

# By The Numbers

HCV and HIV

Epidemiology in the US

**Coinfection Fridays**

Session 1

18 January 2019



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Dr. Hurt serves as UNC site PI for a study of PrEP funded by Gilead Sciences (DISCOVER) and previously oversaw a study of HCV therapy sponsored by AbbVie (EXPEDITION-2).

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**The views expressed are not necessarily those of CDC, HRSA, or the NIH.**

# Acknowledgments

This presentation is based on the first 3 core competencies of the Curriculum on HIV/HCV Coinfection, from the AETC National Coordinating Center:

**<https://aidsetc.org/hivhcv/1/contents>**

Data have been updated where possible and augmented throughout.

Please see individual modules for additional details about the content.

# Objectives

- Describe trends in HCV and HIV infection in the United States
- Identify which populations are at greatest risk for HIV and HCV infection
- Explain the natural history of HCV and how it impacts the wellness of people also living with HIV
- Characterize some of the barriers facing people living with HCV, HIV, and coinfection in receiving care

# Hepatitis C

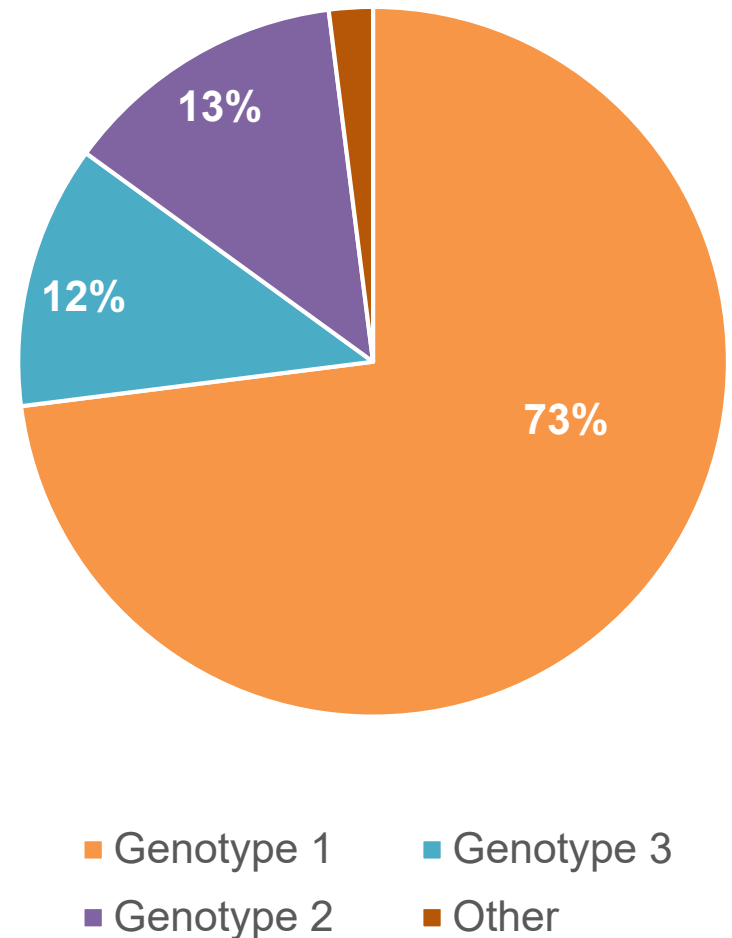
**Most common chronic blood-borne infection in the US**

## **RNA-based flavivirus**

- Distant relative of yellow fever, Zika, and West Nile viruses
- Remains separate from the host's genetic material (unlike HIV)

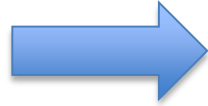
## **Six different “genotypes”**

- Closely related, yet each has unique characteristics
- Genotype 1 predominates in US →
- No major differences in transmission or natural history

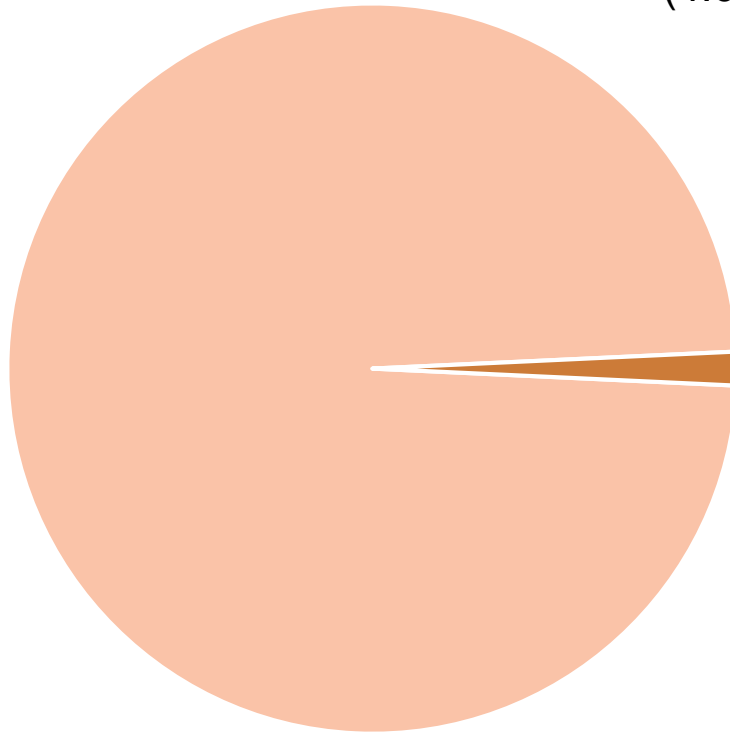


# How many Americans have HCV?

US Population  
**309.3**  
million  
in 2010

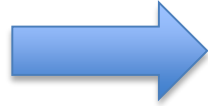


Approximately  
**1.5%**  
ever infected  
(4.6 million)



# How many Americans have HCV?

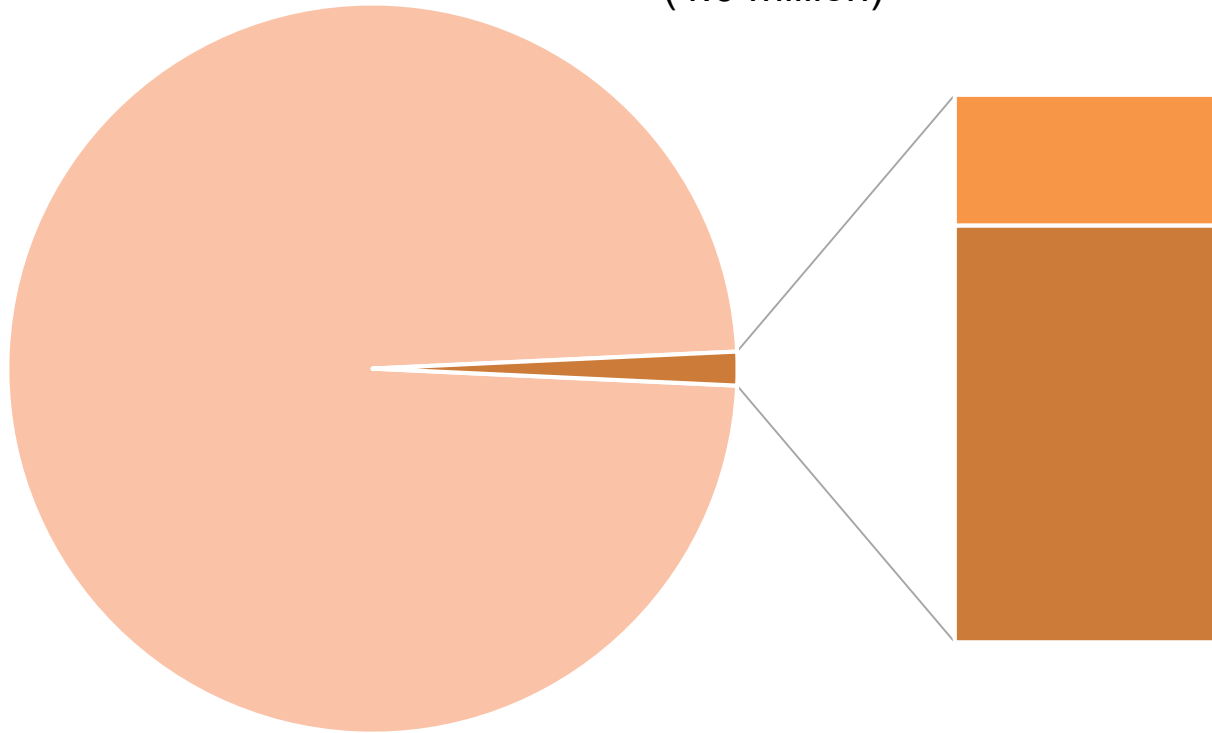
US Population  
**309.3**  
million  
in 2010



Approximately  
**1.5%**  
ever infected  
(4.6 million)

Approximately  
**1.1**  
million  
cleared  
(Ab+ and RNA-)

At least  
**3.5**  
million  
actively  
infected  
(Ab+ and RNA+)



# Who are those persons living with HCV?

Among **non-institutionalized** civilians with active HCV:

