

DOUBLE JEOPARDY

The HIV/HCV Co-Infection Handbook



*For
People
with
HIV/HCV,
Their
Families
and
Friends*

Welcome



Table of Contents

Introduction	2
Who are the co-infected?	3
Risk behaviors	4-7
Testing for HIV and HCV	8
What if the test is negative?	9
After a positive HIV test	10
After a positive HCV test	11
Questions to ask you doctor if you are HIV/HCV co-infected	12-13
HIV or AIDS	14
Co-infection—hard and fast	15
Pay attention to your liver health	16
Is your liver working too hard?	17
Liver damage control and chart	18
Defining liver damage	19
Before starting or changing treatments for:	
Hepatitis C	20
HIV	21
HIV drug chart	22-23
Drug interactions	24
Methadone interactions	25
Interferon drug therapy for HCV	26
Combination therapy for HCV	27
Interferon used alone in monotherapy	28
HCV drugs in trial	29
Alternative or complementary therapies	30
Groups that help	31
Hepatitis A and B	32-33
Just for IVDUs	34
Get clean, get help	35
Not ready to stop?	36

We at Community Prescription Service believe information is key to survival and a better life. This handbook may be a first step towards thinking about treatment for many who read it. As an HIV+ owned and operated pharmacy, we understand the fear you may be feeling as you take that step. Our experienced staff are only a free phone call away. Please don't let fear paralyze you. We can answer treatment questions raised by this handbook, help find you support in your city, and when the time is right for you to begin treatment CPS will be there for you.

800/842-0502.

**COMMUNITY
PRESCRIPTION
SERVICE**



DOUBLE
JEOPARDY

THE HIV/HCV
CO-INFECTION
HANDBOOK

Written by: **Lillian Thiemann**
*CPS Director of Educational
Services and Editor of the HIV
treatment newsletter InfoPack*

in association with
Jacob Lalazeri, MD
*Director, Quest Clinical Research
San Francisco, CA*

*For
People
with
HIV/HCV,
their
Families
and
Friends*

*This educational booklet was
made possible by an unrestricted
educational grant from
Schering-Plough Corporation*

No Need to panic



If you are co-infected with HIV and Hepatitis C you are not alone. There is no need to panic. There are medicines and therapies for HIV that work very well for many patients, and as a result, people live longer today with HIV than they used to. Hepatitis C (HCV) is very slow-developing, long-term chronic disease, and like HIV it can be treated. Many people live 30 years or more with the HCV virus without ever getting sick. Future treatment options for both diseases are being developed.

*Just
remember:
Freaking
out never
helped
anyone
get
through
a tough
time*



**You
are
not alone**

One in every 65 Americans is infected with Hepatitis C. That means approximately 4 million—about four times the number of people with HIV.

No one has counted how many people have both HIV and HCV yet, but think about this: 80%-90% of the people who are intravenous drug users (IVDUs), and go into drug abuse

programs have HCV. Then imagine all the people you know who are HIV+, and not in treatment for their addiction. They may never have been tested for HCV.

Scientists are beginning to give this group of people the special attention it needs because the number of people who are HIV/HCV co-infected is large and growing.

Who Are the co-infected ?

You may be co-infected:

- ◆ if you have ever shot dope or shared a needle even once;
- ◆ if anyone you live with, or have ever lived with, has shot drugs;
- ◆ if you got a blood transfusion or had a transplant (heart, liver, etc.) before 1990;
- ◆ if you've been pierced or tattooed;
- ◆ if you are a health care worker.



Testing
is an
act of love

Many people who are HIV/HCV positive, don't know they are infected because they have never been tested. People are getting infected every day because they don't know they are at risk.



We all make mistakes—sometimes fatal mistakes. So if you think you might be HIV/HCV positive, get tested. Get tested for your own sake, so you can make the right decisions about treatment, as well as protect yourself and others from infection.

“Get tested
for your
own sake!”

(See Testing on Page 8)

Risky behaviors

HIV and HCV are both blood-borne diseases.

That is, they enter the body directly through the blood.

HIV (but not HCV) enters through other bodily fluids, such as vaginal fluid and breast milk. It is much easier to get HCV through the blood than it is to get HIV.

(See HCV is a tough virus on page 6)

Let's Talk about sex

Sex is a powerful thing. And making choices about how, or if, you'll have sex is taking power in your life. Here are a few tips that will help you make that power your own.

Tell your lovers you are HIV/HCV positive before you have sex with them so they can make their own sexual decisions.

If you didn't tell them before the first time, tell them after. It's not too late. They may not have gotten your HIV, and they probably have not gotten your HCV by having sex with you.

“If you don't tell at all, safe, or safer sexual practices will help lower the possibility of infection.”

High and low risks



HIV

High Risk

- Shooting drugs & sharing needles.
- Sex—vaginal (pussy), anal (butt) with semen (cum) or vaginal fluid being exchanged.

