Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

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Thank you

Literature search results

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Search details

HIV and HCV co-infection – general articles or education about the subject.

Resources searched

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

*Database search terms*: HIV, HCV, Co-infection

*Evidence search string(s)*:

*Google search string(s)*:

Summary

There is a wealth of information about HIV/HCV co-infection, which takes some getting through! I have included the main, general information that I can see – there is a lot more on specific treatments, groups of patients with different additional problems. I have not been able to find anything specifically on education about the subject but there may be some bits and pieces of information in some of the documents listed here. See No. 11

Guidelines and Policy

1. BHIVA guidelines for the management of hepatitis viruses in adults infected with HIV 2013

2. British HIV Association guidelines for the routine investigation and monitoring of adult HIV – 1 – infected individuals 2011


3. Management of hepatitis C – Full guideline, SIGN, 2013. Has some references to co-infection with HIV

http://www.sign.ac.uk/pdf/sign133.pdf

4. Diagnosis, management and prevention of hepatitis C


5. British HIV Association guidelines for the management of co-infection with HIV – 1 and hepatitis B or C virus 2010


There are 65 guidelines listed on TRIP database for HIV/HCV! I think this is another section you need to look at yourself!

http://www.tripdatabase.com/search?categoryid=10&criteria=HIV%20and%20HCV%20co-infection

Evidence-based reviews

R1. Peginterferon alfa and ribavirin for chronic hepatitis C in patients eligible for shortened treatment, re-treatment or in HCV/HIV co-infection: a systematic review and economic evaluation
Hartwell D, Jones J, Baxter L, Shepherd J
Health Technology Assessment, 2011, 15 (17) 1-210
Also available on Cochrane Library at http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004888.pub2/abstract;jsessionid=34A7E4A80A43006D8E237098AF55EE67.f02t03

R2. Low 25-OH vitamin D serum levels correlate with severe fibrosis in HIV-HCV co-infected patients with chronic hepatitis.
Terrier B, Carrat F, Geri G et al

Similar reviews are available at www.evidence.nhs.uk
There’s a lot of information there and without knowing exactly what you want in more details, it’s impossible to include all of the entries. They are available on-line so you can look at them for yourself.

R3. Antiviral treatment for chronic hepatitis C in patients with human immunodeficiency virus
Iorio A, Marchesini E, Awad T et al
Cochrane Review, 2010,
http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004888.pub2/abstract;jsessionid=34A7E4A80A43006D8E237098AF55EE67.f02t03

Lots more at TRIP – I think you need to look at these yourself! www.tripdatabase.com
1. Dualities of Living With HIV/HCV Co-Infection: Patients’ Perspectives From Those who are Ineligible for or Nonresponsive to Treatment

Citation: Journal of the Association of Nurses in AIDS Care, Jan 2014, vol. 25, no. 1, p. 9-22, 1055-3290 (Jan-Feb 2014)

Author(s): Farrell, Gillian; Comiskey, Catherine

Abstract: In Europe, an estimated 33% of HIV-infected individuals are co-infected with the hepatitis C virus (HCV). The aim of this study was to develop an understanding of the experiences of patients ineligible for or not responding to treatment. Patients attending an HIV/HCV clinic were interviewed. A qualitative design using hermeneutic interpretive phenomenology was employed. Transcripts, field notes, and a reflexive journal were analyzed to extract themes and identify commonalities, differences, and hidden meanings. In line with the duality of co-infection, duality was observed in responses. Participants described defining negative moments in their lives that resulted in developing positive health care strategies. Another dichotomy was one of loneliness and of social relationships. Finally, participants described a revival phenomenon, moving from feelings of death to looking forward to unexpected futures. Those working with co-infected patients need to be aware of how duality impacts people who are ineligible for or nonresponsive to treatment. [PUBLICATION] 63 references

Source: BNI

2. Challenges facing providers caring for HIV/HCV-coinfected patients.

Citation: Qualitative Health Research, Jan 2012, vol. 22, no. 1, p. 54-66, 1049-7323 (January 2012)

Author(s): Lekas, Helen-Maria; Siegel, Karolynn; Leider, Jason

Abstract: Despite the high prevalence of hepatitis C virus (HCV) infection among injection drug users also infected with human immunodeficiency virus (HIV), and the synergistic adverse effect of the two diseases on patients’ health and survival, research on the clinical management of these patients and particularly the low uptake of HCV therapy is limited. We conducted qualitative interviews with 17 HIV providers from two urban public hospitals. We discovered that the limitations of the current state of medical knowledge, the severe side effects of HIV and HCV therapies, and the psychosocial vulnerability of HIV/HCV-coinfected patients combined with their resistance to becoming informed about HCV posed significant challenges for providers. To contend with these challenges, providers incorporated key dimensions of patient-centered medicine in their practice, such as considering their patients’ psychosocial profiles and the meaning patients assign to being coinfected, and finding ways to engage their patients in a therapeutic alliance. [PUBLICATION] 23 references

Source: BNI

3. At the intersection of marginalised identities: lesbian, gay, bisexual and transgender people’s experiences of injecting drug use and hepatitis C seroconversion

Citation: Health and Social Care in the Community (Print edition), Jul 2013, vol. 21, no. 4, p. 402-410, 0966-0410 (July 2013)