**64%**

male

**10%**

Hispanic

**25%**

Black

**48%**

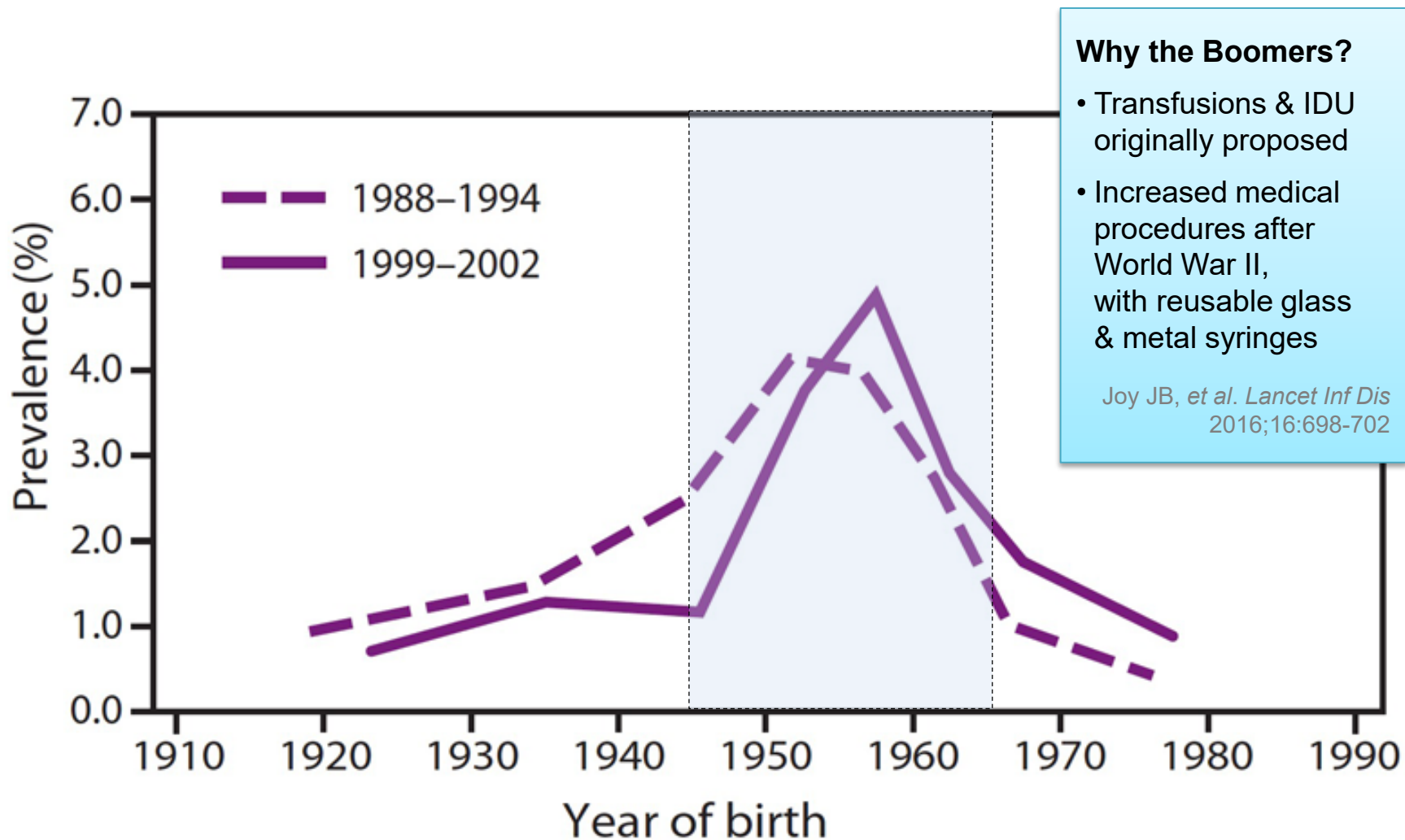
aged 50  
or older

## Who's missing?

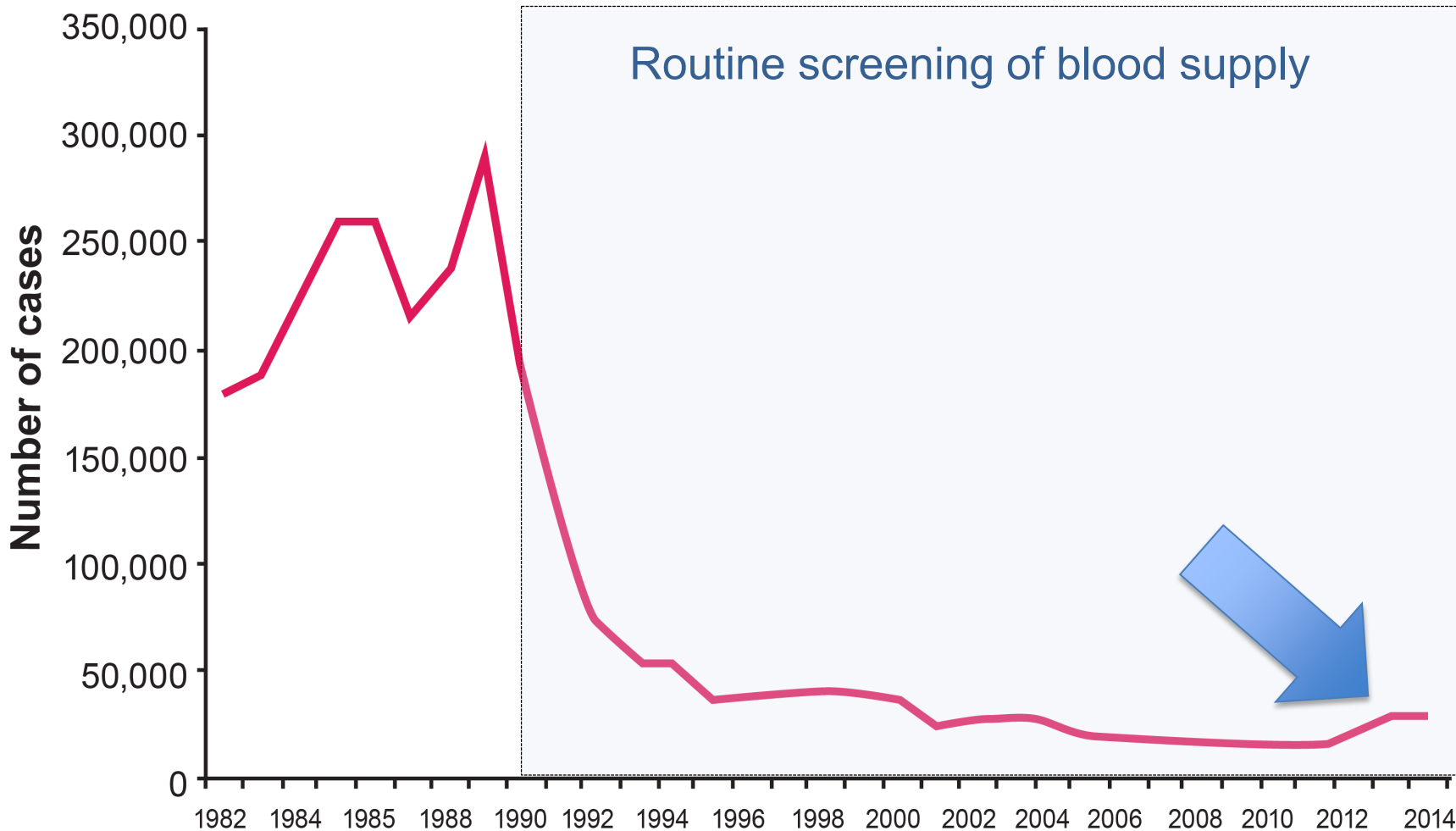
- Incarcerated persons (~1 in 3 living with HCV)
- Homeless persons
- Hospitalized or in nursing homes
- Active-duty military personnel
- Native Americans living on reservations



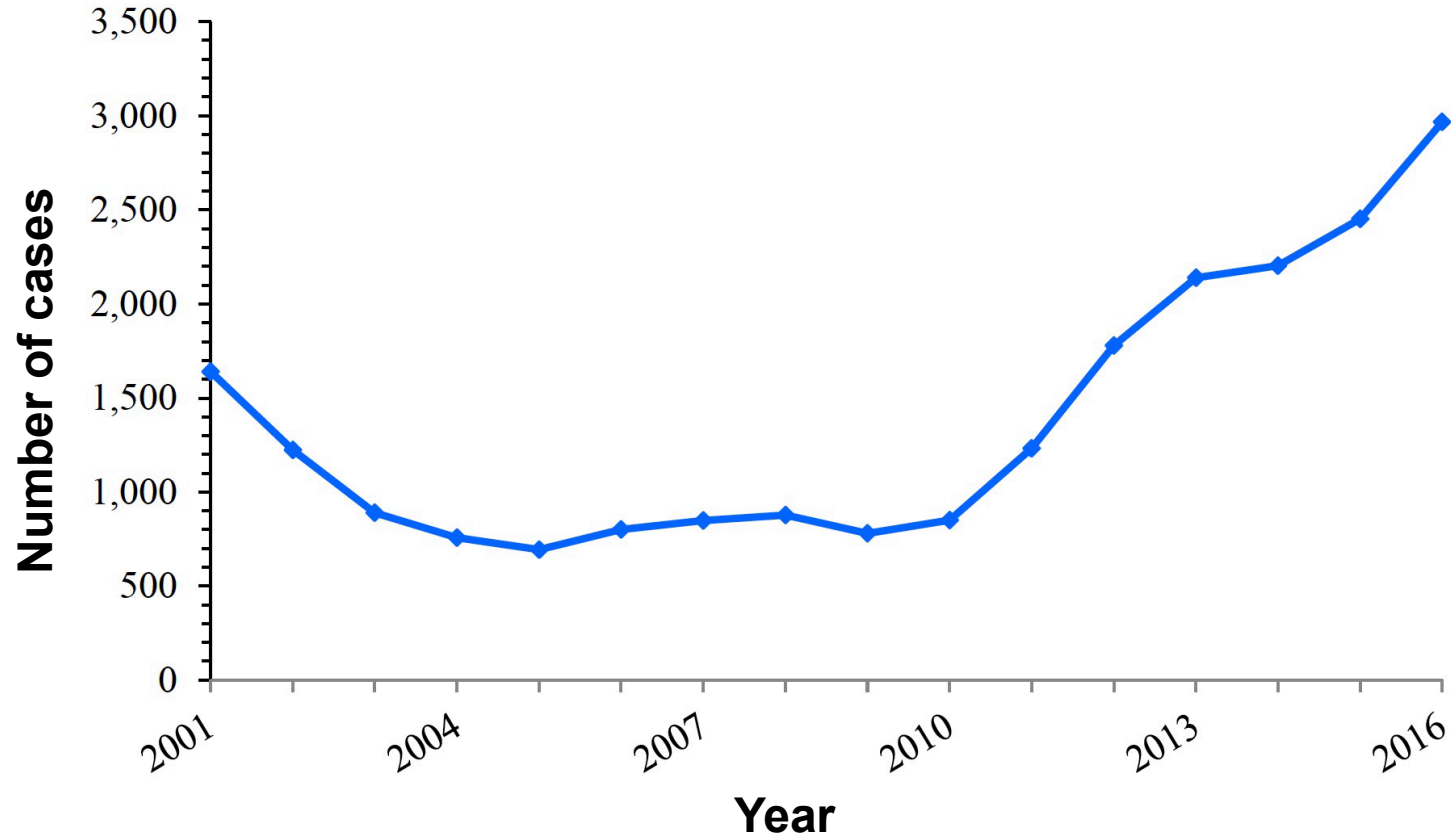
# HCV seropositivity by birth year, NHANES



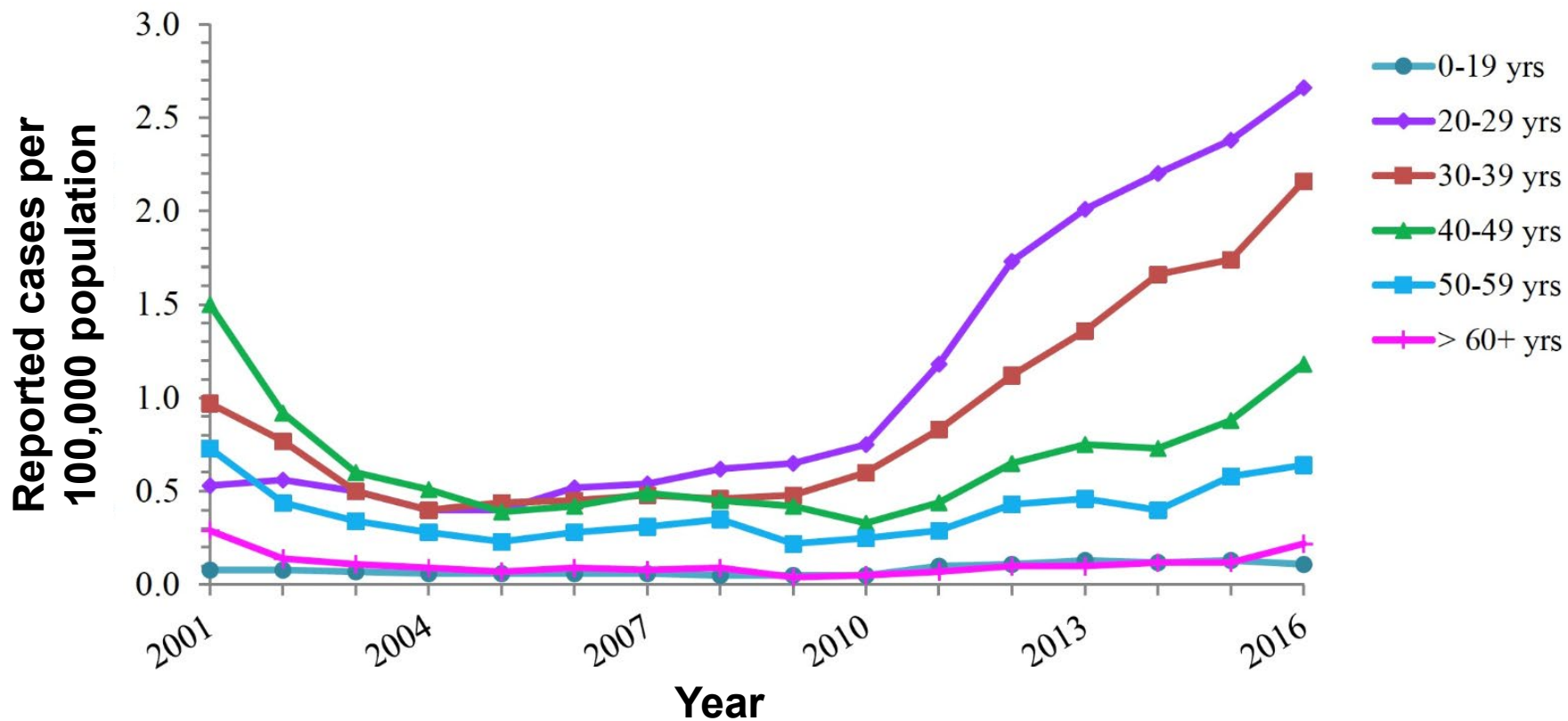
# Estimated HCV incidence in US, 1982-2014



# Incidence of acute HCV, 2001-2006



# Incidence of acute HCV by age, 2001-2006



# Who is at risk for HCV infection?



**Illicit drug users**  
(IDU, crack, snorting)

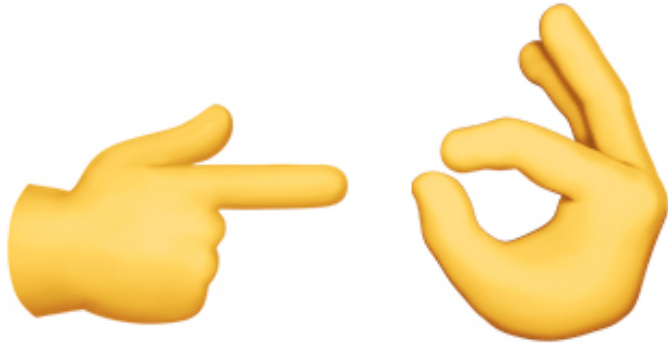


**Blood before ~1990**  
(1987 clotting factors;  
1992 blood or organs)



**Long-term  
hemodialysis**

# What about sexual transmission of HCV?



**“Vanilla” sex**  
(MSM and heterosexual)

*Very inefficient* at transmission

Condoms suggested  
(but not essential)