Lower Risk

- Contact with blood at work.
- Oral sex—penis in mouth (blow job); semen (cum) in mouth or swallowed; mouth on female genitalia (pussy).
- During childbirth—passed from mother to baby (called vertical transmission).
- Body piercing, tattooing with unsterilized needles.
- Acupuncture done with shared, unsterilized needles.

HCV

High Risk

- Shooting drugs & sharing needles.
- Body piercing & tattooing with unsterilized needles.
- Acupuncture done with shared, unsterilized needles.
- Contact with blood at work.

Lower Risk

- Salon manicures done with shared, unsterilized nail files and scissors.
- Sharing toothbrushes.
- Sharing straws while snorting (sniffing) cocaine.
- If you are HIV+, the risk of you transmitting HCV is greater due to the increased HCV viral loads found in people with HIV.
- Passed from mother to baby during birth. Mothers who are HIV/HCV positive are more likely to pass HCV.
- Breast feeding with cracked or bleeding nipples.

HCV

is a tough virus



Unlike HIV, which dies within minutes of hitting the air, HCV can live a long time outside of the body. Any blood that gets on the outside of the syringe, in your cooker, on a tourniquet, the table, or any surface can live for days—even longer.

So even if everyone in the house is not sharing needles,

they are at risk for HCV just by living, touching and using things in areas where blood may be.

HCV

can live for days outside the body

If, when shooting up at the kitchen table, some blood is dripped or squirted on the table, even if you wipe it up some, HCV will be there waiting for someone with an opening in their skin to come by and pick it up.

(See page 36 for more ways to live safe)

You Try To Do the right thing But Bleaching Needles Doesn't Work

For people who shoot drugs there is an added risk because of outdated information.

We used to think that bleaching needles for two or more minutes would kill any virus.

Many people think that if they swish some bleach around in their works, this is enough to kill any virus.

NOT TRUE

Bleaching needles does *not* do a good job of killing HCV. To kill even HIV, your works have to soak for more than two minutes.

When you are dope-sick, two minutes is a very long time, and many people who think they are waiting long enough are not.

A study on this subject found that 18 seconds is the average time people actually spend soaking their works in bleach.

*If you are
going to do
drugs,
there are
safer ways
to get them
into your body*

(see page 36)



Testing for HIV and HCV

You probably won't know you have HIV/HCV unless you go for a blood test. When people first become HIV positive they may have flu-like symptoms. But it is easy to mistake the initial HIV infection for the flu. When people get Hepatitis C, they rarely have any symptoms at all until serious liver damage has been done.

HIV

If the ELISA test for HIV is positive, a Western Blot test should be done to make sure.

If the Western Blot test results are positive, a PCR (viral load) test should be done to measure the amount of HIV virus in the blood.

HCV

If the ELISA test result for HCV is positive, a PCR (viral load) test should be done to measure the amount of virus in your blood.

A RIBA test can also be done to get more detailed information on the level of HCV in the blood.

A simple blood test (ELISA) that detects antibodies is the first test used to check for both HIV and HCV.

“Antibodies are cells your body makes in reaction to an infection”

What If It's negative?

If you get a negative test result from your first ELISA antibody test for HCV, but you fall into a high-risk group, testing every 6 months is a good idea. Sometimes, in high-risk groups, the first blood test doesn't find any antibodies because it takes time (sometimes as long as six to eight weeks) for the body to recognize a virus. Or the test may not have been sensitive enough.

So if last night or last week you shared works with someone or had unprotected sex with someone who is HIV/HCV positive or shoots drugs, tell your doctor so he/she can do the right tests to look for the infections.

Two negative antibody tests done over a six-month period (with no high-risk activity during that time) can be considered a true negative.

Even though it is very scary to get a test done or to ask someone you care about to have one, it is the best thing to do. The earlier you know, the better. There are more opportunities for successful treatment of HCV if it is caught before your liver is severely damaged.

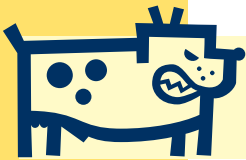
“If someone tests negative but is in a high-risk group, testing every 6 months is a good idea.”

***And let's not forget:
Sometimes a false positive test result is given by mistake.
If in doubt, get another test.***

After

a positive HIV test:

Find a doctor who has experience with HIV/HCV. Regular blood tests that measure CD4 T-cells and viral load (PCR) are necessary to track how fast your disease is progressing and if the medications you take are working.



CD4 T-cells are the watchdogs of the body

They signal the body's natural fighters (white blood cells) and tell them that they should attack.

Not only the number is important. The percentage of CD4 T-cells is also important, because there are many kinds of T-cells. We need to know how many of the total T-cells are CD4s. In uninfected people, the normal range of T-cells is 450-1200 p/cu.mm with a CD4 percentage of 32%-50%, and there is no viral load at all.

Only when viral load is reduced, is it possible for T-cell counts to go back up to higher levels.

T-cells are considered to be dangerously low when they are below 200.