Author(s): Deacon, Rachel M.; Mooney?Somers, Julie; Treloar, Carla; Maher, Lisa

Abstract: Although the levels of injecting drug use among lesbian, gay, bisexual and transgender (LGBT) populations are high, we know little about their experiences of injecting drugs or living with hepatitis C virus (HCV) infection. The loss of traditional family and cultural ties means connection to community is important to the well-being of LGBT populations. Although some kinds of drug use are normalised within many LGBT communities, injecting drug use continues to be stigmatised. This exploratory qualitative study of people with newly acquired HCV used semi-structured interviews to explore participants’ understandings and awareness of HCV, seroconversion, testing, diagnosis and treatment. We present a secondary thematic analysis of eight LGBT participants of the experience of injecting drugs, living with HCV and having a marginalised sexual or gender identity. Community was central to the participants’ accounts. Drug use facilitated connection to a chosen community by suppressing sexual or gender desires allows them to fit in to the mainstream; enacting LGBT community norms of behaviour; and connection through shared drug use. Participants also described feeling afraid to come out about their drug use to LGBT peers because of the associated stigma of HCV. They described a similar stigma associated with HIV within the people who inject drugs (PWID) community. Thus, the combination of being LGBT/living with HIV (a gay disease) and injecting drugs/living with HCV (a junkie’s disease) left them in a kind of no-man’s-land. Health
professionals working in drug and HCV care services need to develop capacity in providing culturally appropriate health-care for LGBT PWID. [PUBLICATION] 62 references

Source: BNI
Full Text: Available from Health and Social Care in the Community in Lincoln County Hospital Professional Library;

Citation: Journal of Infectious Diseases, 02 March 2013, vol./is. 207/(0-), 00221899
Author(s): Lin, Wenyu; Weinberg, Ethan M; Chung, Raymond T
Abstract: Human immunodeficiency virus (HIV) infection is a major cause of acceleration of hepatitis C virus-related liver disease, cirrhosis, and death. However, studies of liver disease pathogenesis in HIV/HCV coinfection have thus far been limited. Emerging data support multiple derangements attending HIV coinfection, including increases in profibrogenic cytokine expression and secretion, generation of enhanced oxidative stress, and increases in hepatocyte apoptosis. These derangements may be further augmented in the presence of increased microbial translocation in the setting of HIV disease. New insight into the mechanisms of HIV/HCV pathogenesis causing accelerated liver fibrosis could lead to new therapeutic strategies designed to retard this process.
Publication Type: journal article
Source: CINAHL
Full Text: Available from Highwire Press in Journal of Infectious Diseases

Citation: Journal of Infectious Diseases, 02 March 2013, vol./is. 207/(0-), 00221899
Author(s): Sulkowski, Mark S
Abstract: As a result of shared routes of transmission, coinfection with hepatitis C virus (HCV) is common in human immunodeficiency virus (HIV)-infected patients. The prevalence of HIV/HCV coinfection is particularly high among persons who have used injection drugs; however, more recently, sexual transmission of HCV has been recognized among HIV-infected men who have sex with men (MSM). Over the past decade, the effectiveness of HIV treatment improved substantially, leading to a substantial reduction in HIV/AIDS-related deaths; in this context, liver disease due to HCV infection has emerged as major concern for co-infected patients. Over the same period, treatment of HCV remained stagnant, with pegylated interferon alfa (PegIFN) plus ribavirin (RBV; PegIFN/RBV) entrenched as the standard treatment for HCV infection for co-infected patients, who have the greatest risk for liver disease. However, the effectiveness of HCV treatment in this population has been disappointing because of low rates of treatment initiation and success. In 2011, novel HCV NS3/4A PIs (PIs), telaprevir and boceprevir, were approved for use in combination with PegIFN/RBV for the treatment of HCV genotype 1 infection; at the time of approval, important questions regarding the efficacy, safety, and potential for drug interactions with telaprevir and boceprevir had not been answered. More recently, data from drug-interaction studies and 2 small, phase II clinical trials indicate that these HCV treatment regimens may lead to higher rates of HCV eradication in HIV/HCV-coinfected patients, with manageable toxicity and pharmacologic interactions with antiretroviral drugs. As such, these HCV PI-based regimens have emerged as the standard for the treatment of HCV genotype 1 infection in carefully selected HIV-infected patients.
Publication Type: journal article
Source: CINAHL
Full Text: Available from Highwire Press in Journal of Infectious Diseases

Citation: Infection, 01 February 2013, vol./is. 41/1(199-202), 03008126
Author(s): Cenderello, G.; Pontali, E.; Cassola, G.; Torresin, A.
Abstract: Highly active antiretroviral therapy (HAART) has proven long-term efficacy in human immunodeficiency virus (HIV) infection. Combination therapy with pegylated interferon and ribavirin has become the standard of care in patients with both hepatitis C virus (HCV) chronic hepatitis and HIV/HCV co-infection. Data on the safety and efficacy of combination therapy in chronic hepatitis C patients with hepatocellular carcinoma (HCC) is scarce and even more so in HIV/HCV co-infected subjects. We report the successful administration of both HAART and anti-HCV therapies in two HIV/HCV co-infected
patients after HCC eradication. These encouraging results might argue for the feasibility of an aggressive approach in the management of co-infected patients with HCC.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Infection

**7. Treatment of hepatitis C in patients infected with human immunodeficiency virus in the direct-acting antiviral era.**  
**Citation:** Infectious Disease Clinics, 01 December 2012, vol./is. 26/4(931-948), 08915520  
**Author(s):** Soriano V; Labarga P; Vispo E; Fernández-Montero JV; Barreiro P  
**Abstract:** Chronic hepatitis C is a leading cause of clinical complications and mortality in individuals infected with human immunodeficiency virus (HIV). Approval for the first direct-acting antiviral (DAA) against the hepatitis C virus (HCV) has been eagerly awaited for treating patients coinfected with HIV/HCV. The use of first-generation HCV protease inhibitors is challenged by complicated dosing schedules, frequent serious toxicities, unwanted drug interactions, drug resistance, and high cost. First-generation DAAs will eventually be replaced by more potent, well-tolerated, and convenient agents. HIV/HCV co-infection will become restricted to individuals without proper access to health care.