**Sex that could cause bleeding**  
(MSM more than hetero)

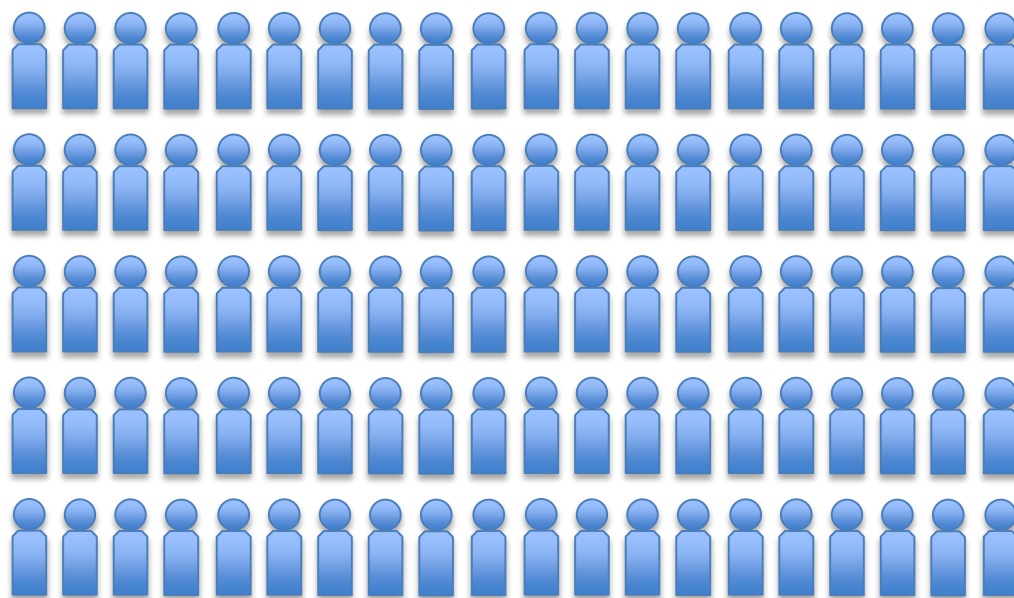
Shared sex toys

Fisting

Group sex

Sex under influence

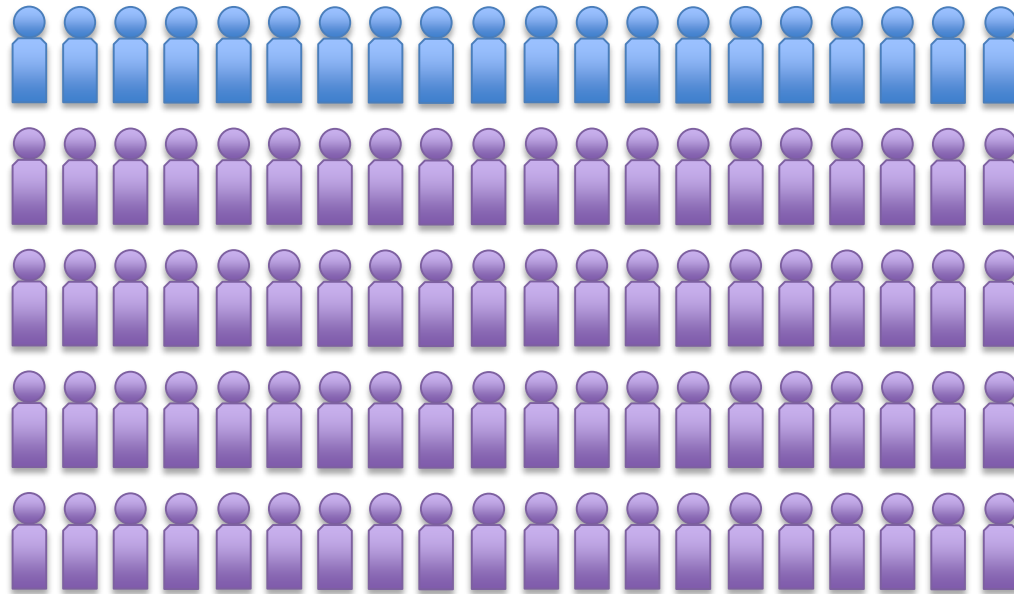
# Natural history of hepatitis C



Out of  
**100**

people infected with hepatitis C

# Natural history of hepatitis C

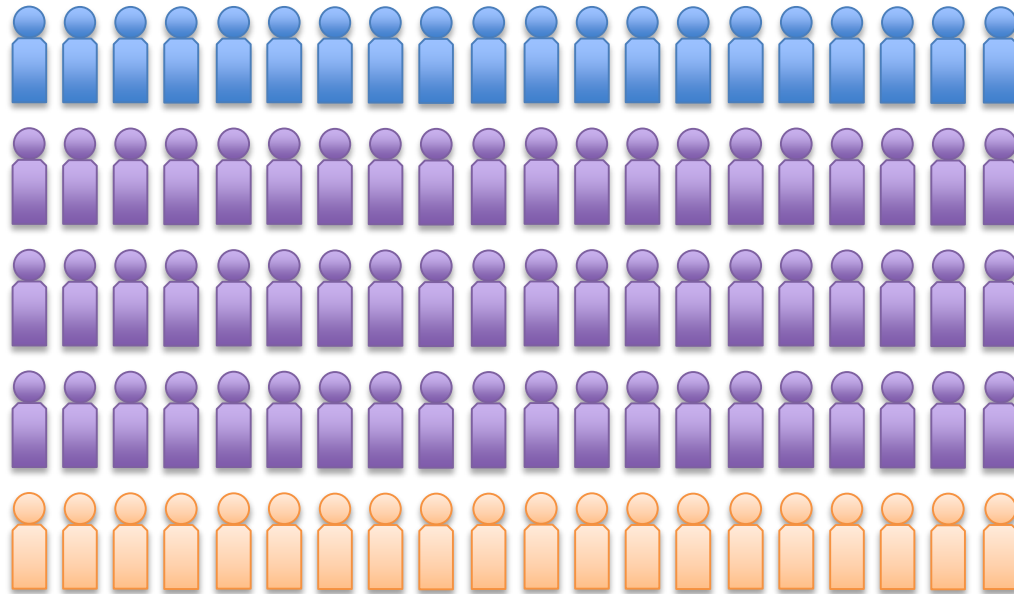


**80**

**will develop  
chronic infection**



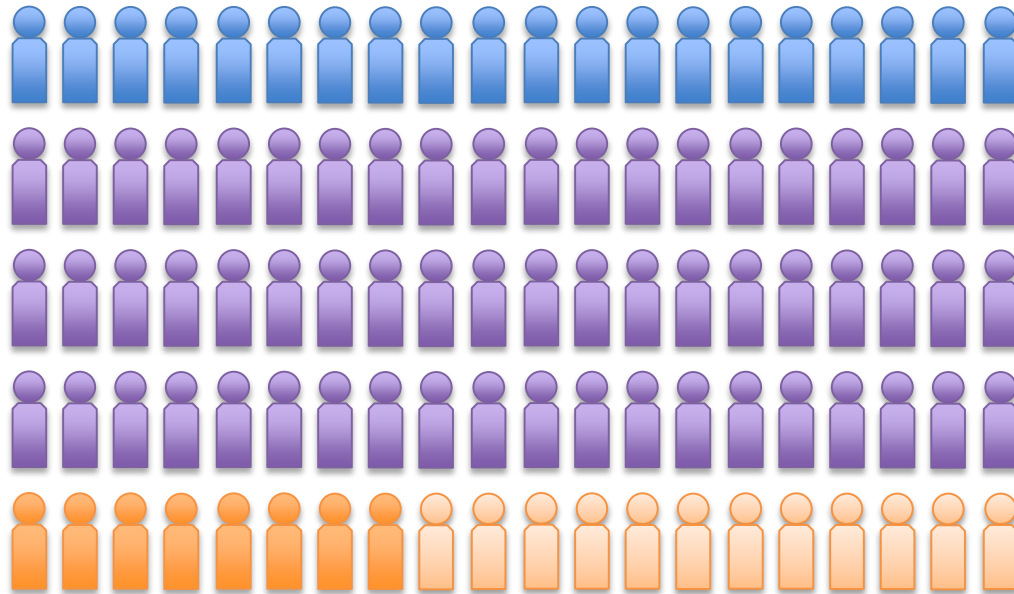
# Natural history of hepatitis C



**20**

**will develop cirrhosis  
over a 20-30 year period**

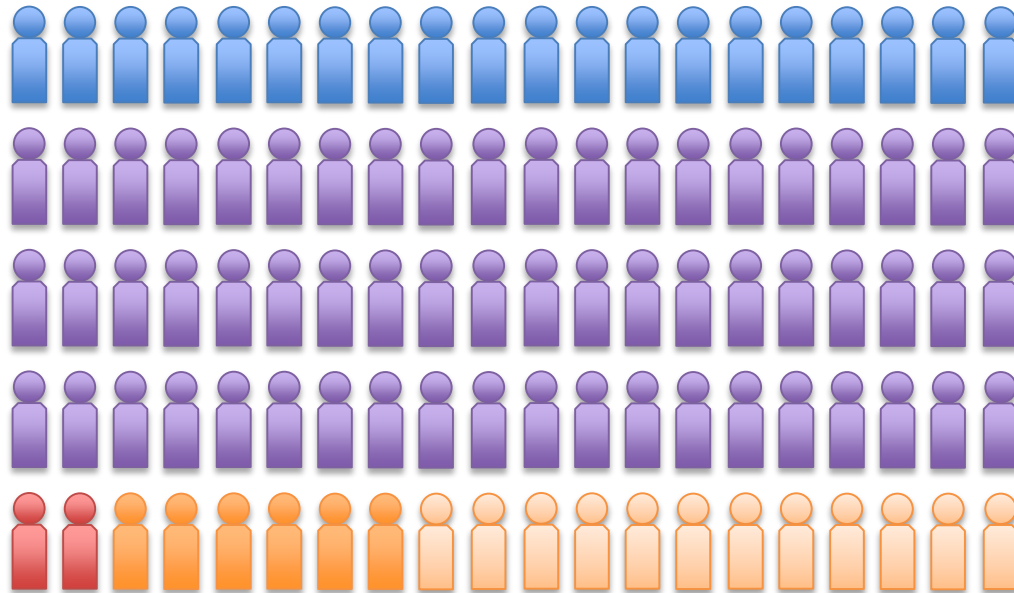
# Natural history of hepatitis C



**8**

**persons with cirrhosis will have  
decompensated, after 10 years**

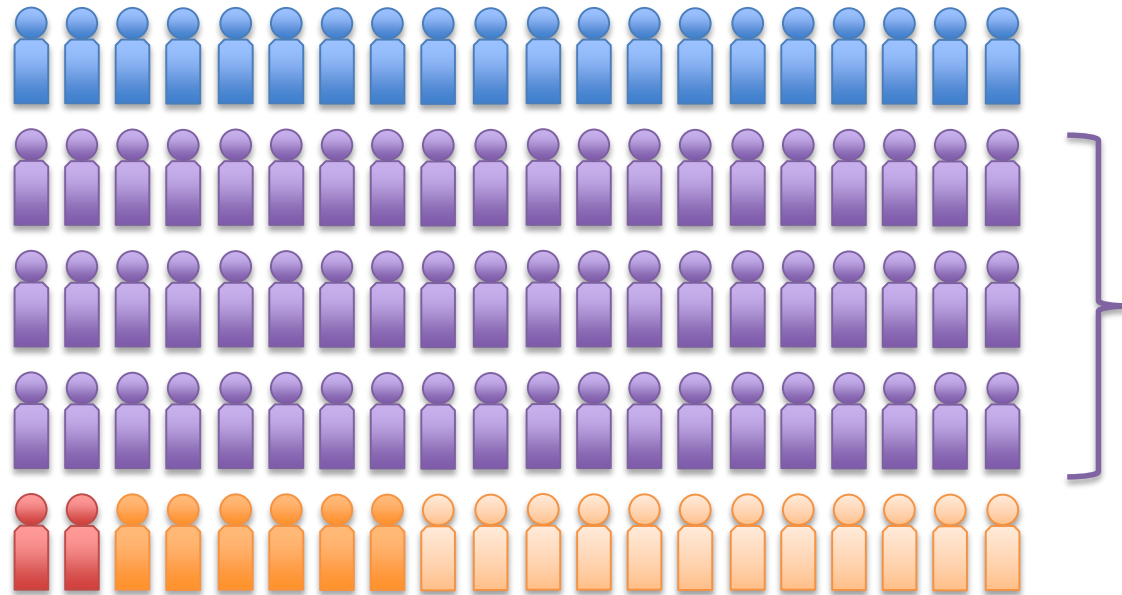
# Natural history of hepatitis C



**1-2**

**persons with cirrhosis will  
develop HCC, per year**

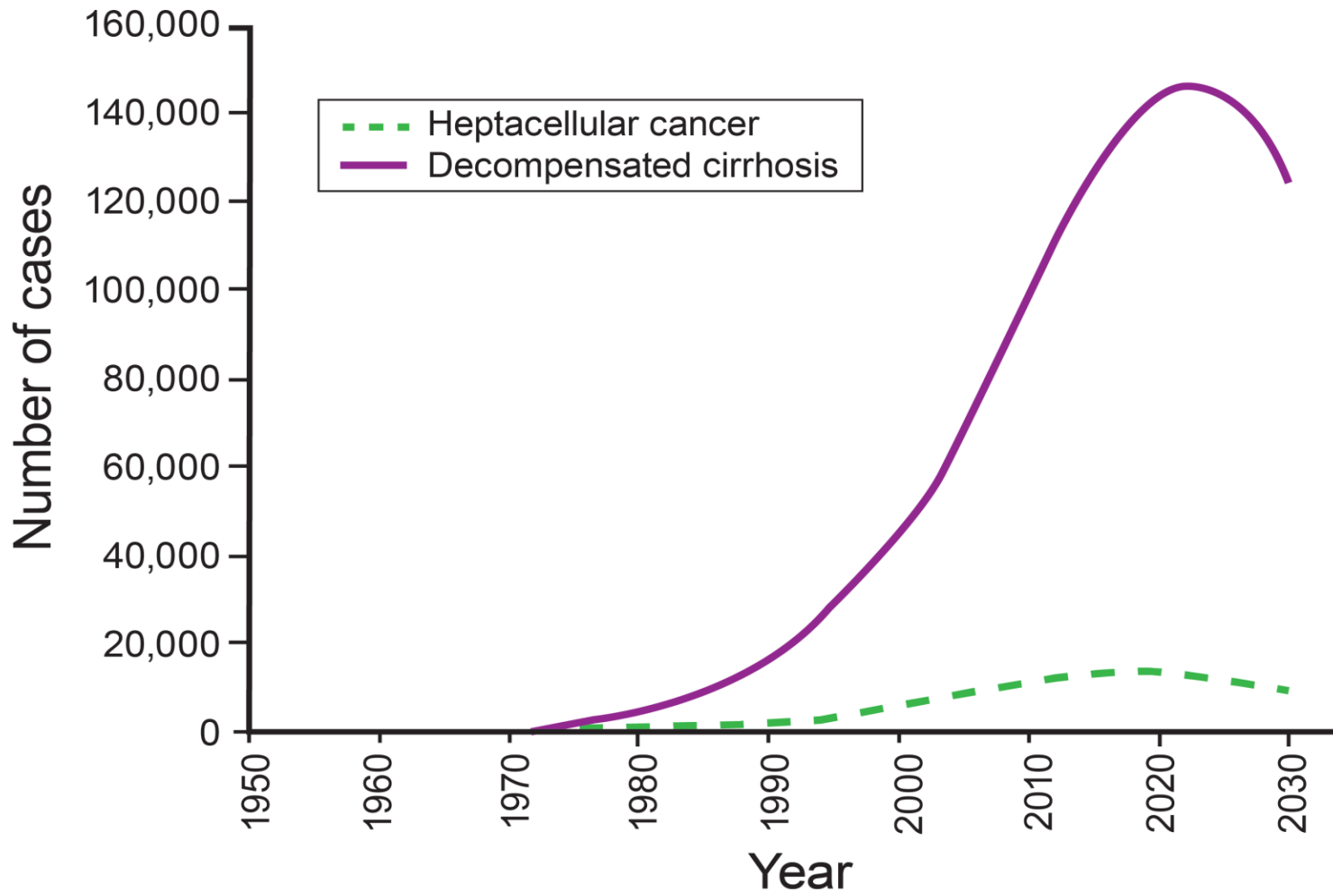
