Hepatitis D acts a lot like hepatitis B. It's passed in similar ways and it can cause both short-term (acute) and lifelong (chronic) disease. However, because it lives with HBV at the same time, the disease that HDV causes tends to be more severe than in people who only have HBV.

Hepatitis is a major health issue for many people living with HIV. This inflammation and swelling of the liver can lead to liver scarring (cirrhosis), cancer, liver failure, liver transplant and even death. Hepatitis can also be caused by viruses, bacteria, alcohol, and legal and illegal drugs, among others. For people living with HIV, having both HDV and HBV can pose special problems.

How do you get hepatitis D?

First, the only way you can get HDV is if you get or already have hepatitis B. If you’ve been vaccinated against HBV or have already had it and cleared it, you will not get HDV.

Hepatitis D is passed in similar ways as HBV. It is most often passed through blood and blood products. This includes sharing personal items like a toothbrush or razor, touching blood, or sharing drugs or works (cotton, cookers, water) when doing drugs. It is less often passed through sex and is rarely passed from a mother to her baby during birth.

People with chronic hepatitis D can pass it onto others. It’s not spread through food or water; by casual contact like shaking hands, hugging or kissing; or by sharing eating utensils, nursing, coughing or sneezing.

Who is at risk for hepatitis D?

The same people at risk of getting HBV are also at risk for HDV. Some groups are at higher risk due to their work, actions or lifestyles. HDV affects adults more often than children, and more often infects injecting drug users and people from the Mediterranean area. Other groups include household contacts of people with chronic disease, men who have sex with men, sex contacts of infected persons, and people with jobs who handle blood or body fluids.

What are the symptoms?

Symptoms, when they are present, are flu-like. When people first get HDV, most of them (9 in 10) do not feel symptoms. However, the older you are the more likely you’ll have symptoms. In acute disease, symptoms usually occur about 4–6 weeks after exposure to the virus. Illness can last from a couple of weeks to up to 6 months. In chronic disease, symptoms may be more severe and occur off and on as the illness returns over time. People living with HIV can face even more troubling bouts of illness.

In both acute and chronic disease, symptoms may include fever, tiredness, loss of appetite, body aches, nausea, vomiting, stomach pain and itching. More severe symptoms include yellowing of the skin and eyes.
Hepatitis D and HIV disease

(jaundice), dark urine and changes in stool. Some may need to stop work or school in order to recover.

A few people, most often older adults or those with chronic liver disease, can quickly develop liver failure when they get HDV, called fulminant hepatitis. Although it's serious, most people recover from it.

Can you prevent hepatitis D?

Yes. The best way to prevent getting HDV is by taking the HBV vaccine, which is safe to use in people with HIV. So if you've never had HBV, talk to your doctor about taking the vaccine. Otherwise, if you have HBV, do not engage in the habits that put you at risk, like those found in the section above, How do you get hepatitis D?

What happens when you have both hepatitis D & B?

CO-INFECTION: When a person gets both viruses at the same time, it is called co-infection. If this happens, then nearly everyone (more than 9 in 10) recovers fully. Few people go on to develop chronic disease. HDV may actually keep HBV from reproducing on its own. Again, because the two viruses are present, the acute disease may cause more severe illness in some people, as well as in people with HIV.

SUPER-INFECTION: When a person gets HDV after already having HBV, it is called super-infection. This is a more serious state of health. Once the liver cells contain a large amount of HBV, HDV tends to be much more active. More than half of those with super-infection go through severe acute disease. Nearly 9 in 10 will develop more severe chronic hepatitis, and cirrhosis and liver failure are more common.

How do you treat hepatitis D?

Hepatitis D is usually not treated on its own. For people living with both HIV and HBV, it’s important to keep their HBV disease under control. If this turns out to be super-infection, the liver cells contain a large amount of HBV, HDV tends to be much more active. More than half of those with super-infection go through severe acute disease. Nearly 9 in 10 will develop more severe chronic hepatitis, and cirrhosis and liver failure are more common.

How do you diagnose hepatitis D?

If you think you were exposed to HDV or other hepatitis virus, talk to your doctor and explain why. She can diagnose hepatitis D by doing a physical exam, liver function tests (LFTs) and antibody blood test.

Diagnosing hepatitis D can be difficult though. The blood test looks for HDV antibodies, but these may not be found until after 30 days after your symptoms first appear. Also, the test can only tell if HDV is present but not the state of the illness. A new test is being developed to help diagnose hepatitis D faster and easier.

Your doctor may also rely upon other signs to help make the diagnosis. If your acute HBV infection seems rather severe, it may point to co-infection with HDV. As well, should your chronic hepatitis B suddenly get worse, it may point to super-infection. In some people, their LFTs can peak twice—once at HBV infection and again with HDV disease.
Concerns for people living with HIV

People with HIV are at higher risk than others for getting HDV since both viruses are passed in similar ways. If they do get HDV then their livers are fighting three different diseases: HIV, HBV and HDV. This can be quite difficult to overcome. A severe case of hepatitis D may force a person to stop their HIV or HBV meds.

People living with HIV may face more severe symptoms, illness and longer time to recover, both in acute and chronic disease. This can be due to taking HIV and other meds or herbs that the liver breaks down as well as other liver disease that they may have. Cirrhosis, liver failure and death are also more likely to occur in chronic disease.

A decision may be made to start treating the HBV or the HIV first, or even at the same time. This can be a difficult decision for both you and your doctor for various reasons. Learning about all your options can help.

It’s recommended that people with HIV get the vaccines for HBV and HAV if they haven’t had hepatitis B or A. By preventing hepatitis B, people cannot get HDV. The vaccine is safe to use and is best done when CD4 counts are above 300.

Concerns for women, children and people over 50

In general, the concerns for women, children and people over 50 are about the same as those for HBV. HDV infection in a pregnant woman does not put the unborn baby at risk. Although children get HDV less often than adults, if a child with viral hepatitis develops cirrhosis, HDV is often the reason. Adults aged 60 years and older with HDV will more likely face more severe illness and death.

Other publications that may help

Hepatitis B

Towards a Healthy Liver
www.projectinform.org/publications/liver/