Standards for viral load change depending on where you live: In the U.S., HIV viral load is considered high when it is over 10,000 copies, but in England the standard is 50,000.

The goal of all treatment is to have a negative viral load.

Because HIV attacks and destroys T-cells turning them into little HIV factories, the number of T-cells goes down.

The more virus you have, the faster this happens.

Undetectable viral load test results mean that your virus cannot be found by the PCR blood test used by your doctor. Most PCR tests for HIV cannot measure below 40 copies.

After a positive HCV test:

You and your doctor will have to look after your HCV infection to watch what it does and what damage it is doing to your liver.



Get
your
HCV
measured
regularly

Get a baseline (first test results) reading of your viral load (PCR), but don't get excited if your HCV viral load is a million. What is considered a high viral load in HCV is MUCH higher than in HIV. Depending on the type of test your doctor uses, a score of a million or two is not considered a high viral load. Also get a baseline reading of your liver enzymes (AST, ALT). But remember: These levels can go up to 5-10 times normal without signaling liver damage. These tests will give you a basis for comparison when you get your next test results. The numbers will be helpful when you want to decide on treatment.

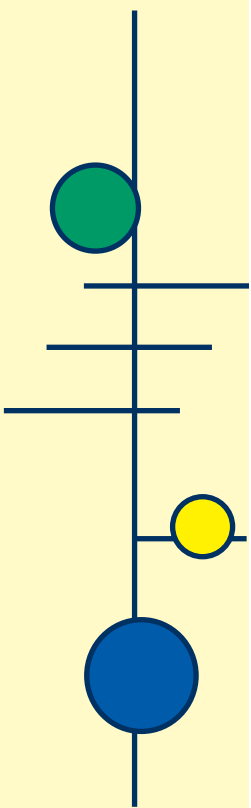
“Regular blood tests are needed to track the disease and see if it changes. To look at the actual damage to your liver as well as its condition, your doctor may want to do a liver biopsy before talking to you about treatment.”

A liver biopsy is a test done by inserting a needle into your liver and then taking a small sample out in the needle to be tested under a microscope. Test scores vary depending on the test used, but in one type the results are graded on a scale of 0-4.

0= no damage,
1=mild fibrosis (*scarring*),
2=medium,
3=bridging
4=cirrhosis fibrosis

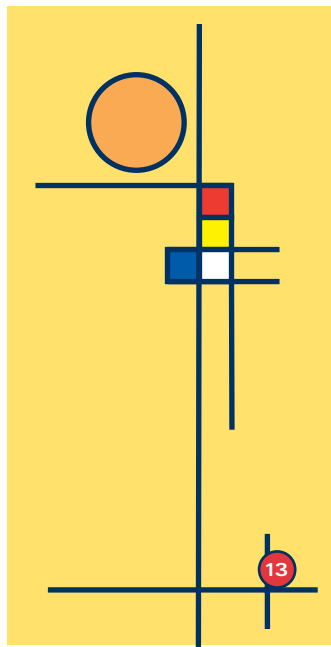
Questions To Ask

your doctor if you are HIV/HCV co-infected

- 
- ◆ Do you have many other co-infected patients?
 - ◆ Do you keep up-to-date on all the latest changes in treatment?
 - ◆ Can you refer me to a good liver specialist for my Hepatitis C (HCV)?
 - ◆ Have you checked to see if I am immune to Hepatitis A and B? Do I need vaccinations for Hepatitis A and B?
 - ◆ Do you recommend I take medication for my HCV? Which treatment do you recommend, and why?
 - ◆ Do I need a liver biopsy? If a liver biopsy shows I have fibrosis or cirrhosis would you still prescribe HCV therapy for me? What are the results of my liver biopsy and what does it mean? How will the result effect my treatment?
 - ◆ Do you exclude patients from interferon treatment because they have some liver scarring? Are you aware that the interferon treatments for HCV have been shown to be of some benefit even when the virus is not totally killed? Do you know that the progression of fibrous scarring in the liver is slowed down by interferon treatment? What are the side effects of these medications?
 - ◆ What HCV genotype am I? How will that effect my treatment? (some genotypes are harder to treat than others)

Do you have any literature I could look at about the treatment you are recommending?

- ◆ What is my HIV viral load? Was it an ultrasensitive (under 40 copies) test? What's my T-cell count? What is my T-cell percentage? What is my Hepatitis C viral load? What are my liver enzyme (ALT, AST) levels? Can you show me where they are on this blood test? Will you make me a copy of my blood test results every time I get them done?
- ◆ Is the HIV I have a drug-resistant virus? Can you get me genotypic/phenotypic tests to see if I have drug-resistant virus? Can you read these types of results accurately? If not, will you send me to a doctor who can?
- ◆ Do you recommend I take medications for my HIV? What combination of drugs would you recommend, and why? What are the possible side effects of these medications? How often are they taken and how? How many pills are in this combination? Are they taken with or without food, or does it matter? Can I speak to someone who is on this combination? Can we talk about my lifestyle when making treatment decisions? Do any of the drugs you are prescribing interact with my other medications, such as methadone? Do you believe in saving protease inhibitors for later or not? How will I know if these drugs are working for me? Should I be taking vitamins too?
- ◆ Have you tested me for TB or other opportunistic diseases?
- ◆ Do you believe in herbal and alternative medicine? Acupuncture? Can you refer me to a good acupuncture person in my area? Can you refer me to a nutritionist? Can you refer me to a social worker or organization that can help me get better food & shelter?