# Natural history of hepatitis C



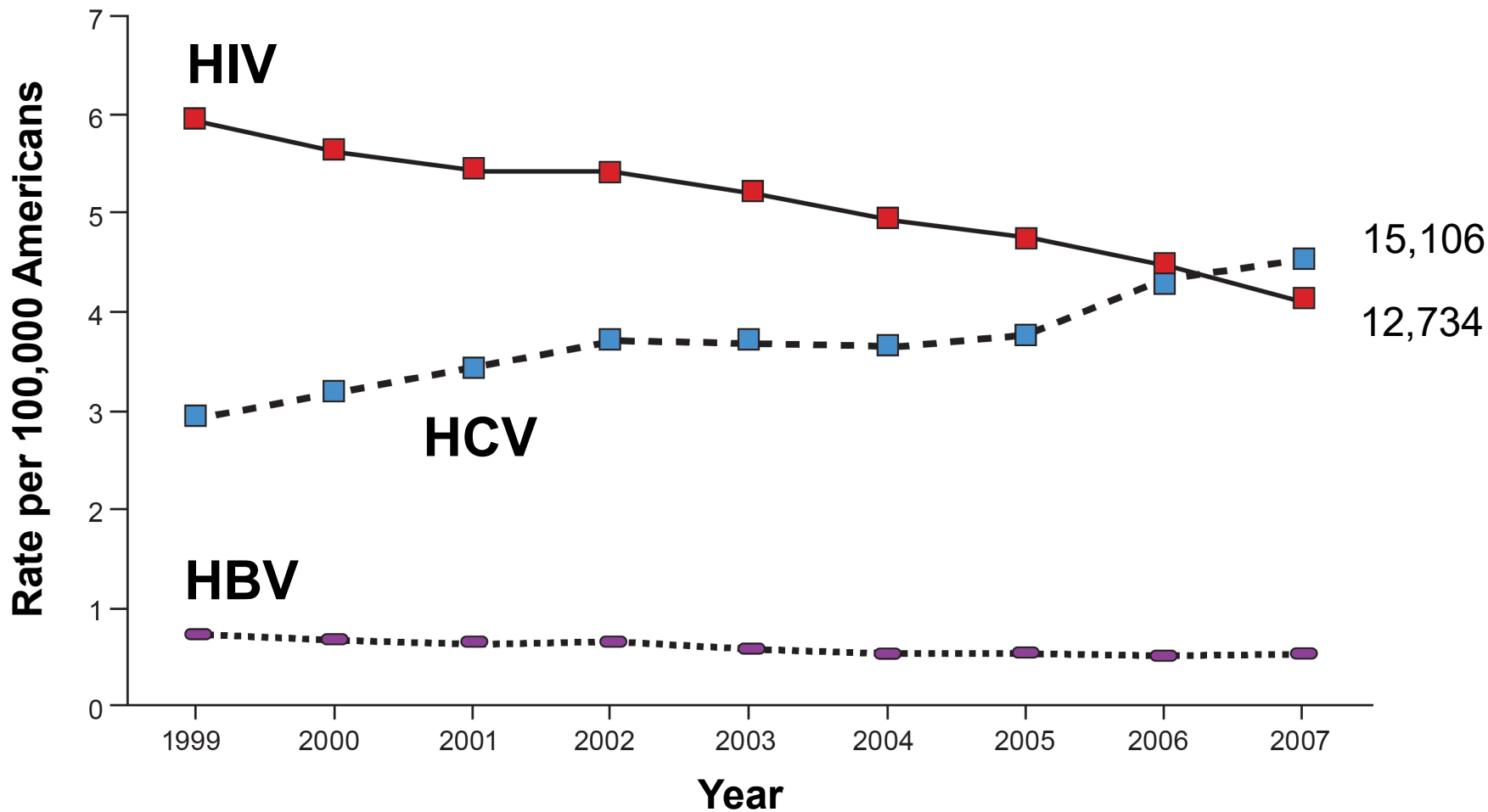
**60**

**will die *with* HCV,  
not *from* HCV**

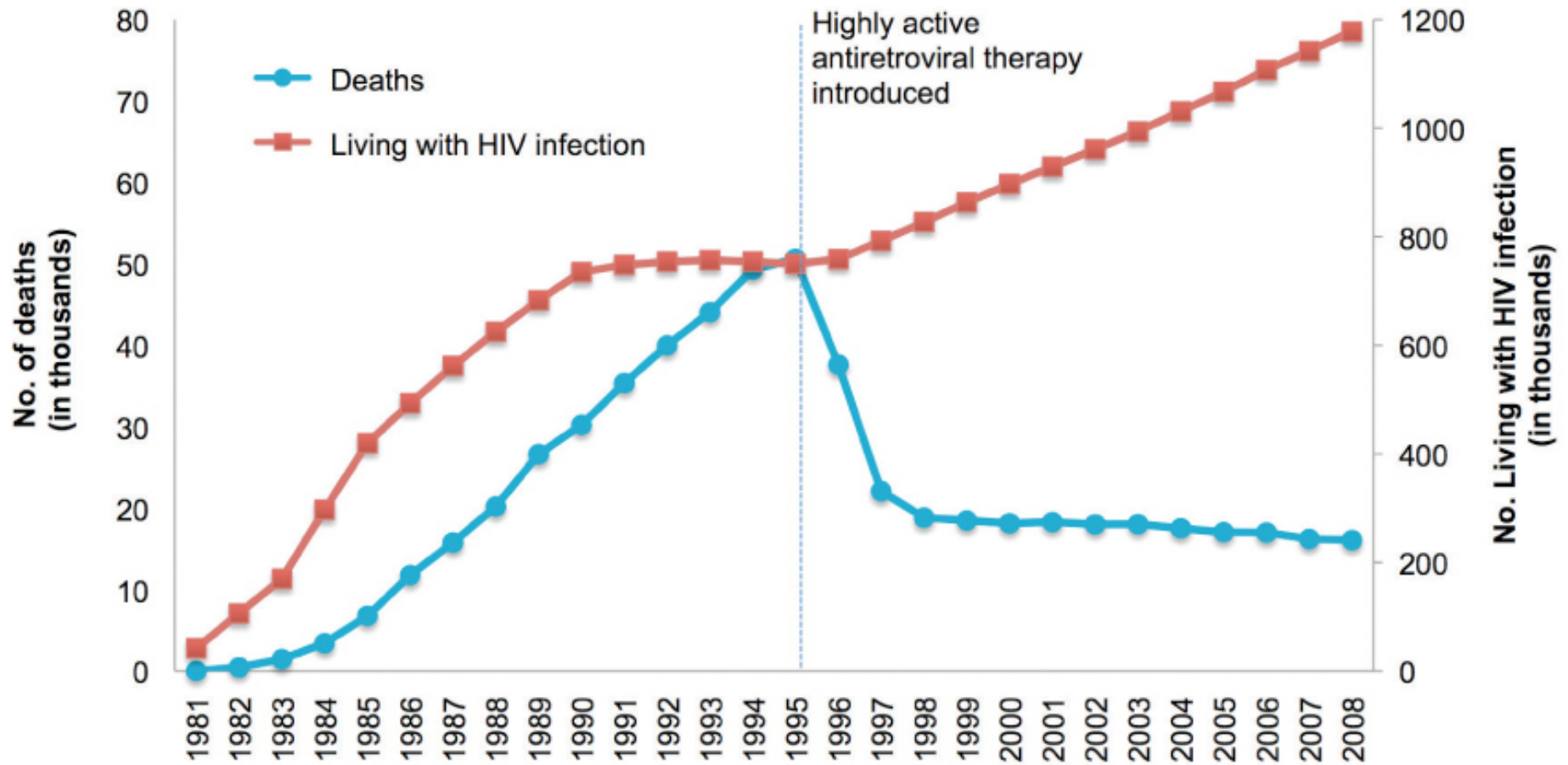
# Projected outcomes without HCV treatment



# Deaths from HCV surpassed HIV in 2006-07

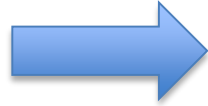


# HIV is no longer a death sentence

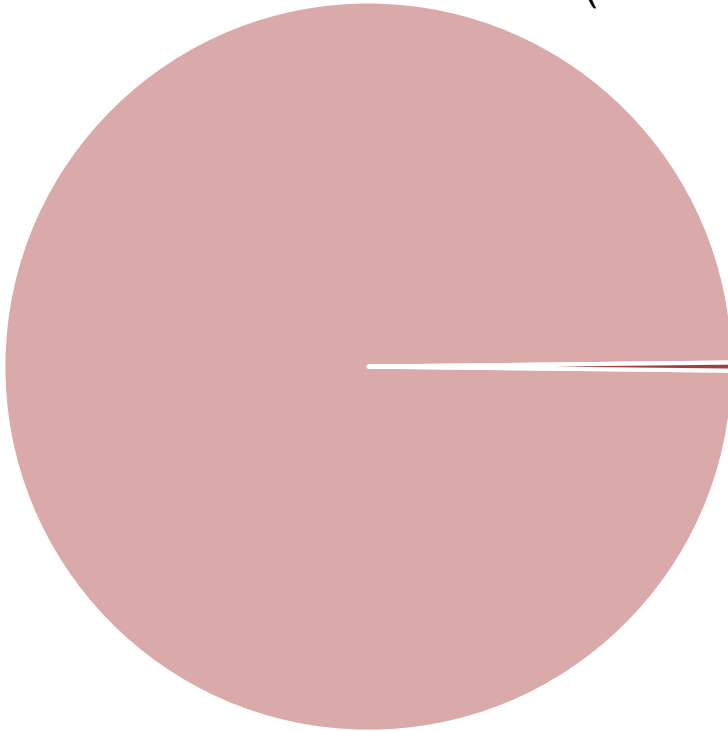


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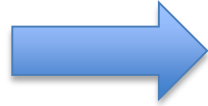
Approximately  
**0.4%**  
infected  
(1.1 million in 2015)



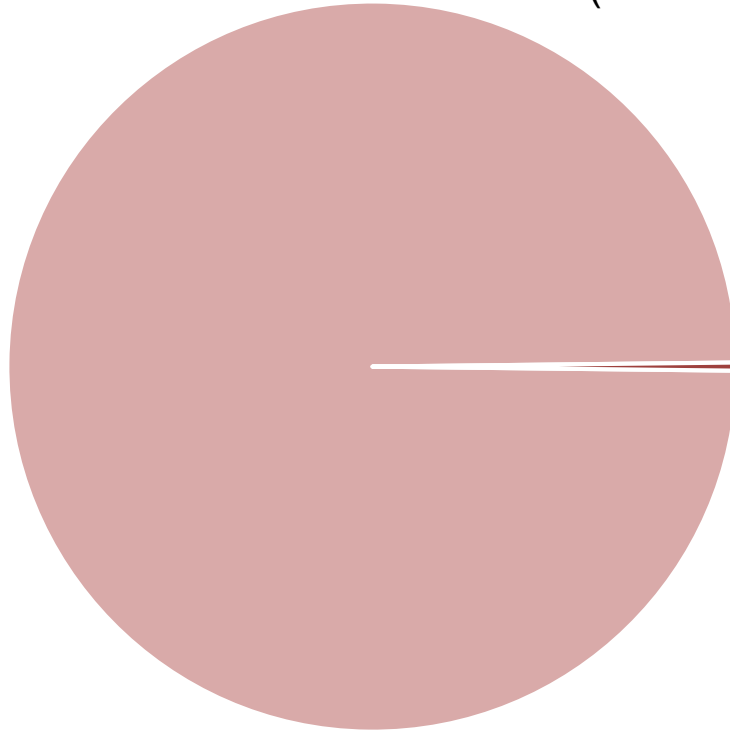


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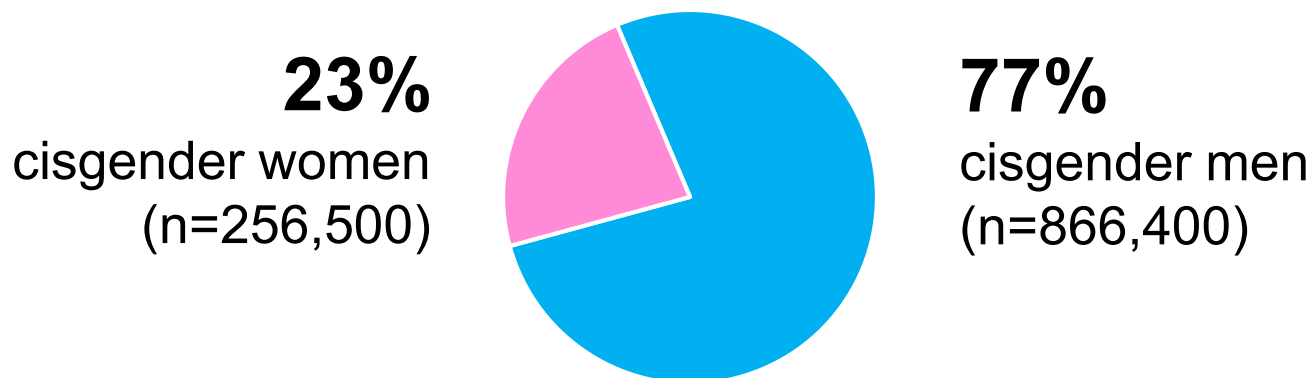
Approximately  
**0.4%**  
infected  
(1.1 million in 2015)



Approximately  
**162,500**  
unaware of  
their infection  
(in 2015)

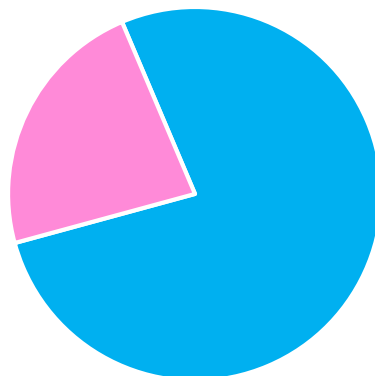
**937,500**  
diagnosed  
with HIV  
(in 2015)