**Publication Type:** journal article  
**Source:** CINAHL

**Citation:** Journal of Herbs, Spices & Medicinal Plants, 01 October 2011, vol./is. 17/4(403-418), 10496475  
**Author(s):** Murugan, Kasi; Prabu, Rengasami Venkatesh; Sangeetha, Shanmugasamy; Al-Sohaibani, Saleh  
**Abstract:** Current inadequate and inefficient market drugs used for the control and management of human immunodeficiency virus (HIV) coinfection with hepatitis viruses (HBV) poses serious threats to public health. The medicinal plant Cardiospermum halicacabum, having known anticancer and immunostimulatory activity was explored for their control in this study. The plant active principles extracted using five solvents were identified, and tested for antiHIV, antiHBV and phytochemical constituents. Methanol extract inhibited both HIV-RT (91%) and HBsAg (79%) and has 11 compounds. Among the compounds, Benzene dicarboxylic acid yielded a dock score −4.85 against HIV receptor and −4.71 against HBV receptor. The obtained results indicated C. halicacabum bioactive principles potentiality as HIV and HBV co-infection controlling novel therapeutics lead compounds.

**Publication Type:** journal article  
**Source:** CINAHL

**9. Another dragon in the kitchen: Psychological experiences of hepatitis C treatment among HIV-hepatitis C co-infected gay men.**  
**Citation:** Counselling & Psychotherapy Research, 01 September 2011, vol./is. 11/3(228-236), 14733145  
**Author(s):** Sinclair, Michael; McPherson, Susan; Bor, Robert; Orban, Lisa  
**Abstract:** Background: Increasing numbers of HIV-infected gay men acquire hepatitis C virus (HCV) co-infection, which causes serious medical consequences. Treatment for HCV is associated with many severe side effects, in some cases physical, and many patients subsequently fail to adhere, even when psychological services are utilized, to improve treatment adherence. Objective: This qualitative study aimed to explore the experiences of HIV-infected gay men undergoing treatment for HCV in order to inform psychological services to better meet specific treatment needs of this population. Methods: Thirteen HIV-infected gay men who had undergone HCV treatment were interviewed and a qualitative analysis was conducted. Participants described HCV and its treatments in the context of their relationships and lifestyles. Findings: Four domains emerged: HCV diagnosis and treatment; HCV treatment education; change in sense of self; and sexual risk-taking. Adhering to treatment was a significant challenge for all participants and emerged across all domains. Discussion: Psychological services for this population of co-infected gay men should assist this clinical population not only with adherence to hepatitis C treatment but should also be available at an earlier stage in the process to help patients make informed choices about whether or not to begin a course of treatment.
Assessing factors such as coping strategies, treatment readiness and knowledge, self-awareness, and level of risk-taking, can guide clinicians in tailoring treatment and adherence planning for HIV/HCV-co-infected gay men.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in Counselling & Psychotherapy Research

