medications you are taking so that he or she can help you avoid drug interactions. Getting your different prescriptions filled by a single pharmacy can also help avoid unexpected interactions.

Another type of drug interaction can occur when an **existing medical condition** such as hepatitis C changes how effective or safe a medication is. Many HIV drugs are broken down by the liver and on rare occasions this can cause more injury to this organ. Your doctor may recommend switching to more liver-friendly HIV drugs or lowering the dose—the effects on the liver usually go away after these changes are made.

If you are taking HIV treatment, regular blood tests to monitor your liver health will help to identify possible problems. This is true whether or not you are also taking hepatitis C treatment. This way, most people can be on a treatment that is safe and effective.

Paying for treatment

The cost of treatment for HIV or hepatitis C is expensive. Some people have private drug plans that will cover the cost of treatment. If you do not, there are other options.

In Canada, there are different federal, provincial and territorial drug benefit programs to help cover these costs. Special authorization is sometimes needed in order for these medications to be covered by a public program.

In addition to government programs, many pharmaceutical companies that market HIV and hepatitis C drugs offer programs to help people cover costs involved with taking their medication.

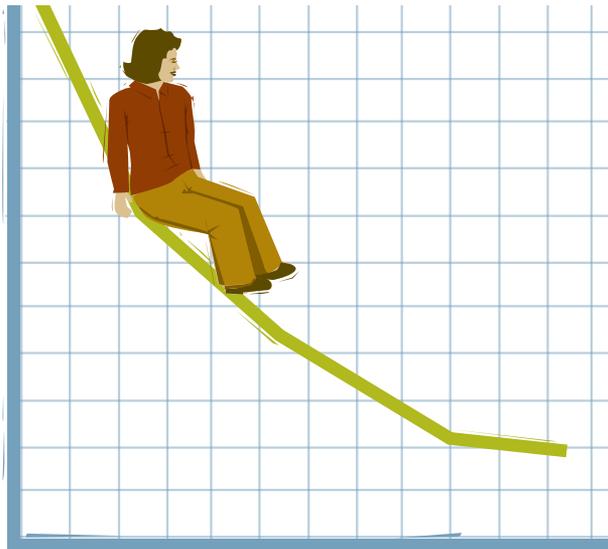
CATIE offers more information about drug coverage programs for HIV and hepatitis C drugs at www.catie.ca.

Once you've started treatment for HIV or hepatitis C

How to know whether treatment is working

HIV treatment slows down the production of HIV in your body. This leads to drops in your HIV viral load.

The goal is to have your HIV viral load become undetectable.



HIV viral load usually becomes undetectable within three to four months, depending on which treatments you take and how high it was before treatment. Don't be alarmed if your viral load doesn't become undetectable right away. Talk to your doctor about how long it could take in your case.

Once your HIV viral load becomes undetectable, it should stay there. If your HIV viral load becomes detectable again, this may be a sign of a problem with your HIV treatment.

CD4 counts don't usually increase as quickly as HIV viral load drops, especially if you're co-infected with hepatitis C. Once HIV is under control, your immune system should become stronger.

Undetectable and cured: two important words

An **undetectable** HIV viral load means that the amount of HIV is so low that the test used to measure HIV viral load can no longer detect the virus in the blood. An undetectable HIV viral load allows your immune system to rebuild itself so that you can remain healthy. It does NOT mean that HIV is gone from your body. You are still HIV positive. Currently, there is no cure for HIV.

With hepatitis C treatment, hepatitis C viral load can also

become **undetectable**. If hepatitis C viral load remains undetectable three or six months after you have finished treatment, a person is **cured** from hepatitis C.

Being cured from hepatitis C may stop further injury to the liver and reduce the risk for liver failure and liver cancer. In many people, the liver is able to heal itself over time once hepatitis C has been cured.