# Who are those persons living with HIV?

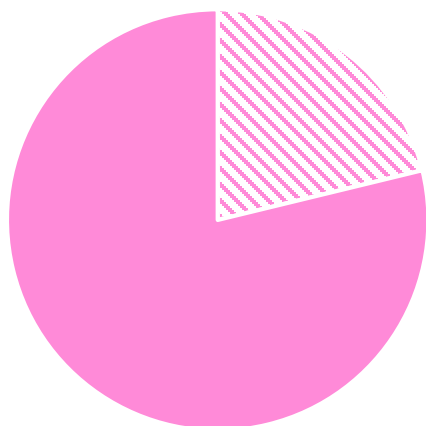


# Who are those persons living with HIV?

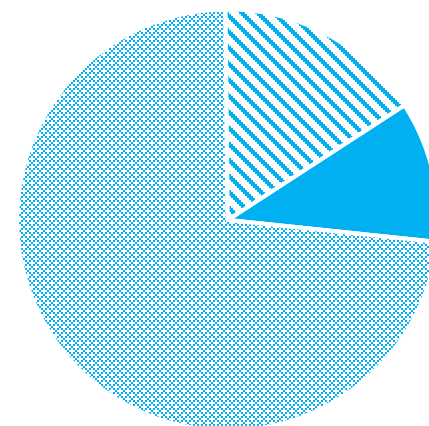
**23%**  
cisgender women  
(n=256,500)



**77%**  
cisgender men  
(n=866,400)



<b>21%</b> 54,100	<b>IDU</b>	<b>16%*</b> 57,300 + 81,000
<b>78%</b> 201,000	<b>Het</b>	<b>11%</b> 93,600
—	<b>MSM</b>	<b>73%</b> 632,300



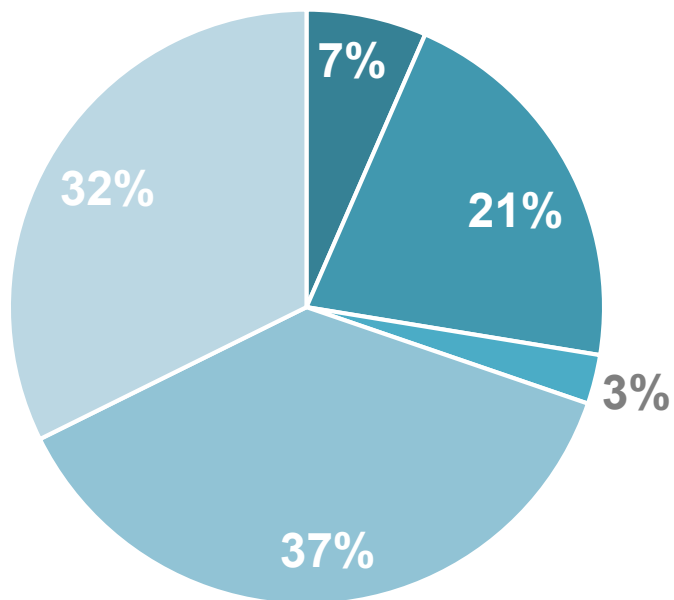
\* This chart is simplified from CDC data  
MSM who also inject drugs = 6.6% of IDUs here;  
MSM-IDUs not included in this MSM figure



**Who's missing? Trans folks**

# Who are those persons living with HIV?

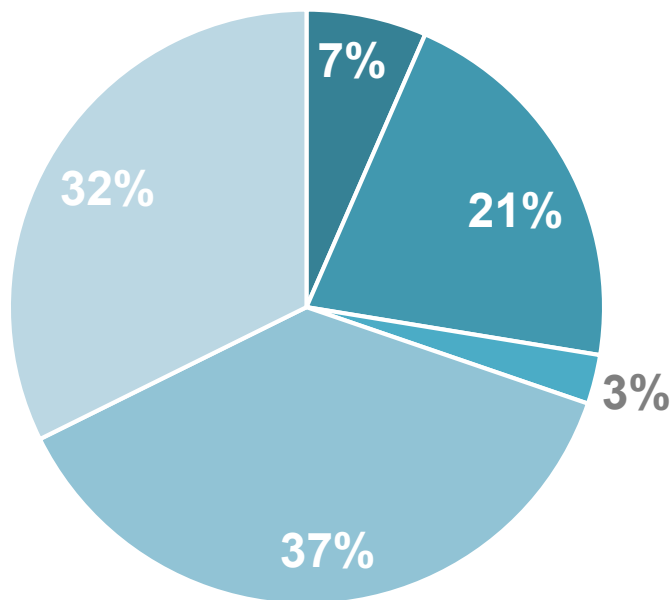
Age



■ 13-24 ■ 25-34 ■ 35-44 ■ 45-54 ■ ≥55

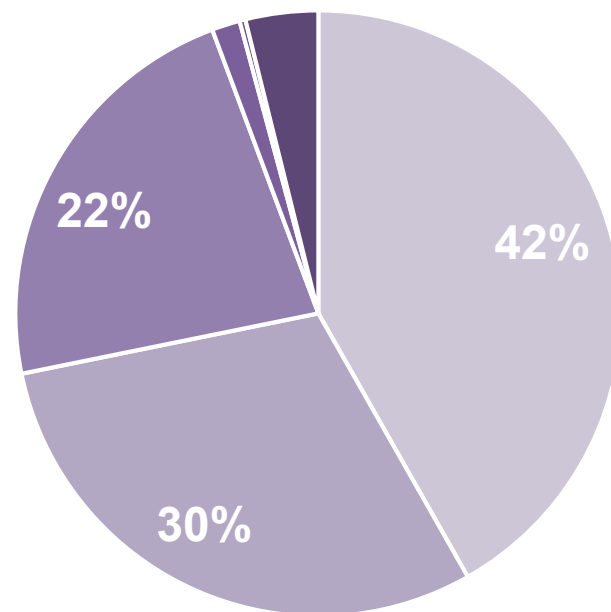
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## Age



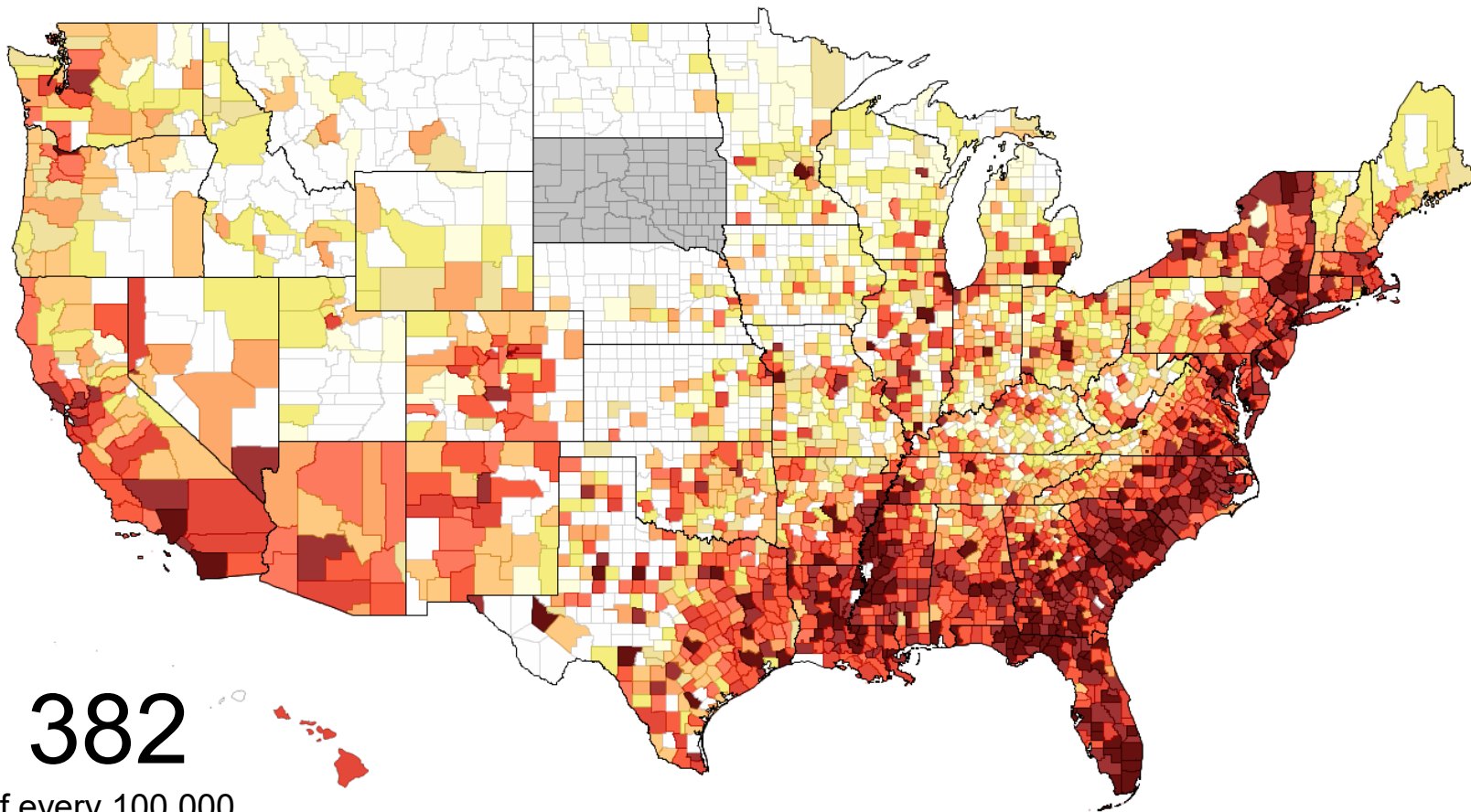
■ 13-24 ■ 25-34 ■ 35-44 ■ 45-54 ■ ≥55

## Race/Ethnicity



■ Black ■ White  
■ Hispanic ■ API (1.5%)  
■ Native American (0.3%) ■ Multiple (4%)

# Where are those persons living with HIV?



382

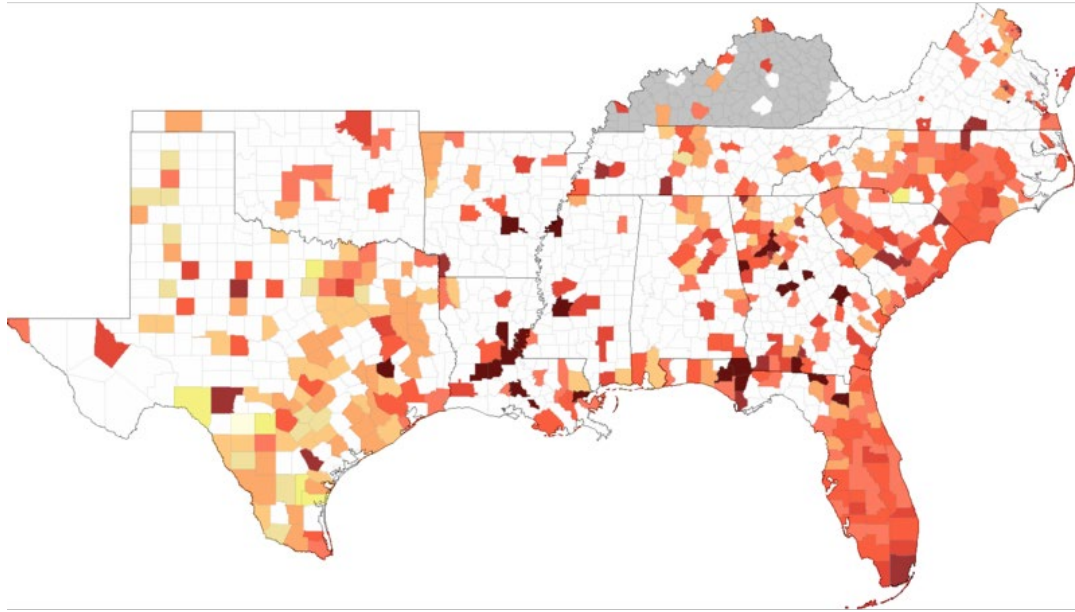
of every 100,000  
Americans

(1.2M HIV+ of 314.1M, in 2012)