HIV or AIDS?

If you have been HIV positive for awhile and your T-cell count is stable—meaning that your T-cell count has been the same number for some time; and if your HIV viral load is low/moderate and you have no symptoms of illness, then you don't have to decide anything about treatment today.

The HIV drugs on the market today will not cure you. If your doctor says, "The sooner you take something, the longer you are going to live." He may or may not be right.

HIV becomes AIDS only when your T-cell count gets very low (below 200) or you start getting the diseases (opportunistic infections, OIs) that come when your immune system is very weak. Your doctor should check for them.

Take your time

Talk to people, get more information and then you will be more able to make a treatment decision you can live with.

Some common opportunistic infections (OIs) are:

PCP: pneumonia, a lung infection;

MAC: a bacterial infection related to TB in the blood;

Kaposi's Sarcoma (KS): type of cancer affecting the skin and organs;

Displasia and other gynecological conditions in women: pre-cancerous sores or cancer on cervix or uterus;

CMV: a herpes-type virus that in most cases causes blindness but can also affect other areas of the body;

Tuberculosis (TB): A bacterial infection of the lungs that causes wasting and is signaled by coughing up of blood.

Co-Infection— hard and fast

If you are HIV positive, your HCV infection gets worse faster than if you have HCV alone.

The HCV virus in an HIV positive person multiplies faster than in an HIV negative person.

HCV does not make your HIV virus multiply faster than it does on its own.

But when HCV badly damages the liver,

it is hard for the body to absorb HIV medicines. If your body cannot absorb the HIV medicine, then your HIV viral load has a chance to grow because the drugs won't work for you.

“

Lowering your Hepatitis C (HCV) viral load and AST/ALT levels takes some of the strain off your liver and makes the possibility of effective HIV treatment more likely.

”

People get worse side effects from their HIV medications when they are co-infected with HCV.

People on HIV medications who are experiencing fat changes in their bodies (protease paunch, buffalo hump) have higher fat in their livers.

Some HIV drugs don't mix well with some HCV drugs, street drugs or methadone. (See page 24 & 25 for drug interactions.)

Pay Attention to your liver health

It's important that you get a doctor who knows a lot about HIV/HCV and all the treatments for both. Policy is in place that excludes HIV positive people from getting on the transplant lists for new livers. There are not enough livers to go around. Over 9000 people, who were not HIV positive, died in 1998 waiting for livers.

The best strategy is to try not to get sick so that you don't need one.



**Your
liver
is a giant
filter**

and much, much more

You can't survive without a working liver, so taking care of it makes sense.

- ◆ *Every thing you eat, drink, breathe and inject passes through and is filtered by your liver.*
- ◆ *Toxic substances like street drugs, alcohol, paint and chemical fumes, some HIV drugs and chemicals in food put a strain on your liver.*
- ◆ *Your liver makes proteins to make muscle.*
- ◆ *Your liver makes clotting factor, so if you're cut it will stop bleeding.*
- ◆ *Your liver stores energy for later use when you need it.*
- ◆ *Your liver makes bile, so you can absorb vitamins and other nutrients better.*
- ◆ *Your liver makes immune factors to protect you from infection.*
- ◆ *Your liver helps detoxify your HIV medications so you can get the most out of them to fight HIV.*

Is Your Liver working too hard?



You can tell your liver is working too hard by how you feel

If you take HIV medicines that are working for you, and your liver is not too damaged, the primary symptom of HIV/HCV co-infection is extreme fatigue.

The higher the enzyme level measured by a (ALT, AST) blood test and Hepatitis C (HCV) viral load, the greater the possibility that damage is being done to the liver.

“But there is an exception to every rule: Sometimes in people with very damaged livers, the liver enzymes are very low because the liver is so damaged it can't even make them anymore.”

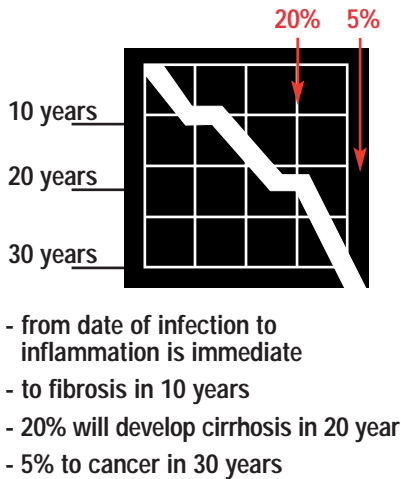
Liver damage control



The road of liver damage is all downhill unless something is done to stop or slow down your progress. Lifestyle changes (such as sobriety, good nutrition, relaxation and stress reduction, moderate exercise), HCV drug therapy, alternative or complementary therapies (acupuncture and herbs) and vaccinations against Hepatitis A and B can slow down or stop your liver damage. (See pages 30-35)

Liver damage chart

“If you don't put on the brakes with some or all of the above this is what you have to look forward to:”



If you stop drinking alcohol, you will be doing your liver the biggest favor of your life.

