**Handout 9.3: Risk of HCV Progression in HIV-positive people**

(From TAG Guide to hepatitis C for people living with HIV)

**Fig. 1: Risk of HCV progression in HIV-positive people**

- **Acute infection (0-6 months)**
  - Up to 20% of HIV-positive people can clear HCV without treatment in the first few months.

- **Chronic infection (6 months to 30+ years)**
  - Only 20% have any symptoms during acute infection (fever, fatigue, loss of appetite, abdominal pain, nausea, vomiting, jaundice).
  - About 80% of HIV-positive people go on to chronic HCV infection. HCV can progress more quickly in people who have had HIV for many years.
  - Up to 20% MAY NOT develop any significant liver damage — but HIV/HCV coinfected people who have a CD4 cell count of <200 are at greatest risk for liver damage.
  - Approximately 80% MAY develop some liver damage (mild to moderate liver scarring, known as fibrosis) and may have symptoms, such as fatigue and depression. HCV treatment is not always necessary.

- **10 Years Onward**
  - HIV increases the risk for serious liver scarring (compensated cirrhosis). The liver can still function, despite damage.
  - If cirrhosis progresses to decompensated liver disease, a liver transplant is the only option.
  - 1-5% of people with compensated cirrhosis develop liver cancer each year.

- **OPTION**
  - Early treatment has a higher success rate.
  - Treatment is much less effective at this stage.

- **OPTION**
  - Treat before serious liver damage develops.