

HIV and Hepatitis Co-Infections

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Introduction

Liver sickness because of the constant HBV and HCV contamination is turning into a main source of death among the people with HIV contamination around the world, and is additionally a danger of death identified with liver infection is conversely identified with the CD4 cell check. There is similarly an addition in the event of hepatocellular carcinoma and hepatotoxic effects related with antiretroviral drugs in patients with HCV and HBV co-infection. New prescriptions for both HCV and HBV defilements have extended the odds to manage these pollutions and conceivably prevent burdens of liver disease.

Hepatitis B virus (HBV) and human immunodeficiency virus (HIV) are the blood borne viruses which are transmitted primarily through the sexual contact and injection drug use. Because of these shared modes of transmission, people at risk for HIV infection are also at the risk for HBV infection. Hepatitis C virus (HCV) is a blood borne virus that is transmitted through direct contact with the blood of an infected person. It is estimated that HCV affects 2%–15% of people living with HIV worldwide (and up to 90% of those are people who inject drugs (PWID)) and that chronic HBV infection affects an estimated 5%–20% of people living with HIV. HIV-positive people who become tainted with HBV or HCV are at expanded danger for creating persistent hepatitis. In addition, persons who are co-infected with HIV and hepatitis may have serious medical complications, including an increased risk for the liver-related morbidity and mortality. WHO suggests that HIV-positive people are inoculated as right on time as conceivable with the HBV antibody. Post vaccination testing of people living with HIV is recommended 1-2 months after administration of the last dose of the vaccine series.

Discussion

Individuals with HIV and individuals who are in danger for HIV get the HBV antibody (or the joined hepatitis an infection/HBV immunization). The housemates and sexual accomplices of individuals with HBV ought to get the HBV immunization, as well. Individuals, incorporating individuals with HIV, can likewise find a way to diminish their danger of HBV disease: Use condoms during sex to reduce the risk of HBV infection and contamination with other explicitly communicated infections, for example, gonorrhea and syphilis. Try not to infuse drugs. However, on the off chance that you do, don't share needles, needles, or other medication infusion hardware. Try not to share toothbrushes, razors, or other individual things that may interact with someone else's blood. On the off chance that you get a tattoo or body puncturing, ensure the instruments utilized are sterile

There are several HBV blood tests. Results of different tests show different things. For instance, a positive hepatitis B surface antigen (HBsAg) test result shows that an individual has intense or persistent HBV and can spread the infection to other people. All in all, HBV is treated with antiviral meds. The meds work as far as possible harm to the liver. People with HIV/HBV coinfection are to be treated for both the infections. Some HIV medicines are considered effective at treating both the HIV and HBV infections. The choice of medicines to treat HIV/HBV coinfection varies and depends on the person. For example, some people may take the HIV medicines that are also effective at treating the HBV infection. Other people may take HIV medicines and some HBV antiviral medicine.

Conclusion

Co-infection with viral hepatitis is common in the HIV patients. Therefore, reducing parenteral transmission of HCV and HBV requires that current prevention messages to be revised to alert HIV person to the relevant risks factors, including emphasis on the importance of reducing or eliminating all the equipment-sharing practices and safe sexual activity. A good target for a targeted intervention strategy to prevent hepatitis B, hepatitis C, and HIV co-infection could be based on the family and the community. Consideration should be paid to integrating hepatitis B vaccination for IDUs into the large-scale HIV prevention programs. All HIV-contaminated people ought to be upheld in a program of routine HBV and HCV screening testing.