



Empowering Equity: The Potential of Hepatitis C Treatment in People with HIV to Eliminate Disease Disparity

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DESCRIPTION

Hepatitis C Virus (HCV) infection is a significant global health concern, particularly for individuals living with HIV (Human Immunodeficiency Virus). Co-infection with HIV and HCV is common, and it presents unique challenges in terms of disease progression and treatment outcomes. However, recent advancements in hepatitis C treatment, particularly with direct-acting antiviral (DAA) medications, have the potential to not only eliminate HCV but also reduce health disparities among populations living with HIV. Historically, treating HCV in people with HIV was complicated due to limited treatment options, increased risk of liver disease progression, drug interactions with antiretroviral therapy (ART), and concerns about treatment efficacy and tolerability. As a result, HCV-related liver disease became a leading cause of morbidity and mortality among HIV-positive individuals. However, the landscape of HCV treatment has dramatically changed with the introduction of DAAs. DAAs are highly effective in treating HCV, with cure rates exceeding 95% in most cases. These medications target specific steps in the HCV replication cycle, leading to rapid viral suppression and clearance. Unlike older interferon-based therapies, DAAs have fewer side effects, shorter treatment durations, and higher success rates, even in individuals with advanced liver disease or co-infections such as HIV. The potential to eliminate HCV among people with HIV is significant. Achieving sustained virological response (SVR), which indicates that the virus is no longer detectable in the blood, not only prevents liver-related complications but also reduces the risk of transmitting HCV to others. This is particularly important in populations with high rates of injection drug use, as HCV transmission often occurs through sharing contaminated needles. Moreover, successful HCV treatment has broader implications for overall health outcomes among people with HIV. Chronic HCV infection is associated with increased risks of liver fibrosis, cirrhosis,

hepatocellular carcinoma, and liver-related mortality. By curing HCV, individuals with HIV can experience improved liver function, reduced rates of liver-related complications, and potentially longer life expectancy. Efforts to eliminate HCV among people with HIV must prioritize equitable access to screening, diagnosis, and treatment. This includes implementing targeted outreach and testing programs in high-risk populations, expanding access to affordable DAAs through public health initiatives and insurance coverage, and addressing social determinants of health that contribute to disparities, such as poverty, stigma, and lack of healthcare infrastructure in underserved communities. Furthermore, integrating HCV screening and treatment into HIV care settings can improve outcomes by leveraging existing infrastructure and expertise in managing complex comorbidities. Coordinated care approaches that involve multidisciplinary teams, including infectious disease specialists, hepatologists, primary care providers, and social workers, can optimize treatment adherence, monitor for drug interactions, and address psychosocial needs. Education and awareness campaigns are also crucial in combating stigma and misconceptions about HCV and its treatment. Many individuals living with HIV may not be aware of their HCV status or the availability of highly effective treatments. Providing accurate information, promoting harm reduction strategies, and offering support services can empower individuals to seek testing and treatment, ultimately leading to better health outcomes and reduced transmission rates.

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CONFLICT OF INTEREST

The author declares there is no conflict of interest in publishing this article.

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