During hepatitis C treatment your hepatitis C viral load may or may not be measured to assess treatment response. It will be measured after treatment. The most important measure of treatment is the hepatitis C viral load test three or six months after the end of treatment. If the viral load is undetectable at this time, it means you have been cured. This is also called a sustained virological response (SVR).

Dealing with side effects

In general, people who are co-infected and taking treatment for HIV, hepatitis C or both experience the same side effects as people who are living with one virus and taking one treatment. The main difference is that some side effects may happen more often or feel more intense among people who are co-infected.

The good news about HIV drugs is that newer drugs are much easier for the body to tolerate than older drugs. Also, the side effects of HIV treatments often become less intense with time.

Work with your healthcare team to plan for side effects before starting treatment.

Planning for side effects means understanding what side effects you might experience and thinking of ways to manage them. For example, there are medications your doctor can prescribe to help manage diarrhea during the first few weeks after starting HIV treatment. Or you can manage nausea caused by some hepatitis C treatments by eating many small meals throughout the day, sipping water and taking medications to reduce nausea.

If you are using substances, you may want to talk to your doctor or nurse about how to get help for dependence on alcohol or street drugs. These changes may make it easier to take treatment.

Some people are tempted to stop their treatment early because of side effects. But, for the treatment to work, it is important to take all doses exactly as prescribed. If you experience severe side effects, you should talk to your doctor or nurse about ways to reduce them.

CATIE also offers information on HIV and hepatitis C drug side effects (and practical tips for managing them) online at www.catie.ca. Or you can call 1-800-263-1638 to speak with someone knowledgeable about HIV and hepatitis C treatments.

Natural health products

Natural health products are vitamins and minerals, herbal remedies, homeopathic medicines, ancient systems of healing, probiotics and supplements.

Talk to your doctor and pharmacist about any natural health products you take or are thinking of taking.

People take natural health products for various reasons, including preventing or managing drug side effects. For example, antioxidant supplements (such as vitamins C and E, N-acetyl-cysteine (NAC) and co-enzyme Q₁₀) are popular among some people with HIV because they may help protect the body's cells from injury caused by HIV. However, no natural health product has proven to be effective as a treatment for HIV itself or as a treatment for hepatitis C.

While natural health products do not require a doctor's prescription, they have benefits and side effects, just like other drugs. Some natural health products can also interact badly with medications used to treat HIV, hepatitis C and other infections and conditions. This is especially true for herbs. For example, St. John's wort, an herb used to treat depression, can cause problems with medications used to treat HIV and hepatitis C. Milk thistle, an herb that some people believe may improve liver health, can also cause problems with many medications, including those used to treat HIV and hepatitis C.

Consider visiting a doctor who specializes in naturopathic medicine. The Canadian Association of Naturopathic Doctors (CAND) has information on regulated naturopathic doctors across Canada. Call the CAND at 1-800-551-4381 or go to www.cand.ca.

For more information on herbal therapies and complementary therapies for people living with HIV, check out CATIE's practical guides online at www.catie.ca.

After hepatitis C treatment

If treatment cured the virus: Depending on the health of your liver, your doctor may want to continue monitoring for liver cancer. He or she may recommend a screening test every six to 12 months, for example. You may also continue to experience some symptoms of liver injury, such as tiredness or difficulty concentrating. For many people, the liver heals itself over time.

The body does not develop protection against the hepatitis C virus and it is possible to become infected again. Understanding how hepatitis C can pass from person



to person will help you take steps to protect yourself in the future. (See “Protecting yourself, protecting others” on page 35.)

If treatment did not cure the virus: With DAA treatments having high cure rates, it is less likely that people will not be cured. However, if hepatitis C treatment does not cure the virus, people may experience many different emotions. You may want to talk about your feelings with someone such as a friend, family member, counsellor, support worker, nurse or someone at a local HIV or hepatitis organization.

Focus on doing what you can to reduce liver damage and to live and feel well. (See “Things you can do to take care of your health” on page 10.) Continue to follow up with your doctor to monitor your liver.

