



Hepatitis C/HIV in Native American Populations

Persons with Hepatitis C (HCV) die about two decades earlier than persons without this infection

THE FACTS

Hepatitis C and HIV are serious public health issues among American Indians and Alaska Natives (AI/ANs). Hepatitis C or “broken spirit” is a contagious disease that leads to inflammation of the liver. The illness can be mild and short-term (acute) or can become serious and long-term (chronic), leading to scarring of the liver and liver cancer. Approximately 3.2 million persons in the United States have chronic Hepatitis C; however, most people do not know they are infected because they don’t look or feel sick. In 2009, AI/ANs were almost twice as likely to be diagnosed with Hepatitis C compared to Caucasians.¹ Additionally, persons without Hepatitis C live nearly 20 years longer than those with the infection.

Human Immunodeficiency Virus (HIV) is the virus that can lead to Acquired Immune Deficiency Syndrome (AIDS) if it is untreated. Nearly 50,000 people in the United States become infected with the virus every year; AI/ANs represent less than one percent. In 2011, almost 1.2 million people in the US were living with HIV; about 14 percent did not know their status. Yet, AI/ANs have the highest percentages of diagnosed HIV infections due to injection drug use (IDU) among all racial/ethnicities.² Furthermore, the rate of HIV diagnosis for AI/AN women is early three times the rate for white females.³

Co-infection of HIV and HCV is more common among persons who inject drugs. Approximately 50 to 90

percent of HIV-infected persons who inject drugs are also infected with HCV. Among people living with HIV, liver disease due to HCV is the most common cause of non-AIDS related death.

RISK FACTORS

Substance use and mental disorders can also contribute to HIV/AIDS and HCV risk. Drugs and alcohol alter judgment and may result in high risk drug use and sexual behaviors that contribute to spread of HIV. Alcohol and drug abuse are also linked to poor treatment response and a more rapid progression of HIV. Additionally, previous reports have indicated that persons with severe mental illness have an elevated risk of contracting HIV and HCV compared with the general population.⁴

Most people become infected with HCV by sharing needles or other equipment to inject drugs.⁵ Injection drug users (IDUs) have high rates of viral hepatitis infection with an estimated 64 percent chronically infected with HCV.⁶ Alcohol abuse also contributes to Hepatitis C with between 14 percent and 36 percent of alcohol abusers infected with HCV.⁷

SYMPTOMS

Symptoms of all types of viral hepatitis can include one or more of the following: fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, gray-colored bowel movements, joint pain, and jaundice (yellow color

1. <http://www.uhi.org/wp-content/uploads/2012/01/Epidemiology-of-HIV-STD-and-Hepatitis-C-Among-AIAN-Populations.pdf>

2. <http://www.cdc.gov/HIV/risk/racialEthnic/aian/index.html>

3. U.S. Department of Health and Human Services. Indian Health Surveillance Report: Sexually Transmitted Diseases. Atlanta: DHHS/CDC/IHS; 2007. p. 2009.

4. Essock SM, Dowden S, Constantine NT, Katz L, Swartz MS, Meador KG, et al. (2003). Risk factors for HIV, hepatitis B, and hepatitis C among persons with severe mental illness. *Psychiatric Services*, 54:836–841.

5. <http://www.cdc.gov/hepatitis/C/cFAQ.htm#cFAQ13>

6. Grebely and Dore. Prevention of Hepatitis C Virus in Injecting Drug Users: A Narrow Window of Opportunity *J Infect Dis.* (2011) 203 (5): 571-574.doi: 10.1093/infdis/jiq111

7. Bhattacharya R, Shuhart MC. Hepatitis C and alcohol: Interactions, outcomes, and implications. *J Clin Gastroenterol.* 2003; 36:242–252.

in skin or eyes). If you are experiencing any of these symptoms, contact a healthcare provider to get tested.

HIV Symptoms are initially similar to those experienced with influenza; however as the disease progresses, infections such as tuberculosis and other opportunistic diseases are common. When HIV progresses to AIDS, pneumonia, severe weight loss, and a certain type of cancer may appear.

TREATMENT

Controlling the epidemic of viral hepatitis infection in injection drug users requires:

- The development and implementation of prevention interventions
- Engagement strategies that will result in retaining individuals in care such as increased access to medication-assisted treatment both for treatment of substance use disorders and for treatment of viral hepatitis

Treatment for an acute HCV infection consists of antivirals and supportive treatment. If the illness is chronic, regular monitoring for signs of liver disease progression is necessary and treatment with antiviral drugs may be recommended. Similarly, HIV treatment consists of antiretroviral treatment (ART).

With treatment and monitoring, people who have mental and substance use disorders can have rates of adherence to hepatitis treatment and successful outcomes comparable to those who do not have these disorders.⁸ Optimal results are obtained when coordinated substance use and mental disorders treatment occurs before and during treatment for HCV.⁹

TESTING

HCV Testing Is Recommended for the Following Persons:

- One-time HCV testing for everyone born between 1945 and 1965
- Current and former injection drug users (including those who injected once or a few times many years ago)

Note: For persons who might have been exposed to HCV within the past 6 months, testing for the HCV antibody (ribonucleic acid) commonly known as the HCV RNA test is recommended.

HIV Testing Is Recommended for the Following Persons:

You should get tested for HIV every **at least every year** if you:

- Share needles/syringes or other equipment (“works”) for injecting drugs
- Have a history of sexually transmitted infections (STIs)
- Have had unprotected sex (vaginal, anal, or oral) with multiple or anonymous partners. Or if you have had unprotected sex with a partner who did not know their own HIV status.

SAMHSA SUPPORT

SAMHSA addresses the issues of HIV/AIDS, and viral hepatitis by providing grant opportunities to support coordinated mental health and substance use disorder treatment services including:

- HIV testing with pre- and post-test counseling
- Referrals for treatment
- Integrated medical, HIV/AIDS, and behavioral health care
- Testing for other infectious diseases

Examples of these efforts include, but are not limited to, the following:

- Native American Health Center’s Ekwahness (“To Hold Tightly”)
- Salish Kootenai College Integrative Community Empowerment (ICE) grant
- College of the Muscogee Nation’s Guarding the Future grant
- Minority AIDS Initiative Targeted Capacity Expansion: Integrated Behavioral Health/Primary Care Network (MAI-TCE Program)

For more information, please visit <http://www.samhsa.gov/hiv-aids-viral-hepatitis/samhsas-efforts>.

8. Treatment Improvement Protocol (TIP) Series, No. 53. Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2011.

9. Freedman K, Nathanson J. Interferon-based hepatitis C treatment in patients with preexisting severe mental illness and substance use disorders. *Expert Review of Anti-infective Therapy*. 2009;7(3):363–376.