10. **Peginterferon alfa and ribavirin for chronic hepatitis C in patients eligible for shortened treatment, re-treatment or in HCV/HIV co-infection: a systematic review and economic evaluation.**  
**Citation:** Health Technology Assessment, 01 January 2011, vol./is. 15/17(1-210), 13665278  
**Author(s):** Hartwell D; Jones J; Baxter L; Shepherd J  
**Abstract:** OBJECTIVE: to assess the clinical effectiveness and cost-effectiveness of peginterferon alfa and ribavirin for the treatment of chronic hepatitis C virus (HCV) in three specific patient subgroups affected by recent licence changes: those eligible for shortened treatment courses [i.e. those with low viral load (LVL) and who attained a rapid virological response (RVR) at 4 weeks of treatment], those eligible for re-treatment following previous non-response or relapse, and those co-infected with human immunodeficiency virus (HIV). DATA SOURCES: Fourteen electronic bibliographic databases, including the Cochrane Library, MEDLINE and EMBASE, were searched up to October 2009. Key hepatitis C resources and symposia, bibliographies of related papers and manufacturer submissions to the National Institute for Health and Clinical Excellence were also searched and clinical experts were contacted. REVIEW METHODS: A systematic review and economic evaluation were carried out. Titles and abstracts were screened for eligibility by one reviewer. Inclusion criteria were defined a priori and applied independently by two reviewers to the full text of retrieved references. For the clinical effectiveness review, studies were included if they were randomised controlled trials (RCTs) of adults with chronic HCV, restricted to the patient groups described above. The intervention was standard peginterferon and ribavirin combination therapy compared with shortened duration courses (24 weeks for genotype 1, 16 weeks for genotype 2/3) or best supportive care (BSC). Outcomes included sustained virological response (SVR), relapse rate and adverse events. In addition, full economic evaluations and studies of health-related quality of life were sought for this subgroup of patients. Data extraction and quality assessment were undertaken by two reviewers independently. Studies were synthesised through a narrative review with tabulation of results. Our previously published Markov state-transition model was adapted to estimate the cost-effectiveness of treatment strategies in subgroups of adults with chronic HCV who were eligible for shortened treatment and re-treatment and those with HCV/HIV co-infection. The model extrapolated the impact of SVR on life expectancy, quality-adjusted life expectancy and lifetime costs for each subgroup of patients with HCV. Categories of costs included in the model were drug acquisition, patient management, on-treatment monitoring, management of adverse events, and health-state costs for disease progression. RESULTS: In total, 2400 references were identified. Six RCTs were included in the review of clinical effectiveness, all reporting peginterferon alfa and ribavirin therapy in patients eligible for shortened treatment. In general, these RCTs were of good quality. No RCTs comparing peginterferon and ribavirin with BSC were included for the re-treatment or co-infection populations. The results suggest that chronic HCV patients who have LVL at baseline and who achieve an RVR can be treated with shortened courses of therapy (24 weeks for genotype 1, 16 weeks for genotype 2/3) and achieve SVR rates that are comparable to those who receive the standard duration of treatment (ranges 84%-96% vs 83%-100%, respectively). However, patient numbers in the LVL/RVR subgroups were small and none of the trials was powered for this subgroup analysis, so results should be interpreted with caution. In the one trial reporting virological relapse rates in the subgroup of patients with LVL/RVR, rates were low and not statistically significantly different between those treated for 24 versus 48 weeks [3.6% vs 0%, respectively, difference 3.6%, 95% confidence interval (CI) -7.2% to 6.6%, p = 1.000]. In the cost-effectiveness analysis of shortened treatment with peginterferon alfa-2a, incremental cost-effectiveness ratios (ICERs) ranged from £35,000 to £65,000 for patients with genotype 1, whereas in patients with genotypes 2 and 3 shortened treatment dominated standard treatment. For patients with genotype 1 with LVL/RVR, shortened treatment with peginterferon alfa-2b dominated standard treatment. In patients with genotype 1 and those with genotype non-1 who were re-treated with peginterferon alfa-2a, the ICERs were £9169 and £2294.
respectively. In patients with genotypes 1 and 4, who were re-treated with peginterferon alfa-2b, the ICER was £7681, whereas re-treatment dominated BSC for patients with genotypes 2 and 3. In patients co-infected with HCV/HIV, who were receiving peginterferon alfa-2a, the ICER was £7941 per quality-adjusted life-year (QALY) gained in patients with genotypes 1 and 4, whereas in patients with genotypes 2 and 3 peginterferon alfa-2a dominated BSC. In co-infected patients receiving peginterferon alfa-2b the ICER was £11,806 in genotypes 1 and 4, and £2161 in genotypes 2 and 3.

CONCLUSIONS: The clinical trial evidence indicates that patients may be successfully treated with a shorter course of peginterferon combination therapy without compromising the likelihood of achieving an SVR. The economic evaluation shows that treatment with peginterferon alfa in the specified subgroups of patients with LVL/RVR will yield QALY gains, without excessive increases in costs, and may be cost saving in some situations. However, a judgement is required on the value of the QALY loss that may result from adopting a shorter treatment regimen, if shorter treatment is associated with a lower SVR than standard treatment duration. There is a need for further RCT evidence, particularly in people who have not responded to, or relapsed following, treatment. Phase II and Phase III trials are currently in progress, evaluating the safety and efficacy of protease inhibitors and nucleoside analogues for treatment-naïve and treatment-experienced people with chronic HCV. FUNDING: The National Institute for Health Research Health Technology Assessment programme.

Publication Type: journal article
Source: CINAHL
Full Text: Available from Die Elektronische Zeitschriftenbibliothek in Health Technology Assessment

11. Provider reports on the ability to implement changes in practice following HIV-HCV training.
Citation: Journal of HIV/AIDS & Social Services, 01 January 2010, vol./is. 9/1(27-44), 15381501
Author(s): Flores BD; Proeschold-Bell RJ; Belden CM; Barton B; Lombard F
Abstract: The increased mortality among persons co-infected with HIV/AIDS and hepatitis C (HCV) is a concern that provider training on HCV-HIV co-infection may address. Medical and behavioral health providers were given training on co-infection. This study addresses two research questions: What changes, if any, did providers seek to effect in their practice after training? Of those providers desiring change in their practice, which, if any, did they implement? Surveys indicated that 82% planned to change their practice. Of those, 51% were reached 3 months later, and of those, 86% reported having enacted a change. Qualitative analysis found that planned changes fell into two domains: HCV Education and HCV Medical Actions. The most frequently intended and enacted changes involved patient education. Barriers to enact changes included lack of colleague support for HCV treatment and inadequate access to hepatitis A/B vaccine. Training on HIV-HCV co-infection should: engage multiple providers from the same site; address HCV treatment side effects; and support systems changes targeting vaccine and testing availability.
Publication Type: journal article
Source: CINAHL

12. Hepatitis C virus infection in patients with HIV-1: epidemiology, natural history and management.
Citation: Expert review of gastroenterology & hepatology, March 2014, vol./is. 8/3(247-66), 1747-4124;1747-4132 (2014 Mar)
Author(s): Kang W; Tong HI; Sun Y; Lu Y
Abstract: Hepatitis C virus (HCV)-related liver diseases have contributed to increased morbidity and mortality in HIV-1-infected individuals in the era of effective antiretroviral therapy. HCV transmission patterns have changed among the HIV co-infected population during the last decade, with acute HCV infection emerging worldwide. HIV infection accelerates the progression of HCV-related liver diseases and consequently cirrhosis, liver failure, and hepatocellular carcinoma. However, the current standard treatment of HCV infection with pegylated interferon plus ribavirin results in only a limited viral response. Furthermore, cumbersome pill regimens, antiretroviral related hepatotoxicity, and drug interactions of HCV and HIV regimens complicate therapy strategies. Fortunately, in the near future, new direct-acting anti-HCV agents will widen therapeutic options for
HCV/HIV co-infection. Liver transplantation is also gradually accepted as a therapeutic option for end stage liver disease of HCV/HIV co-infected patients.