There may be other options for you, such as:

- Trying treatment again, especially when new hepatitis C drugs become available.
- Having a liver transplant. Liver transplantation is an option when someone has liver failure. Many people feel better, spend less time in hospital and are able to lead a more active life after receiving a liver transplant. But transplantation is not a cure for hepatitis C. If the hepatitis C virus is still in the body, it will infect the new liver.

In the past, HIV-positive people in Canada were excluded from receiving a transplanted organ. However, in some provinces, HIV-positive people are now considered for organ transplants.

Protecting yourself, protecting others

How do HIV and hepatitis C pass from one person to another?

A major reason why co-infection with HIV and hepatitis C is common is that both viruses often pass the same way.

Both viruses can pass through blood-to-blood contact (when blood carrying the virus gets into another person's bloodstream). Hepatitis C may also be passed through anal fluids. HIV can also be spread through semen (cum, including pre-cum), vaginal fluids, front hole* fluids, anal fluids and breast milk.

*The front hole is a term used by some trans men to describe their genitals



Neither HIV nor hepatitis C can pass through dry kissing or casual contact such as hugging, shaking hands, sharing clothes or eating together.

During sex

The chance of HIV passing during sex depends on different factors, including:

- **The kind of sex you're having** – HIV passes most easily during anal sex, vaginal sex or front hole sex. The risk of HIV passing during oral sex is usually low. Cuts, sores or inflammation in the mouth or throat or on the genitals can increase the risk during oral sex.
- **Whether an effective prevention strategy is used** – There are various ways you can significantly reduce the risk of passing HIV to a sex partner. For example:
 - being on HIV treatment and maintaining an undetectable viral load
 - using condoms consistently and correctly
 - the use of PrEP (pre-exposure prophylaxis) by the HIV-negative person. PrEP involves the HIV-negative partner taking pills that will prevent them from getting HIV. Your doctor can tell you more about PrEP.
- **If either partner has another sexually transmitted infection (STI)** – STIs can affect the genitals, anus, mouth and throat. Having an STI can increase the chance of HIV passing during sex.

Although sexual transmission of hepatitis C is rare, it can happen, especially during condomless anal sex. Being co-infected with HIV and hepatitis C increases the risk of hepatitis C passing during condomless sex.

Safer sex involves thinking about the kinds of sex you want to have, learning about the risks and using different strategies for lowering the risk of HIV, hepatitis C and other STIs.

You and your partner(s) you can make decisions about the strategies that are right for you.

Looking for some safer sex tips to get you started?

- **External (male) condoms and internal (female) condoms** are an effective form of protection against HIV, hepatitis C and most other STIs. Using a water-based lubricant with condoms can decrease the chances of the condom breaking. For information on how to use a condom, talk to a healthcare or community worker.

Do you have to tell your sex partner(s) that you have HIV and hepatitis C?

Current Canadian criminal law states that people with **HIV** have a legal duty to disclose their status to their sex partner(s) before any activity with a “realistic possibility” of HIV transmission. This law can apply to other STIs. As of early 2016, it is unclear whether people with **hepatitis C** have a legal duty to disclose their hepatitis C status before sex.

Your local HIV organization, the Canadian HIV/AIDS Legal Network (www.aidslaw.ca), or a lawyer or legal clinic in your area can help you understand when you have a legal duty to disclose your **HIV status**. They can also help you understand what consequences there could be if you do not tell your sex partner(s).

- **Learn about other effective prevention strategies**, including HIV treatment for the person living with HIV and PrEP for the HIV-negative person.
- You can reduce your risk of getting other STIs by **learning how different STIs pass between people, getting tested regularly and treating any infections right away.**
- Sharing sex toys can allow HIV, hepatitis C and other STIs to pass. **Putting a condom on the toy and changing it whenever a sex toy is passed from partner to partner or from one body opening to another**—mouth, anus, vagina or front hole—can lower this risk.
- **Good oral hygiene**, such as preventing sores in and around the mouth, can lower the risk of HIV, hepatitis C and other STIs passing during oral sex. Not brushing or flossing for at least 30 minutes before sex will also lower this risk.

