



Hepatitis C and HIV

Most people living with HIV and HCV coinfection can be successfully treated for both viruses.

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Hepatitis C virus (HCV) causes liver disease while human immunodeficiency virus (HIV) affects the immune system. HIV mainly infects CD4 helper T cells, white blood cells that coordinate the immune response. Untreated HIV infection can lead to acquired immune deficiency syndrome, or AIDS.

HCV and HIV are transmitted in some similar ways, and many people are living with both viruses, which is known as HIV/HCV coinfection. It is estimated that around 20% of people living with HIV in the United States also have hepatitis C.

People with well-controlled HIV do not appear to be more susceptible to HCV infection. However, some studies have found that HIV-positive people are more likely to acquire or transmit HCV during sex, and pregnant women with HIV are more likely to transmit HCV to their babies. What's more, people with HIV are less likely to naturally clear HCV without treatment.

HIV/HCV coinfection can increase the risk for liver damage and life-threatening complications. Earlier in the AIDS epidemic, people with coinfection were prone to rapid and aggressive liver disease progression, but this is less likely today for people who are on effective antiretroviral treatment with an undetectable HIV viral load. Nonetheless, the American Association for the Study of Liver Diseases recommends that people with HIV/HCV coinfection should be prioritized for hepatitis C treatment.

Having hepatitis C can complicate HIV treatment, so it's important for people with HIV/HCV coinfection to work with health care providers who have experience treating both viruses. Click here for [current treatment recommendations](#) for people with HIV/HCV coinfection.

There are no antiretrovirals that treat both HIV and HCV, as there are for HIV and hepatitis B virus. Some HIV medications are less liver-friendly than others. Certain antiretrovirals, including protease inhibitors and non-nucleoside reverse transcriptase inhibitors, are metabolized by the liver. Fortunately, modern HIV meds are less likely to cause liver toxicity than some older drugs. People taking antiretrovirals—whether they have hepatitis C or not—should have their liver enzymes monitored regularly.

In addition, some HIV and HCV drugs can potentially interact with each other, which could reduce

their effectiveness or worsen side effects.

Despite this added complexity, most people with HIV and HCV can be successfully treated for both diseases. Studies show that hepatitis C cure rates for people living with HIV are about the same as those for HIV-negative people.

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