**Publication Type:** Journal Article  
**Source:** MEDLINE

13. **After the cure: management of HCV after achievement of SVR.**  
**Citation:** Current HIV/AIDS Reports, December 2013, vol./is. 10/4(28-35), 1548-3568;1548-3576 (2013 Dec)  
**Author(s):** Zator ZA; Chung RT  
**Abstract:** Co-infection with HIV and HCV is associated with accelerated progression of liver disease and increased complications compared with HCV infection alone. Treatment of HCV and achievement of a sustained virologic response (SVR) can improve outcomes in these patients. Even after clearance of the hepatitis C virus, however, patients remain at risk, albeit diminished, for the complications of chronic liver disease. As such, longitudinal monitoring of treated patients remains important for clinicians caring for this population. This article summarizes the benefits and persistent risks after attaining SVR. It reviews the natural history of fibrosis and addresses the monitoring and management of progressive liver disease.  
**Publication Type:** Journal Article  
**Source:** MEDLINE

The following articles deal with the problem world-wide.

14. **Mobile outreach strategies for screening hepatitis and HIV in high-risk populations.**  
**Citation:** Public Health Nursing, Jan 2012, vol. 29, no. 1, p. 27-35, 0737-1209 (Jan-Feb 2012)  
**Author(s):** Zucker, Donna M; Choi, Jeungok; Gallagher, Emily R  
**Abstract:** Objectives: To screen, counsel and offer hepatitis A and B vaccination for subjects at high risk for hepatitis C virus (HCV) and HIV, and determine any relationship between risk factors and HCV positivity. Design and Sample: A descriptive correlational design. We correlated risk factors and HCV positivity and measured vaccination completion rates. Two hundred and two unduplicated subjects in 4 locations in Western Massachusetts: a walk in substance abuse clinic, a homeless shelter, a county jail, and a community corrections facility. Measures: Demographic data and a standard HCV risk-screening survey were used. Results: Significantly higher rates of HCV were found in subjects who were currently using injection drugs (83.3% HCV positive, x2(1)=20.85, p < 0.001).  
**Source:** BNI  
**Full Text:** Available from EBSCOhost in Public Health Nursing

15. **HIV and HCV among people who inject drugs in Central Asia.**  
**Citation:** Drug & Alcohol Dependence, 02 November 2013, vol./is. 132/(0-), 03768716  
**Author(s):** Walsh, Nick; Maher, Lisa  
**Abstract:** BACKGROUND: Over the last decade, Central Asia has become a focal point of HIV and hepatitis C virus (HCV) transmission among people who inject drugs (PWID). PWID account for the majority of HIV infections in most countries in the region, while a large proportion have been exposed to HCV. Shared modes of transmission of these infections point to an increasing burden of HIV/HCV co-infection in this population. HIV/HCV co-infection is more likely to result in progressive liver disease, increased mortality and hepatic complications from antiretroviral therapy (ART). While the HIV treatment response has improved, less than a quarter of people living with HIV (PLHIV) in the region are receiving ART, with treatment uptake among PWID particularly low. HCV treatment is available in some areas, though at a very high cost to patients thereby preventing access to those at most need. CONCLUSION: Robust surveillance of HIV/HCV infection among PWID is needed to inform a comprehensive response to HIV and HCV prevention and treatment among PWID, including increasing coverage of opioid substitution therapy (OST) and needle and syringe programs (NSPs), improving access and uptake of ART, and lowering costs and other barriers to HCV treatment across the five republics. Optimising uptake of these initiatives by increasing prevention and treatment literacy among PWID and decreasing barriers to screening and testing will also be necessary to mitigate the increasing burden of HIV/HCV co-infection in the region.  
**Publication Type:** Journal article  
**Source:** CINAHL

Citation: Journal of Health Care for the Poor & Underserved, 02 November 2013, vol./is. 24/4, Supp(29-37), 10492089

Author(s): Mayor, Angel M.; Fernández, Diana M.; Colón, Héctor M.; Thomas, James C.; Miranda, Christine; Hunter-Mellado, Robert E.

Abstract: Background. In order to prevent the spread of the hepatitis C virus (HCV) amongst Hispanic injection drug users (IDUs), we developed, validated, and implemented a multimedia educational intervention program. Methods. A pre-post intervention study design was used to evaluate long-lasting knowledge and behavior changes in a group of 88 low-income Hispanic HIV-infected IDUs. Pre-intervention data was compared with data measured six months after the intervention. Results. A significant increase in the awareness regarding HCV clinical manifestations, HCV risky behaviors, HCV prevention practices, and HIV/HCV co-infection synergisms was observed in the group six months post-intervention. Conclusion. Our study confirms the long-lasting benefits of multimedia based intervention programs for disseminating HCV prevention strategies in IDUs. Preventive educational approaches that use images, figures, and animations tools can be recommended to target and tailor interventions for vulnerable populations.