When using drugs

Sharing or borrowing equipment for preparing, injecting, smoking and snorting drugs can spread HIV and hepatitis C. This is because used equipment can have blood on it and even small amounts of blood carrying HIV or the hepatitis C virus can spread these viruses when there is contact with another person's bloodstream.

If you use drugs, there are things you can do to lower the chance of HIV and hepatitis C passing to others and to protect yourself from other infections.

The steps you can take are forms of **safer drug use**, also called harm reduction.

- **If you inject drugs, including steroids**, you can lower the risk by using new needles, syringes and other equipment (cookers, filters, water, swabs and ties) as often as you can, ideally each time. You can also have your own equipment and try not to share it.
- **If you smoke drugs**, you can lower the risk by using your own equipment (pipes, mouthpieces) and trying not to share with other people.

Pyrex pipes with mouthpieces are safest because they don't break down as easily or get as hot as other materials when heated. This can prevent cuts, burns and sores on the lips, helping to stop HIV and hepatitis C from passing.

- **If you snort drugs**, you can lower the risk by using your own equipment and trying not to share with other people. Consider items that you can use once then throw away, such as a rolled-up Post It note or a plastic straw.

For more information on harm reduction, check out the booklet *Pre-fix: A guide for people with Hep C or HIV who inject drugs* online at www.catie.ca or call 1-800-263-1638 to order your free copy.

You can have a healthy baby

People living with HIV and hepatitis C can have healthy pregnancies and healthy babies.

Although **HIV** can pass to a fetus or baby from an HIV-positive pregnant person, advances in HIV treatment and care mean you can have an HIV-negative baby. For more information, check out the booklet *You can have a healthy pregnancy if you are HIV positive* online at www.catie.ca or call 1-800-263-1638 to order your free copy.

When it comes to **hepatitis C**, transmission between a pregnant person and their baby is not common. The chance increases when a pregnant person is co-infected with HIV.

Some people want to try to clear the hepatitis C virus before becoming pregnant. It's important to be aware that ribavirin, one of the drugs sometimes used to treat hepatitis C, can cause severe birth defects and should not



be taken during pregnancy. If it is possible for one partner to become pregnant, both partners should wait at least six months after finishing hepatitis C treatment that includes ribavirin before trying to get pregnant. Newer treatments for hepatitis C do not have a lot of safety information and should only be used during pregnancy when the benefit outweighs the risk. Speak with your doctor and pharmacist to find out more about which drugs are safe and which are not. Some people decide to get treated for hepatitis C before trying to get pregnant.

Breastfeeding is generally not a risk for hepatitis C transmission. However, it is a risk for HIV transmission. North American guidelines strongly encourage HIV-positive parents to use baby formula instead of breastfeeding. If you can't afford baby formula, some provinces and territories provide it free.

For more information

For more information about something you read in this booklet, contact CATIE, Canada's source for up-to-date, unbiased information about HIV and hepatitis C. CATIE offers information for people living with HIV and/or hepatitis C in print, online and by phone in English and in French.

To contact CATIE, you can call our toll-free phone line at 1-800-263-1638. All calls are private and confidential. You can also visit us online at www.catie.ca.

Also, check out www.hiv411.ca and www.hcv411.ca. These sites provide information about HIV, hepatitis C and related services in Canada.



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Cette publication est également disponible en français.

Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

CATIE provides information resources to help people living with HIV and/or hepatitis C who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

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Information on safer drug use is presented as a public health service to help people make healthier choices to reduce the spread of HIV, viral hepatitis and other infections. It is not intended to encourage or promote the use or possession of illegal drugs.

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