HIV/Hep C Coinfection Increases Risk of Organ Rejection

July 22, 2015

People who are coinfected with HIV and hepatitis C virus (HCV) are more likely to experience rejection of a transplanted liver than those who are monoinfected with either virus, aidsmap reports. Publishing their findings in Clinical Infectious Diseases, researchers looked at data on all the liver transplants conducted in the United States between February 2002 and December 2013.

The investigators identified 20,829 people with hep C, 72 with HIV and 160 coinfected people. They used a comparison group of 22,926 transplantees with neither virus.

One- and three-year post-transplant survival rates were a respective 75 percent and 47 percent in the coinfected group, and a respective 89 percent and 76 percent in the comparison group. The one-year survival rate for both of the monoinfection groups was similar to the comparison group's. The three-year survival rate among the HIV- and hep C-monoinfected groups was a respective 66 percent and 67 percent.

A total of 44.8 percent of the coinfected group experienced organ rejection and graft loss, compared with 23.6 percent of the comparison group, 30.6 percent of the HCV-monoinfected group and 31.4 percent among the HIV-monoinfected group.

While there was no apparent link between HIV monoinfection and an increased risk of death or organ rejection, HCV monoinfection and coinfection were associated with a respective 46 percent and 162 percent increased risk of such an outcome.

The researchers concluded that, among HIV/HCV coinfected people, hep C explains the extra risk following a transplant. This, they concluded, highlights the importance of treating hep C.

To read the aidsmap article, click here.

To read the study abstract, click here.

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