Publication Type: journal article
Source: CINAHL

17. Examining barriers to care: Provider and client perspectives on the stigmatization of HIV-positive Asian Americans with and without viral hepatitis co-infection.

Citation: AIDS Care, 01 October 2012, vol./is. 24/10(1302-1307), 09540121

Author(s): Russ, Laura W.; Meyer, Ana-Claire L.; Takahashi, Lois M.; Ou, Samuel; Tran, Jason; Cruz, Peter; Magalong, Michelle; Candelario, Jury

Abstract: Between 1999 and 2003, Asian Americans and Pacific Islanders (APIs) in the US experienced more rapid growth in the number of AIDS cases than any other racial or ethnic group. In addition, the prevalence of HBV and HIV co-infection is estimated to be significantly higher among APIs in the US than in other racial/ethnic groups. High rates of HIV and hepatitis B or C (HBV and/or HCV) co-infection, in concert with language and cultural barriers, create significant challenges to effective coordination of treatment. The purpose of this study is to identify barriers to care and treatment in APIs with HIV with and without hepatitis co-infection. Specifically, we analyze results from semi-structured interviews with health care providers (N=23) and Asian Americans who are HIV and hepatitis (HBV and/or HCV) co-infected (N =17) in order to clarify how stigma in particular may impede/limit access to coordinated health care provision. Providers and clients recognize the need for integrated, culturally and linguistically appropriate access to care while simultaneously acknowledging that stigma is a severe barrier to access to care. This article sheds light on the complexities of the stigma experienced by HIV and hepatitis co-infected Asian Americans and suggests a need for further research and renewed efforts by caregivers to reduce stigma in these communities.

Publication Type: journal article
Source: CINAHL

18. The effect of hepatitis C treatment and human immunodeficiency virus (HIV) co-infection on the disease burden of hepatitis C among injecting drug users in Amsterdam.

Citation: Addiction, 01 March 2012, vol./is. 107/3(614-623), 09652140

Author(s): Matser, Amy; Urbanus, Anouk; Geskus, Ronald; Kretzschmar, Mirjam; Xiridou, Maria; Bunter, Marcel; Coutinho, Roel; Prins, Maria

Abstract: ABSTRACT Aims The hepatitis C virus (HCV) disease burden among injecting drug users (IDUs) is determined by HCV incidence, the long latency period of HCV, competing mortality causes, presence of co-infection and HCV treatment uptake. We examined the effect of these factors and estimated the HCV disease burden in Amsterdam. Design A Markov model was developed, incorporating HCV and human immunodeficiency virus (HIV), and parameterized with data from the Amsterdam Cohort Studies, surveillance studies and literature. Setting IDU population of Amsterdam. Measurements HCV infection simulated from its acute phase to HCV-related liver disease (i.e. decompensated cirrhosis and hepatocellular carcinoma). Findings The HCV prevalence among IDUs in Amsterdam increased to approximately 80% in the 1980s. From 2011 to 2025, the HCV-related disease prevalence will accordingly rise by 36%, from 57 cases (95% range 33-94) to 78 (95% range 43-138), respectively. In total, 945 (95% range 617-1309) individuals will develop HCV-related liver disease. This burden would have been 33% higher in the absence of HIV, resulting in 1219 cases (95% range
796-1663). In Amsterdam, 25% of HIV-negative IDUs receive successful HCV treatment, reducing the cumulative disease burden by 14% to 810 (95% range 520-1120). Further reduction of 36% can be achieved by improving treatment, resulting in 603 cases (95% range 384-851). Conclusions The hepatitis C virus burden among injecting drug users in Amsterdam has been reduced by a high competing mortality rate, particularly caused by HIV infection, and to a smaller extent by hepatitis C virus treatment. Improved hepatitis C virus treatment is expected to contribute to reduce the future hepatitis C virus disease burden.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from EBSCOhost in *Addiction*


**Citation:** Annals of Internal Medicine, 21 February 2012, vol./is. 156/4(271-278), 00034819

**Author(s):** Ly KN; Xing J; Klevenes RM; Jiles RB; Ward JW; Holmberg SD

**Abstract:** Background: The increasing health burden and mortality from hepatitis B virus (HBV) and hepatitis C virus (HCV) in the United States are underappreciated. Objective: To examine mortality from HBV; HCV; and, for comparison, HIV. Design: Analysis of U.S. multiple-cause mortality data from 1999 to 2007 from the National Center for Health Statistics. Setting: All U.S. states and the District of Columbia. Participants: Approximately 22 million decedents. Measurements: Age-adjusted mortality rates from HBV, HCV, and HIV. Logistic regression analyses of 2007 data generated 4 independent models per outcome (HCV- or HBV-related deaths) that each included 1 of 4 comorbid conditions and all sociodemographic characteristics. Results: Between 1999 and 2007, recorded deaths from HBV increased significantly to 15 106, whereas deaths from HIV declined to 12 734 by 2007. Factors associated with HCV-related deaths included chronic liver disease, HBV co-infection, alcohol-related conditions, minority status, and HIV co-infection. Factors that increased odds of HBV-related death included chronic liver disease, HCV co-infection, Asian or Pacific Islander descent, HIV co-infection, and alcohol-related conditions. Most deaths from HBV and HCV occurred in middle-aged persons. Limitation: A person other than the primary physician of the decedent frequently completed the death certificate, and HCV and HBV often were not detected and thus not reported as causes of death. Conclusion: By 2007, HCV had superseded HIV as a cause of death in the United States, and deaths from HCV and HBV disproportionately occurred in middle-aged persons. To achieve decreases in mortality similar to those seen with HIV requires new policy initiatives to detect patients with chronic hepatitis and link them to care and treatment. Primary Funding Source: Centers for Disease Control and Prevention.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from Free Access Content in *Annals of Internal Medicine*


**Citation:** Journal of Women's Health (15409996), 01 January 2012, vol./is. 21/1(66-72), 154099

**Author(s):** Salihu, Hamisu M.; Connell, Laura; Salemi, Jason L.; August, Euna M.; Weldeselasse, Hanna E.; Alio, Amina P.