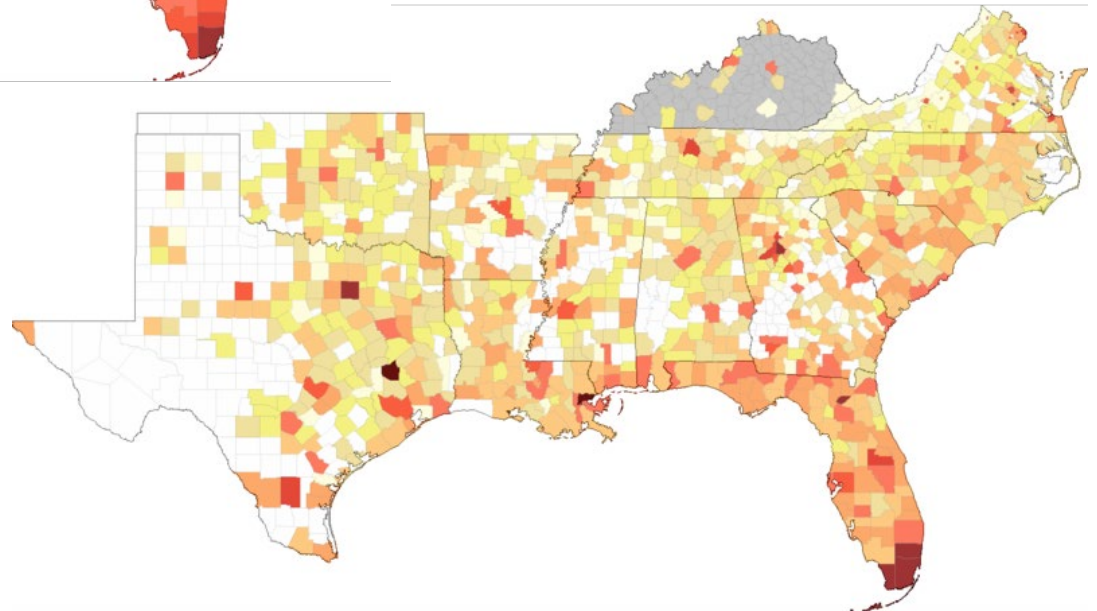
2013



# Where are those persons living with HIV?



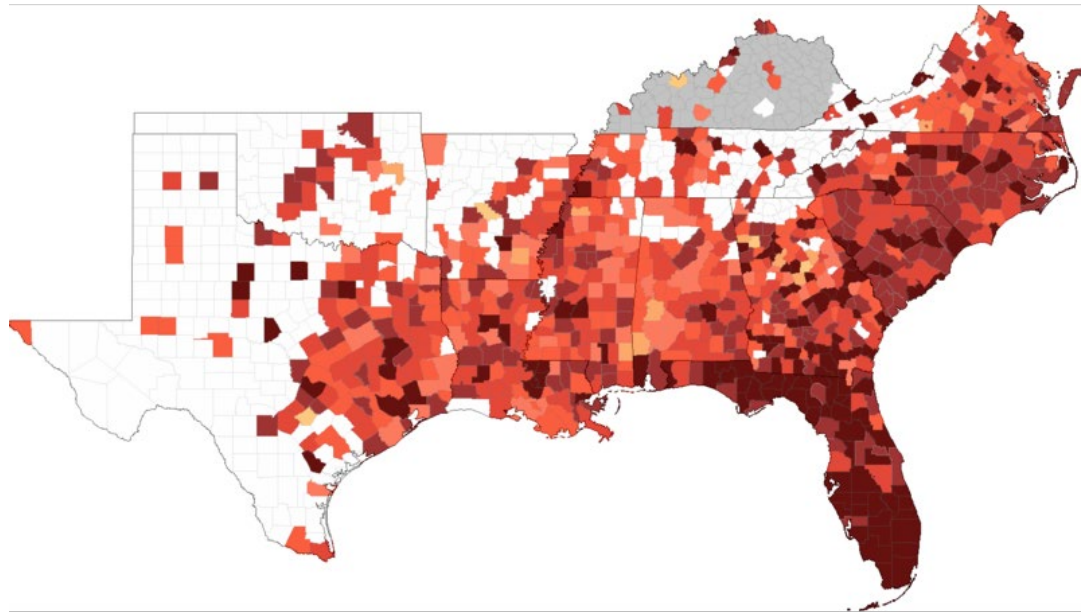
**Hispanic/Latino**



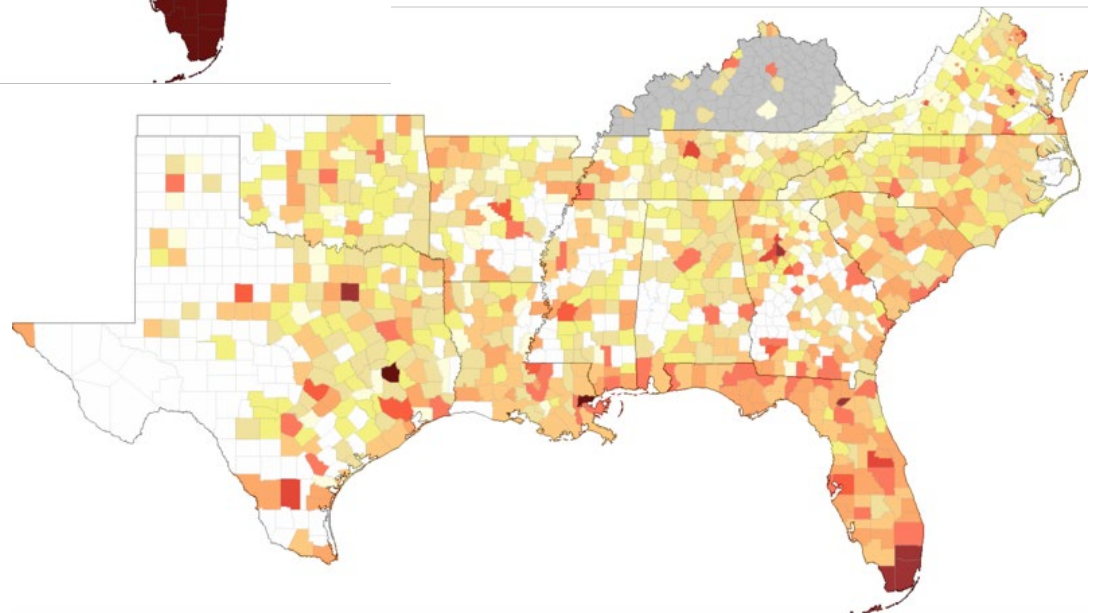
**White**

**2012**

# Where are those persons living with HIV?



**Black**



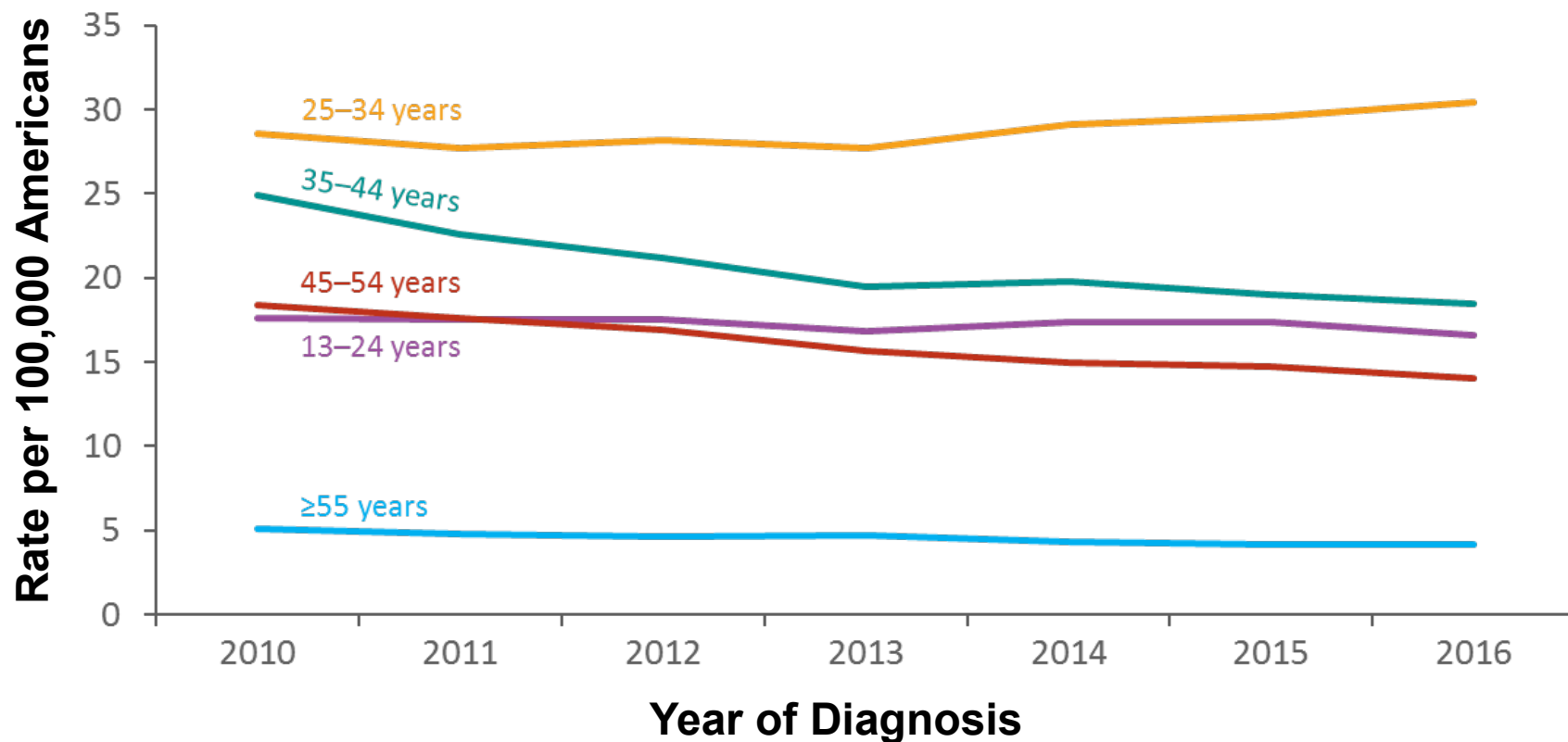
**White**

**2012**



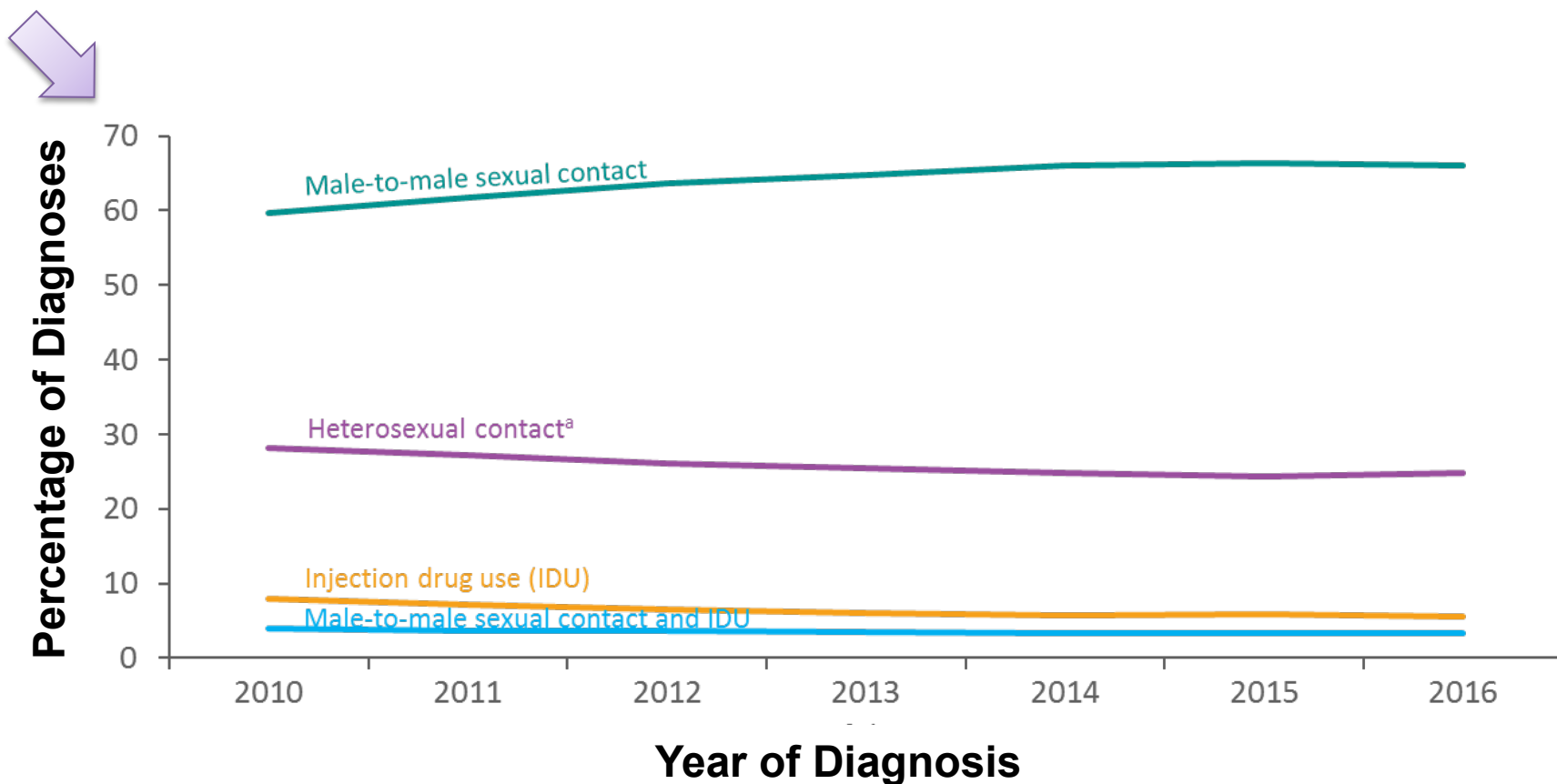
# Who is acquiring HIV in the US?