Defining liver damage

Inflammation is a condition caused by an insult to the liver (HCV, alcohol, chemicals, etc.) that causes it to get red, swell, heat up and possibly become painful.

Fibrosis is the scar tissue that forms in the liver after it has been inflamed for awhile.

Cirrhosis is what happens when the liver has been inflamed and has been forming fibrosis (scarring) for a long time. At this stage, the inability of the liver to work well filtering blood is due to the loss of liver cells and scarring that blocks blood flow between the cells.

Cancer is the end product of years of inflammation, fibrosis and cirrhosis. Surgery to remove tumors does not extend life for long.

As you can see, liver damage is a process that you have some power to control. How fast you go from HCV infection through this process is in many cases up to you.

Many people successfully make changes that help them to live longer, healthier lives. So Can You!

Before starting

or changing treatments for: Hepatitis C

More questions to ask your doctor, based on the answers to the questions on page 12 and 13:

If HCV virus is killed off for good (eradicated) as a result of taking this treatment, will I live longer?

If my liver improves as a result of taking this treatment, will I live longer?

- ◆ Why should I start HCV antiviral therapy now?
- ◆ What are my chances to totally kill (eradicate) all the HCV in my body and keep it away?
- ◆ Are there any other reasons to treat my HCV disease besides killing the virus? Even if the virus isn't totally killed off, will this treatment help my liver stay healthy longer?
- ◆ What HCV treatment do you recommend, and why? Are there any other treatments that are as good at killing the HCV and keeping it away? How long do I have to take this treatment? How will we know if it is working? How long do we have to wait before we know if the HCV is gone for good?
- ◆ How do I take the treatment you are recommending? Is it an injection, pills or both? How often do I take it?
- ◆ What are the possible side effects? Are there medications to take or things I can do to help me if I get side effects?
- ◆ Can I take this treatment with medications for my other diseases? Is this treatment OK to take with protease inhibitors?

HIV



◆ Does the combination of medicines you are recommending leave me any future combinations to take? How many options does it leave?

◆ What side effects can I expect from this combination of drugs? Do other drug combinations have fewer side effects?

◆ How often do I need to take these drugs? Are there other combinations with simpler dosing schedules?



◆ Do I have to change how and when I eat to take this combination? In what way must my diet change?

◆ How does this combination interact with the other drugs I take for other diseases? Are there any drugs I can't take if I'm on this combination?

(See drug interactions page 24)

◆ Can I take birth control pills or get pregnant safely while taking this combination?

◆ Will this combination be hard on my liver? Is there a combo that is easier on my liver?



Do I need to treat my Hepatitis C before I start on HIV drugs?

HIV drug chart

NUCLEOSIDES REVERSE TRANSCRIPTASE INHIBITORS (NUKES)

<i>Drug</i>	<i>Adult Dosing</i>	<i>Side Effects</i>
Retrovir (AZT)	2 x 100mg capsules 3x/day or 1 x 300 mg tablet 2x/day	nausea, headache sleeplessness
Combivir (AZT/3TC)	1 x 150mg/300mg tablet 2x/day	headache, nausea, sleeplessness
Epivir (3TC)	1 x 150mg tablet 2x/day	minimal
Zerit (d4T)	1 x 40mg capsule 2x/day	neuropathy
Hivid (ddC)	1 x .75mg tablet 3x/day; should not be used with Videx.	neuropathy
Videx (ddl)	2 x 100mg tablets 2x/day or 4 x 100mg tablets 1x/day; taken on empty stomach.	pancreatitis, neuropathy diarrhea, nausea
Ziagen	1 x 300mg tablet 2x/day	nausea, vomiting, fatigue, headache; do not take again after a hyper- sensitivity reaction.



**PROTEASE INHIBITOR (Fat abnormalities for all?)
(PIs)**

<i>Drug</i>	<i>Adult Dosing</i>	<i>Side Effects</i>
Crixivan	2 x 400mg capsules every 8 hrs.; food restrictions (no food 1 hr. before or 1 hr. after and drink at least 1.5 liters of liquid daily.	kidney stones, nausea
Invirase	3 x 200 mg hard gel capsules 3x/day; take with food in stomach.	nausea, diarrhea
Viracept	3 x 250mg tablets 3x/day or 5 x 250mg tablets 2x/day; take with meal or light snack.	diarrhea
Norvir	7.5ml solution 2x/day; take with food.	diarrhea nausea, vomiting,
Fortovase	6 x 200mg soft gel capsules 3x/day; take within 2 hours of a full meal.	nausea, headache, diarrhea

**NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
(NNRTIs)**

Viramune	1 x 200mg tablet 2x/day; lead in first 2 weeks: 1 x 200mg 1x/day.	rash
Rescriptor	4 x 100mg tablets 3x/day; at least 1 hr. apart from Videx.	rash, headache
Sustiva	3 x 200 mg capsules 1x day	disorientation, rash, nightmares

Drug interactions

Alcohol and Videx (ddl) don't mix and can bring on severe stomach pain caused by pancreatitis. If you are using alcohol regularly, choose another nucleoside.