**Abstract:** Background: Limited data are available on hepatitis rates during pregnancy by socio-demographic characteristics. This study examined temporal trends in hepatitis B virus (HBV) and hepatitis C virus (HCV) mono-infections and HIV/HBV and HIV/HCV co-infections in subpopulations among pregnant women in Florida between 1998 and 2007. Methods: We analyzed all Florida live births from 1998 to 2007 using hospital discharge data linked to birth records. Results: The total sample size was 1,700,734 singleton live births. The prevalence of HBV in pregnancy rose from 65.4 per 100,000 births to 123.5 per 100,000 births (p<0.0001 for trend), and the prevalence of HCV in pregnancy increased from 17.0 per 100,000 births to 125.1 per 100,000 births (p<0.0001 for trend). Compared with white mothers, black mothers were more than twice as likely to have HBV in pregnancy (adjusted rate ratios [ARR]=2.24; 95% CI=1.97-2.53). Black mothers were 69% (ARR=0.31, 95% CI=0.25-0.39) and Hispanic mothers were 51% (ARR=0.49, 95% CI=0.41-0.60) less likely to have HCV compared with white mothers. Conclusions: Although the overall prevalence rate of HBV increased over the past decade, black women still had a noticeably higher rate of infection. Similarly, white women and those with HIV co-infection had noticeably higher rates of HCV infection.
over the study period. Our findings call for improved and increased HBV/HCV prevention, screening, and immunization programs among minority women of childbearing age.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in *Journal of Women's Health (15409996)*


**Citation:** Public Health Reports, 01 May 2011, vol./is. 126/3(344-348), 00333549  
**Author(s):** Speers, Suzanne; Klevens, R. Monina; Vonderwahvl, Candace; Bryant, Terry; Daniloff, Elaine; Capizzi, Jeff; Poissant, Tasha; Roome, Aaron  
**Abstract:** Objectives. Both HIV and hepatitis C virus (HCV) can be transmitted through percutaneous exposure to blood in similar high-risk populations. HCV and HIV/AIDS surveillance databases were matched in Colorado, Connecticut, and Oregon to measure the frequency of co-infection and to characterize co-infected people. Methods. We defined a case of HCV infection as a person with a reactive antibody for hepatitis C, medical diagnosis, positive viral-load test result, or positive genotype reported to any of three state health departments from the start of each state's hepatitis C registry through June 30, 2008. We defined a case of HIV/AIDS as a person diagnosed and living with HIV/AIDS at the start of each state's respective hepatitis C registry through June 30, 2008. HIV/AIDS and hepatitis C databases were matched using Link King, public domain record linkage and consolidation software, and all potential matches were manually reviewed before acceptance as a match. Results. The proportion of reported hepatitis C cases co-infected with HIV/AIDS was 1.8% in Oregon, 1.9% in Colorado, and 4.9% in Connecticut. Conversely, the proportion of HIV/AIDS cases co-infected with hepatitis C was consistently higher in the three states: 4.4% in Oregon, 9.7% in Colorado, and 23.6% in Connecticut. Conclusions. Electronic matching of registries is a potentially useful and efficient way to transfer information from one registry to another. In addition, it can provide a measure of the public health burden of HIV/AIDS and hepatitis C co-infection and provide insight into prevention and medical care needs for respective states.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from National Library of Medicine in Public Health Reports

### 22. HIV/STI co-infections, syphilis incidence, and hepatitis B vaccination: the Buenos Aires cohort of men who have sex with men.

**Citation:** AIDS Care, 01 December 2010, vol./is. 22/12(1459-1465), 09540121  
**Author(s):** Segura M; Bautista CT; Marone R; Sosa Estani S; Rey J; Montano SM; Griesberg G; Weissabencher M; Avila MM  
**Abstract:** In a previous cohort study among 327 men who have sex with men (MSM) in Buenos Aires, an HIV incidence rate of 3.9 per 100 persons-year was reported. Using data from this study, we determined: (a) HIV/STI co-infections; (b) clinical manifestations of incident HIV infections; (c) syphilis incidence and its associated risk factors; and (d) adherence and immune response to hepatitis B virus (HBV) vaccine. During the cohort study, 12 incident HIV infections were found. Within this group, HIV infection alone was most frequent (42%), followed by co-infection of HIV/HBV (33%), and triple co-infection of HIV/HBV/syphilis (25%). The most frequent clinical manifestations among incident HIV cases were: pharyngitis, fever, lymphadenopathy, asthenia, and myalgia. Seven new syphilis infections were detected yielding an incidence rate of 2.4 (95% CI=1.07 - 4.73) per 100 persons-year. Sex work was the only significant risk factor associated with syphilis seroconversion (hazard rate=10.93, p-value=0.033). Only 7% of cohort participants reported having received HBV vaccine. Ninety-percent of the 204 cohort members who agreed to be vaccinated completed the HBV vaccination schedule with an immune response rate of 85%. Our findings suggest the need to increase the access to serologic testing for STI and HBV immunization, as well as the developing of effective HIV/STI behavioral and educational prevention programs among MSM in Buenos Aires.

