

TRANSPLANTATION AND HEPATITIS C

The Hepatitis C virus is the leading cause of known liver disease in the United States. At least four million people in this country are believed to be infected with this virus. Patients already infected with Hepatitis C (as determined by a positive HCV RNA test) are eligible to receive a kidney from a donor with Hepatitis C. Kidneys from donors with Hepatitis C are only transplanted into recipients with Hepatitis C who have agreed to receive them. Because there are very few people on the Wait List with Hepatitis C, patients who consent to receive a kidney from a donor with Hepatitis C may be transplanted in a short period of time.

All patients who are Hepatitis C positive will require a consultation by a UCLA Hepatologist (liver specialist), and may require a liver biopsy to assess current liver condition. Blood tests and scans cannot determine the amount of liver damage a patient may have. A liver biopsy is a minor procedure in which a small piece of liver tissue is removed with a needle. The procedure is performed after the patient has received sedation and local anesthetic. Patients with Hepatitis C will not be eligible for transplantation until cleared by the Hepatologist.

For most people with little or no evidence of liver disease on liver biopsy who receive a kidney transplant, their condition will remain stable. In some patients, however, the transplant procedure and the medications given to prevent rejection may alter the course of the HCV. Some patients may develop cirrhosis and complications of liver disease within ten years of transplant. Overall, the outcome following a kidney transplant for patients with Hepatitis C is similar to the outcome for recipients without Hepatitis C. Beyond ten years from transplant there may be more liver complications in transplanted patients with Hepatitis C.

TRANSPLANTATION AND HIV

Patients who are HIV positive may be listed for a kidney transplant after cleared by the UCLA Infectious Disease specialist. The following criteria are required for HIV positive patients to remain on the ACTIVE Wait List:

- Undetectable viral load (less than 50 copies)
- CD4 count greater than 300
- No active opportunistic infections
- No active cancers
- Stable on HIV medication therapy

Ideally, patients should be followed regularly by an Infectious Disease specialist to maintain a stable HIV regimen.