Cocaine stimulates HIV to make copies of itself 20 times faster than usual.

Marijuana: Protease inhibitors may increase THC levels (the active ingredient in marijuana) so a smaller intake of pot may get you just as high.



Heroin: The protease inhibitor Norvir may reduce heroin levels by half.

Amphetamines (Speed, Crystal) and Ecstasy: Norvir is thought to increase amphetamine levels in the blood 2 to 3 times normal.

AZT taken with ribavirin can cause anemia



Protease inhibitors are hard on the liver. Crixivan and Norvir are the greatest offenders.

⚠️ *Sedatives: Halcion, Valium, Ambien, and Versed can be deadly if mixed with protease inhibitors with Norvir being the worst offender. Serax and Restoril are safer sedatives to use with Norvir.*

⚠️ **Barbiturates: Crixivan may increase blood levels of phenobarbitol (Luminal), Seconal, Tuinal and all other barbiturates so an overdose is more likely.**

Methadone interactions

Raise methadone levels by 30%

Ketaconazole (Nizoral) and Fluconazole (fungal medicines)
Elavil and Luvox (antidepressants)
Valium, Halcion, and Xanax (anti-anxiety drugs)

Can raise methadone levels:

Tagamet (for ulcers and acid stomach)
Bicitra and Polycitra (for gout and kidney stones)

can decrease methadone levels

Rifampin and Rifabutin (TB drugs) both decrease the level of methadone in the body. Rifampin cuts methadone by 50%, but Rifabutin's effect on methadone is less severe.

Tegretol and Dilantin (anti-seizure drugs)

Viramune (for HIV)

Vitamin C taken in very large amounts can reduce methadone levels.

With these drugs it can and does go either way:

Norvir (protease inhibitor) increases the strength of methadone in the test tube, but in real life may decrease its strength. So if you are on Norvir and your dose of methadone is not holding you, ask for an increase.

Crixivan (protease inhibitor) has the same story as Norvir, only less so.

Alcohol used regularly first increases but later lessens the effect of methadone.

Methadone raises the potency of AZT 50%. This means you can take half as much AZT as someone who is not on methadone and get the same HIV-fighting effect. If you are having bad side effects from AZT, it may be you need to cut your dose. Ask your doctor.

Interferon

drug therapy for HCV

The current “standard of care” therapy for the treatment of HCV is Rebetron. (“Standard of care” means that a therapy is seen to be the most effective and is prescribed first unless there is a reason not to.)

results

In three large groups of HCV+ people tested (drug trials), one of which was done on people who had relapsed after taking interferon by itself, greatly improved results were seen. On average, 45% of the people who took the Rebetron combination therapy and reached undetectable viral levels (no virus could be found in their blood using a PCR test) stayed that way. When their blood was tested by PCR, six months after the treatment was stopped, no virus could be found.

In another trial of HCV+ people (1744 people) who had never taken any interferon (interferon naive), 41% were cleared of virus in their blood for good after completing Rebetron therapy.

These tests were not done in co-infected people. The benefit of this treatment for HIV/HCVco-infected people is not known because drug trials for co-infected people have not been completed yet, but a lower percentage of eradication is expected.

Combination therapy for HCV

Rebetron

made by Schering-Plough, is a combination of Intron A (interferon alfa-2b) and ribavirin in the same package:

Drug

Adult Dosing

Intron A

3 MIU (Million Units) subcutaneous (skin-pop) injection 3X a week

plus

Rebetrol

is in pill form, and you take 1000-1200 milligrams per day depending on how heavy you are. Anyone under 165 lbs. takes 1000 mg. per day, over 165 lbs. takes 1200 mg. Pills are taken twice a day (BID).

Combination therapy has a higher percentage of eradication (killing the virus for good) than monotherapy, but the side effects are more intense using the combo.

“Women should never take ribavirin when pregnant, and not for six months after the treatment stops”

Pregnancy is not recommended while on interferon.

Interferon

used alone in monotherapy

Drug	Adult Dosing	Side Effects
Intron A (<i>interferon alfa-2b</i>) is made by Schering-Plough,	3 MIU three times a week and taken by a subcutaneous injection (skin-pop, shot).	
Infergen (<i>alfacon-1</i>) is made by Amgen	9 mcg three times a week and taken by a subcutaneous injection.	
Roferon-A (<i>interferon alfa-2a</i>) is made by Roche	3 MIU three times a week and taken by a subcutaneous injection.	