Rates of HIV Diagnosis among Adolescents & Adults, 2010-2016



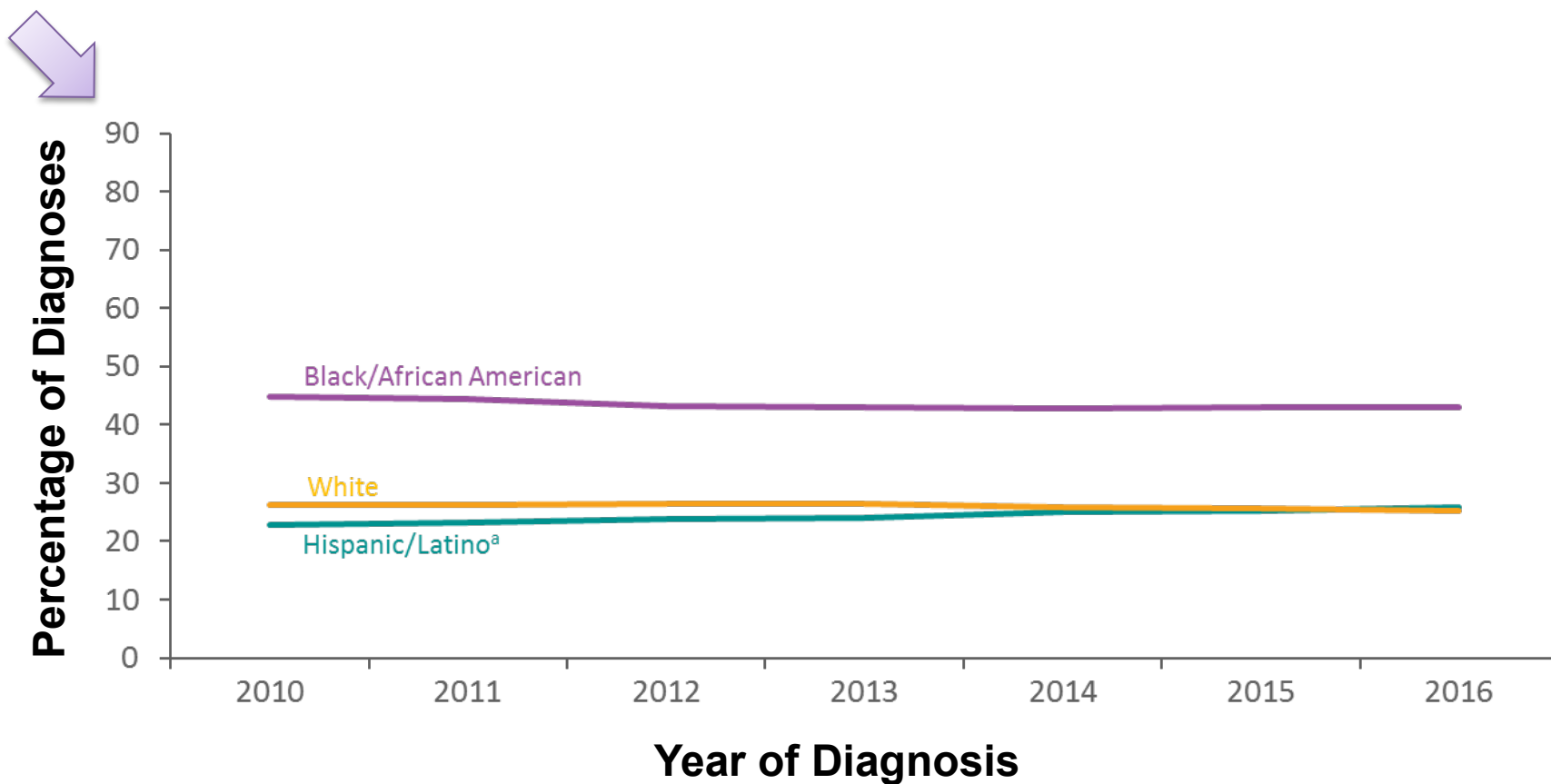
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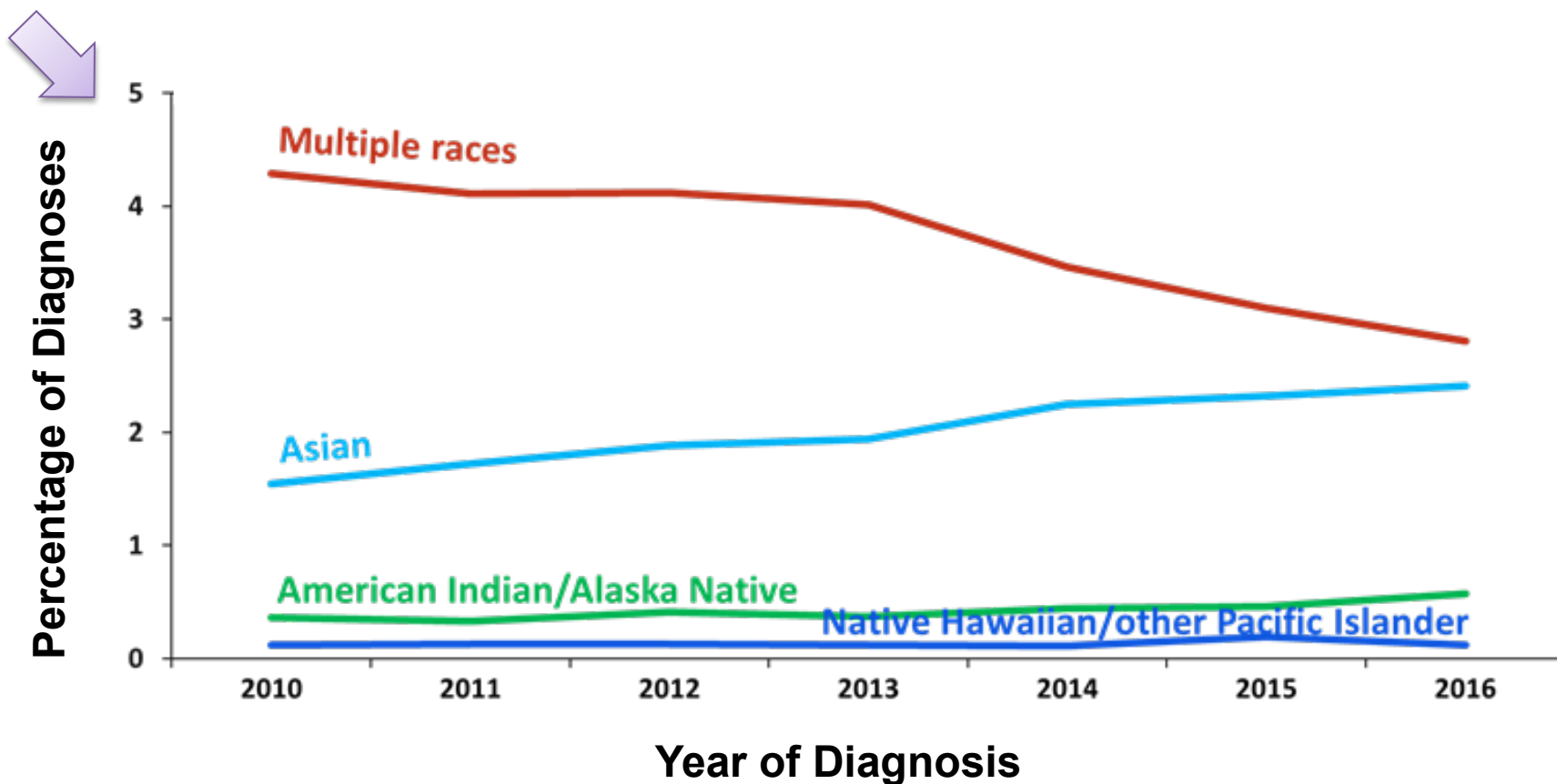
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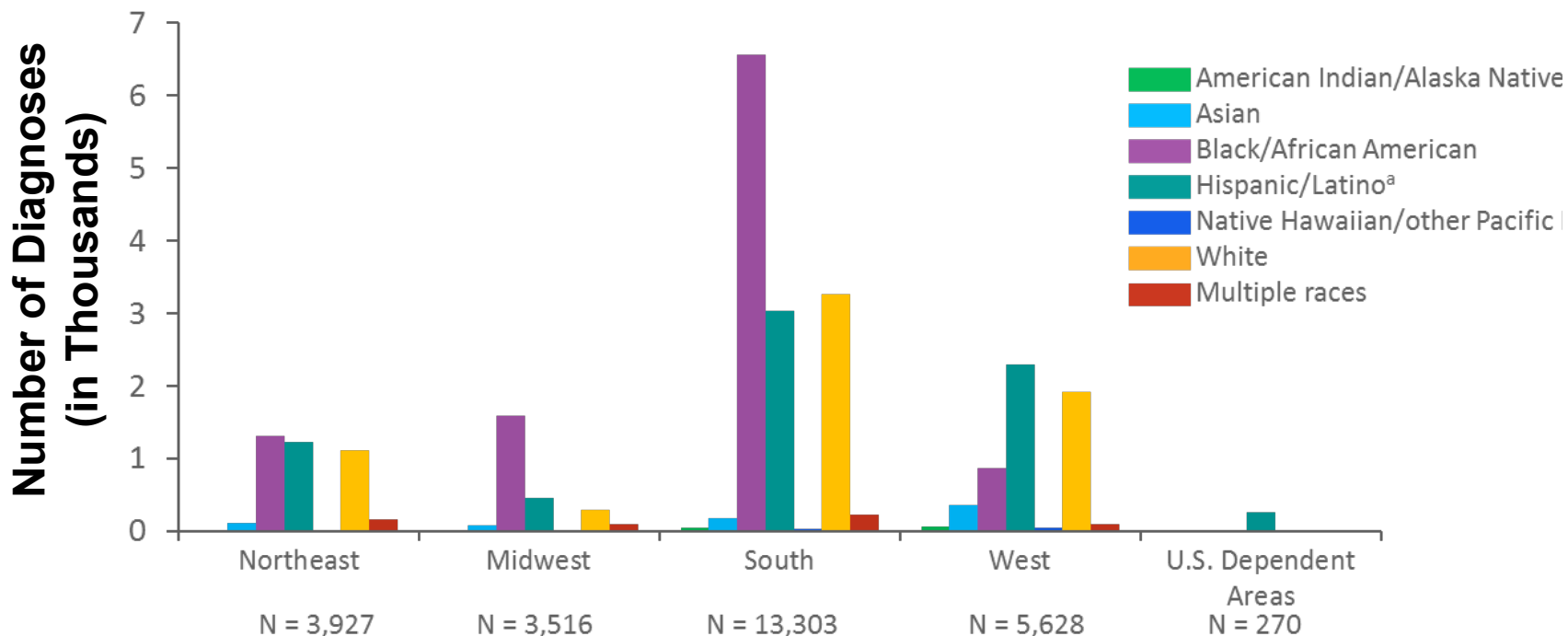
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Number of Diagnoses among Adolescents & Adults, 2010-2016

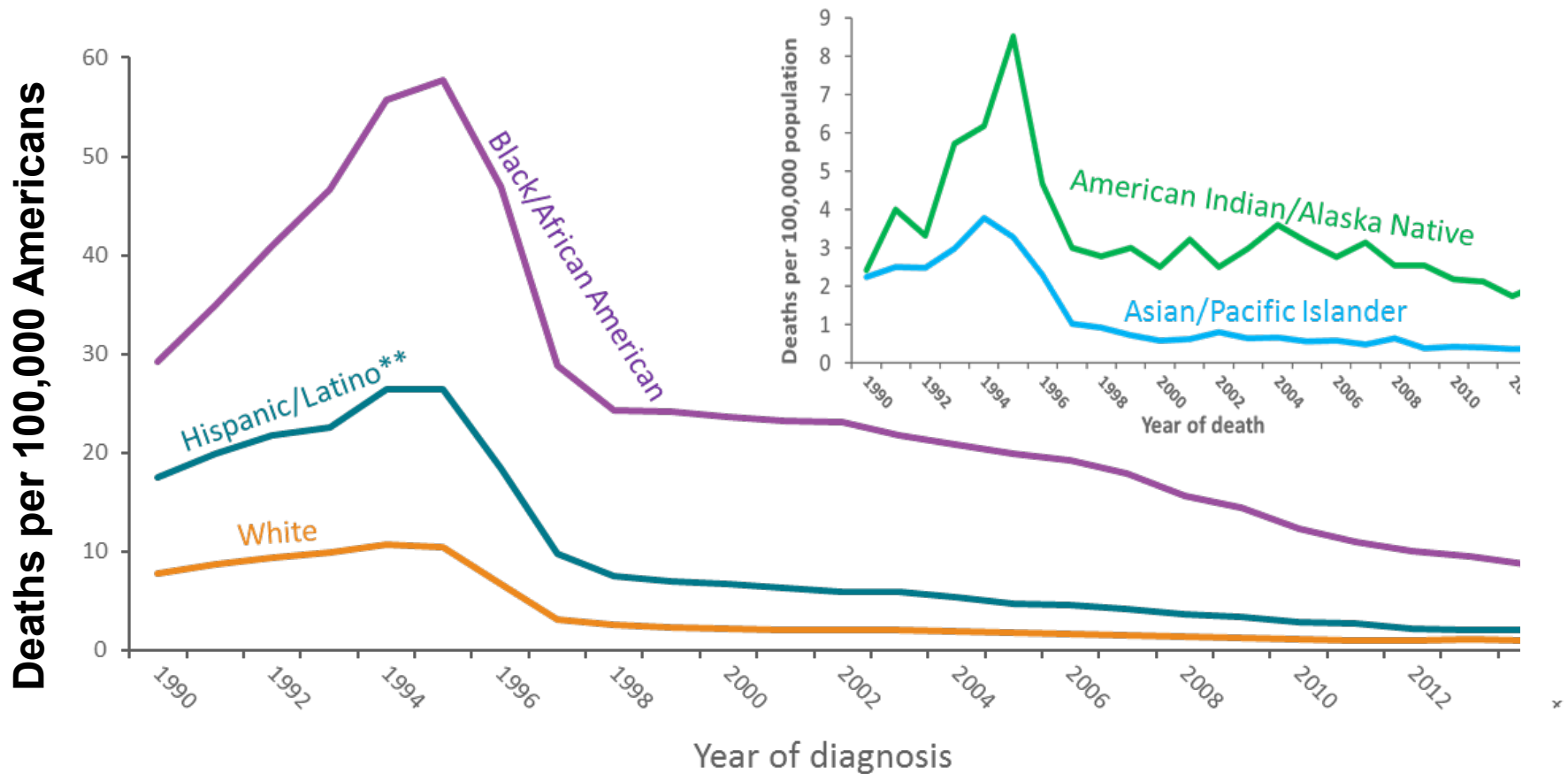


# Why are there such disparities in HIV by race?



“The Louisville Flood” by Margaret Bourke-White, 1937  
<https://rarehistoricalphotos.com/there-no-way-like-american-way-1937/>