**Publication Type:** journal article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in AIDS Care

### 23. Incarceration as a Risk Factor for Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) Co-infection in Mississippi.

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Abstract: Background. Injection drug use (IDU) is the most commonly recognized risk factor for co-infection with human immunodeficiency virus (HIV) and hepatitis C virus (HCV). We examined risks for HIV/HCV co-infection in a population with a low rate of IDU. Methods. A sample of 32 HIV/HCV co-infected patients and 79 HIV-infected patients were enrolled from two clinics in Mississippi. Patients completed an audio computer-assisted self-interview (ACASI) assessing risks for infection with both viruses. Results. In a multivariable logistic regression model, greater age (p=.01), alcohol use (p=.02), history of incarceration (p=.04), and blood transfusion prior to 1992 (p=.03) were independently associated with HIV/HCV co-infection. Conclusions. Incarceration was significantly associated with HIV-HCV co-infection in our sample. Further examination is warranted to develop policies for HCV prevention and treatment within the prison system.

Publication Type: journal article
Source: CINAHL
Full Text: Available from ProQuest in Journal of Health Care for the Poor and Underserved

Citation: Canadian Journal of Public Health, 01 January 2010, vol./is. 101/1(50-55), 00084263
Author(s): Plitt SS; Gratrix J; Hewitt S; Conroy P; Parnell T; Lucki B; Pilling V; Anderson B; Choudri Y; Archibald CP; Singh AE
Abstract: BACKGROUND: Injection drug users (IDUs) are at risk for acquiring human immunodeficiency virus (HIV) and hepatitis C virus (HCV) via parenteral and sexual transmission. We determined the seroprevalence and correlates of HIV and HCV for IDUs recruited in Edmonton, Alberta. METHODS: Edmonton was one site of a multi-site, national survey (I-Track Study). From April to June 2005, IDUs were recruited and administered a questionnaire collecting information on demographics, drug use, sexual behaviours, and HIV/HCV testing behaviours. Finger-prick blood samples were collected for serology testing. Seroprevalence of HIV and HCV was determined and correlates of infection were assessed using logistic regression. RESULTS: Of 275 IDUs, 68% were male, the median age was 38 years and 70.6% were Aboriginal. HIV prevalence was 23.9%, HCV prevalence was 66.1% and HIV/HCV co-infection was 22.8%. Cocaine (36.9%) was reported to be the drug injected most often in the previous six months. Correlates for HIV were sex trade (OR 2.9, 95% CI 1.0-8.3) for women, and older age (OR 1.1, 95% CI 1.0-1.2) and needle exchange program (NEP) use (OR 5.7, 95% CI 1.3-23.7) for men. For women, having a casual sex partner was protective for HCV (OR 0.28, 95% CI 0.10-0.78). Independent correlates for HCV among males include age (AOR 1.2, 95% CI 1.1-1.3) and younger age of first injection (AOR 0.92, 95% CI 0.87-0.96). CONCLUSION: The high HIV and HCV prevalence found in this study among IDUs in Edmonton highlights the complex needs of the IDU community and the continued need for targeted programming.
Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Canadian Journal of Public Health

25. The risk of HIV and HCV infections among injection drug users in northeast India.
Citation: AIDS Care, 01 November 2009, vol./is. 21/11(1420-1424), 09540121
Author(s): Mahanta J; Borkakoty B; Das HK; Chelleng PK
Abstract: Injection drug users (IDUs) and their associated risk behavior are responsible for driving the human immunodeficiency virus (HIV) epidemic in northeast India. So a group of IDUs from two northeastern states (Mizoram and Nagaland) of India were studied to find the prevalence of HIV, co-infection with hepatitis C virus (HCV), hepatitis B virus (HBV), and associated risk behaviors. Out of the 400 IDUs enrolled, 398 consented for HIV, HCV, and hepatitis B surface antigen (HbsAg) test. Of them, 10.8% were HIV-1 antibody positive, 47.8% had HCV antibody, and 3.8% had detectable HBsAg. Among the HIV infected subjects, 79.1% were co-infected with HCV and 6.9% had triple infection. Heroin users showed a higher association with HIV (OR = 7.3, 95% CI: 2.5-21.5, p=0.0003) and HCV infection (OR = 7.6, 95% CI: 3.5-16.6, p<0.0001) than Spasmo-proxyvon (dextropropoxyphene, a synthetic opiod analgesic). In summary, apart
from the known risk variables among IDUs, type of injecting drugs also influences the HIV/HCV transmission pattern among the IDUs.

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in AIDS Care

Citation: Scandinavian Journal of Infectious Diseases, 01 November 2009, vol./is. 41/11-12(881-885), 00365548
Author(s): Falconer K; Sandberg JK; Reichard O; Alaeus A
Abstract: We investigated the prevalence of hepatitis C virus (HCV) co-infection in HIV-infected patients at a large Swedish outpatient clinic. We also evaluated the feasibility of treating this patient group with pegylated-interferon alpha-2a and ribavirin (RBV) and found that only a small fraction of the HCV/HIV co-infected patients met the criteria for HCV treatment when following international guidelines. Thus, 11 patients were treated, and HCV kinetics were measured during early treatment. The overall treatment response rate was surprisingly high (73%) and correlated to early virological response.
Publication Type: journal article
Source: CINAHL
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