Used alone, all the interferons have similar antiviral benefit while you use them, and a similar percentage (8-15%) of people remained free of virus after completing the treatment. The benefit that delays the progression of liver fibrosis is also similar among the interferons.

“Alert your doctor to any severe side effects or unusual illness while taking interferon”

Immune diseases such as arthritis may get worse when taking interferon.

HCV Drugs in trial

A new way of delivering interferon into your body is being developed by companies who make interferon. What is called a pegalated form of interferon will be a time-released, longer-acting drug, so you will only have to have one injection per week. There are reports of reduced side effects too.

New

PEG-INTRON (Schering-Plough) and **Pegasus** (Roche) are two drugs of this type that are close to applying for FDA (Food and Drug Administration) approval.

Also in development is Interferon Alfa-n3; a new type of interferon that is being studied in HIV/HCV co-infected people.

“ Helicase inhibitors are being studied for use against HCV. They are enzymes that attach themselves to key areas on the cell so it can't reproduce. ”



Drug trial and Expanded Access Program Information

<i>Company</i>	<i>Product</i>	<i>Phone Number</i>
Schering-Plough	Intron A, Rebetrone	800/526-4099
Amgen Inc.	Infergen	888/508-8088
Roche Laboratories	Roferon-A	800/526-6367
Interferon Sciences, Inc.	Alferon	732/249-3250

(All of the above have on going co-infection trials.)

Alternative or complementary therapies

Alternative therapies are ones people choose in place of FDA approved drug therapies. Complementary therapies are ones that are used along with drug therapy.

Chinese Medicine

Acupuncture is an age-old therapy done by a certified acupuncturist who inserts very fine needles in the skin. This treatment is done repeatedly over time so that healing can take place. Proven to be effective when people are trying to detox from street drugs, it is also a good stress reducer.

Chinese herbs are prescribed by a certified practitioner of Chinese Medicine. The practitioner determines the type of herbs to give you after examining your pulse points, tongue and eyes as well as a discussing your recent symptoms.

Unfortunately, many alternative treatments cannot be prescribed by a physician and so are not covered by Medicaid or health insurance. Your doctor can prescribe acupuncture, massage, as well as some types of vitamins, and they may be covered.



Resources

AIDS Medicine and Miracles for information and retreats on complementary therapies and the mind, body, spirit connection. Boulder, CO 303/447-8777

Direct AIDS Alternative Information Resource (DAAIR), in NYC, for information about and access to alternative and complementary treatments for HIV/HCV 212/725-6994

Healing Alternatives Foundation (Buyers Club) herbs, vitamins as well as a newsletter and fact sheets. San Francisco, CA 415/626-2316

Groups that help

There are places in cities around the country where you can get help and have some of your questions answered. Some organizations/ support groups for people with HIV/HCV offer 800# hotlines that anyone with questions can call whether you are from that city or not.

HIV/HCV

Community Prescription Service
800/842-0502

Project Inform 800/822-7422

CDC National AIDS Hotline
800/342-2437 (English)

CDC National AIDS Hotline
800/344-7432 (Spanish)

HIV/AIDS Information Service
800/448-0440

Hepatitis Foundation
International 800/891-0707

Hepatitis Liver Foundation
800/223-0179

Hep C Connection
800/522-4372

*For questions about your treatment rights and HIV/HCV advocacy: The Hepatitis Advocacy and Action Coalition:
HAAC/
San Francisco
E-mail:
HAAC_SF@hotmail.com
HAAC/NYC
at the PWA Health Group
212/255-0520*



Hepatitis

A and B

Get a blood test to see if you are already immune to Hepatitis A and B.

If you are not immune, vaccinate for your own good.

If you have HIV and HCV, you can not afford another hepatitis infection. As many as 40% of HIV/HCV co-infected people die after being infected with Hepatitis A.

A lot of harm can be done to an already damaged liver if you get a fresh infection of Hepatitis A (HAV) or Hepatitis B (HBV) on top of what you already have.

Hepatitis A

- ◆ Hepatitis A (HAV) is spread through oral/anal contact. You get it by putting something in your mouth that is dirty with feces (stool, shit).
- ◆ You get it when people who are infected with HAV and do not wash their hands after going to the bathroom, touch your food.
- ◆ You get it from unclean infected seafood.
- ◆ You can get when visiting countries in the Third World where water is not filtered properly.
- ◆ You get it from some types of sex: Rimming (licking butt during sex) someone who has HAV, or having sexual contact with a penis or dildo that has recently been in an HAV infected person's anus (butt).

Symptoms HAV

You may have none, or you may get really sick and turn yellow (jaundice). Other symptoms include: stomach pain, vomiting, nausea, fatigue, fever, dark urine and very light-colored stools.

Children with HAV may have no symptoms, so test for it. Once you have had it, you can't get it again.