# Who is dying from HIV in the US?



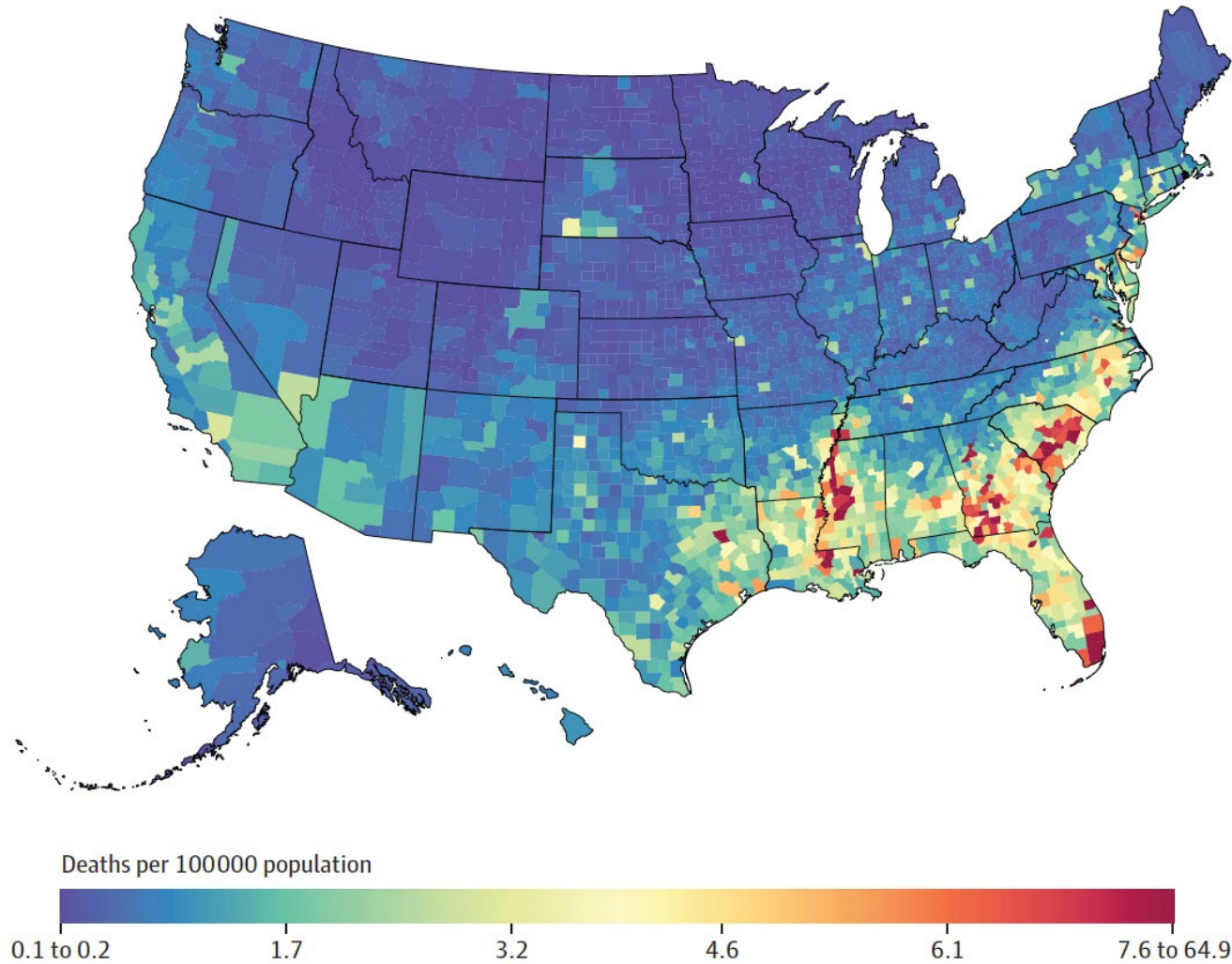
Note. For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 10rules instead of ICD-9 rules.

\*Standard age distribution of 2000 US population.

\*\*Hispanic/Latinos can be of any race.

# Where are people dying from HIV in the US?

Age-standardized HIV/AIDS mortality rate, men and women, 2014



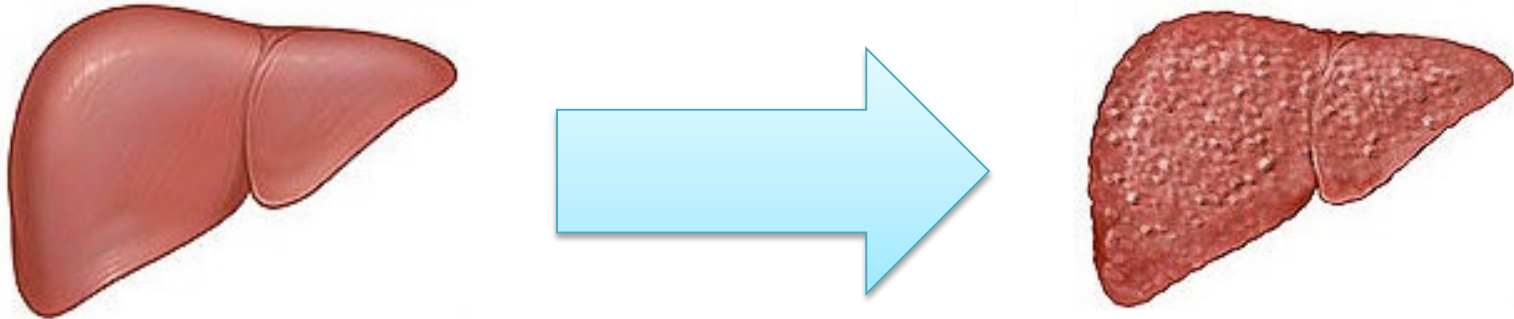


# How does HCV contribute to HIV morbidity?



Approximately  
**25%**  
of PLWH are  
also living  
with HCV

# How does HCV contribute to HIV morbidity?



## HIV and HCV are synergistically bad

- HIV increases pace of HCV liver scarring (fibrosis)
  - Specific risks:
    - ✓ Lower nadir CD4 and higher HIV RNA
    - ✓ Alcohol use
    - ✓ Older age and higher BMI
- Some PLWH who acquire new HCV progress rapidly

de Lédighen V, et al. J Viral Hepat. 2008 Jun;15(6):427-33.

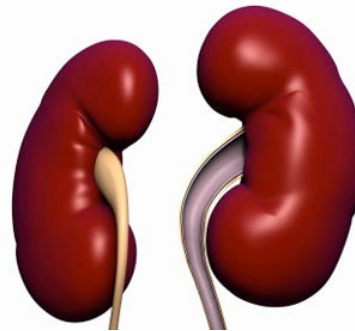
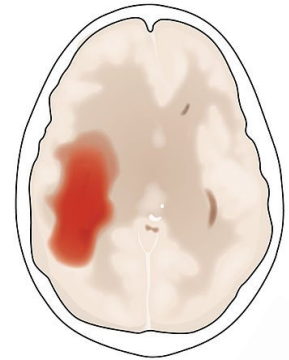
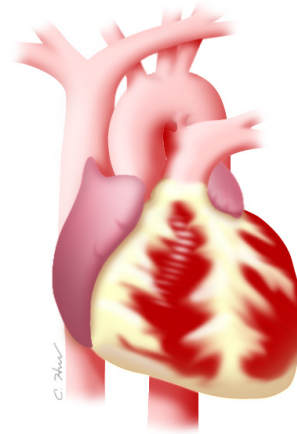
Kirk GD, et al. Ann Intern Med. 2013 May 7;158(9):658-66.

Fierer DS, et al. Clin Infect Dis. 2013 Apr;56(7):1038-43.

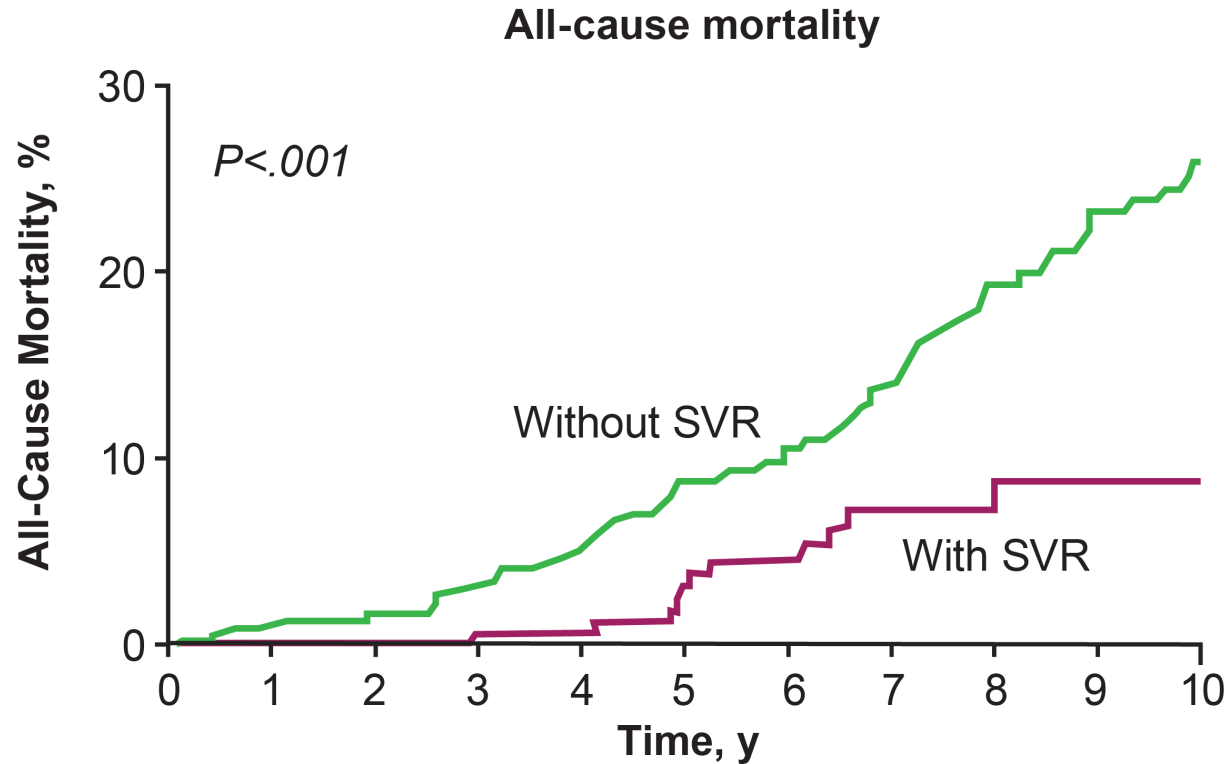
# How does HCV contribute to HIV morbidity?

**Extrahepatic complications are increased – at least as long as HCV is untreated**

- Cardiovascular risk
- Stroke risk
- Renal disease
- Bone fractures



# Access to HCV treatment reduces mortality\*...

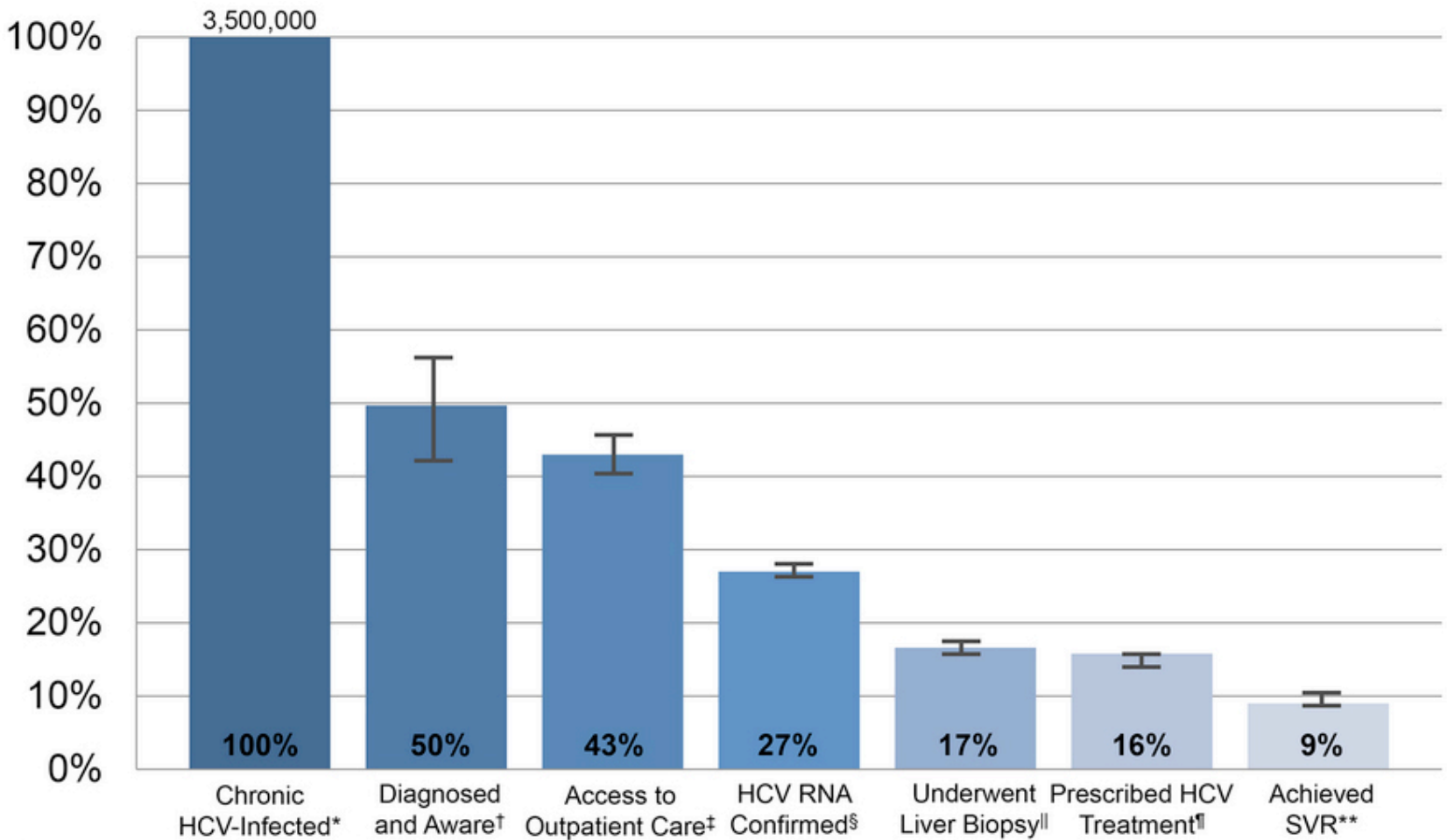


No. at risk

Without SVR	405	393	392	363	344	317	295	250	207	164	135
With SVR	192	181	168	162	155	144	125	88	56	40	28

**\* monoinfected patients**

# ...but a care cascade exists for HCV, too





## Take-home messages

- HCV and HIV disproportionately impact marginalized groups within our society
- Individually, each infection can be life-threatening – but treatment can dramatically improve outcomes
- About ¼ of all PLWH also are living with HCV – so screening, diagnosis, and treatment are essential (stay tuned!)

# Coinfection Fridays

February 15

March 15

April 19

May 17

June 21

**Speakers and topics  
coming soon!**

# Questions?

Please email me!

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[churt@med.unc.edu](mailto:churt@med.unc.edu)



UNC

INSTITUTE FOR GLOBAL HEALTH  
& INFECTIOUS DISEASES