Hepatitis B

*HBV is 100 times easier to get than HIV.
(HBV can live for weeks in a dried spot of blood)*

Approximately 10% of HBV+ people remain chronically infected and can pass the virus to others for life. You can catch Hepatitis B (HBV) by:

Blood

- sharing needles while shooting drugs.
- piercing and tattooing.
- household contact: sharing razors, toothbrushes and nail files.

Sex

- exchanging semen and/or vaginal fluid (cum) with someone who has HBV.

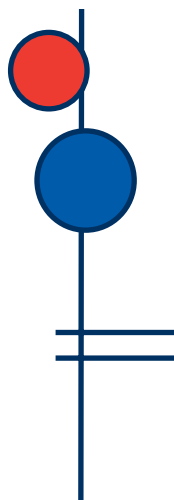
Birth

- HBV positive mother to baby during birth.

Symptoms HBV

You may not feel sick. Some people get mildly sick and feel like they have the flu. Fever, fatigue, dark urine, light stools and turning yellow (jaundice) are all possible symptoms.

Treatment with Epivir, the HIV drug, has met with some limited success against HBV. Combination therapy using Epivir with famcyclovir or gancyclovir may be a better option because becoming resistant to a single drug is very likely when you use it alone. Once you become resistant to a drug, it no longer works for you.



Just for IVDUs

80%-90% of people entering drug abuse treatment have HCV.

32% of all AIDS cases — over 60,000 cases are caused by shooting drugs or by being in contact with someone who shoots drugs.



HIV+ women who have used injection drugs progress to AIDS faster than male IVDUs. They get there with a 38%-65% lower viral load than male IVDUs, and for these women, earlier HIV treatment may be needed.

You can do something else

If you are an addict but not infected yet with any of the infections listed in this booklet, you can remove a lot of the risk from your life by cleaning up your act.

Options to change your life

- ◆ Detox
- ◆ Rehab
- ◆ 12 step programs
- ◆ Methadone Maintenance
- ◆ LAMM (*levomethadyl acetate hydrochloride*)
- ◆ Support groups
- ◆ acupuncture
- ◆ spirituality
- ◆ therapy

Get Clean get help

Even If you have every infection you can do yourself a lot of good by getting clean.

Having a place to live where you can rest and eat properly is important. You are more likely to be able to hold on to your house, apartment or room if you are clean.



**Trust
somebody
today**

It is hard to work through the health system and life by yourself. If you honestly try to get clean and seek treatment for your drug addiction, people will help you get through it. They will also help you to cope with other parts of your life, health issues included.

“You will be much more likely to show up at the doctors for your appointment if you don’t have to cop first.”

There are treatments for HIV/HCV that have a chance for working only if you take them correctly. That means being able to remember to take your pills or injection on time, every time. It means being able to stick with taking your medicines for months (HCV) or years (HIV), a day at a time.

Not Ready to stop?

If you are not ready to stop shooting drugs there are still things you can do to reduce the harm you do to yourself and others.

Needle Exchange Programs



have been proven to reduce the number of people getting infected while shooting up. These programs let you trade in old works for new works. Stock up when you can. Make sure the area where you shoot up is clean. (An inside unused section of the newspaper is a clean work surface). Use your own clean works, ties, cooker, cotton and water.

Wash your hands.

Many clinics and needle exchanges provide free condoms, razors and toothbrushes when they have them.

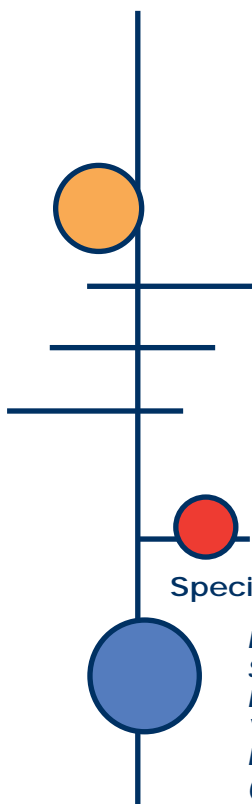
“Be sure to use water-based lubricant (like KY or Score) on the condom after putting it on.”

If you start HIV combination therapy, try not to use street drugs for the first 6-8 weeks. You want to give them time to work before you start using again.

In states where needle exchange is not legal, get a doctor to give you a prescription for needles and syringes. If your doctor will not prescribe for them, find one who will.

Instead of shooting drugs up with a needle, try:

- *Snorting (sniffing)*
- *Smoking (chasing the dragon)*
- *Keestering (inserting them up your butt)*



Special Thanks to:

*Béatrice Schafroth, Ajax Greene,
Stephen Gendin, Rick Vance,
BJ Cavnor, Raphael Dominguez,
Yader Aguilar and CPS staff,
Brian Klein (HAAC/SF), James Learned
(HAAC/NYC) and the PWA Health Group
for their excellent resource materials
and advocacy for people with HIV
and HCV.*

This educational booklet was made possible
by an unrestricted educational grant from
Schering-Plough Corporation

To order
additional copies
of this booklet
please call
800/842-0502

