Hepatitis HIV Co-infection Clinic: Is a specialised service worth implementing in medium sized HIV cohorts?
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Background
8% of our HIV cohort (1200 patients) is co-infected with hepatitis C. Chronic infection with both HIV and Hepatitis C (HCV) has a potential adverse bidirectional impact. With patients living longer, the complications associated with long term HCV infection has emerged as one of the most important clinical issues for people living with HIV (PLWH). Treatment barriers, polypharmacy, drug-drug interactions and liver toxicity are few of the common challenges encountered in this cohort. For these reasons, a specialist bimonthly co-infection clinic, managed jointly by a HIV specialist and a hepatologist was set up in Nottingham University Hospital in November 2014.

Method and Results
We analysed the Hepatology HIV combined clinic lists between 2016 and 2018 for reasons of referral, diagnoses and outcome. The various reasons for referrals to the specialised service are depicted in Figure 1. Out of 64 patients referred to the clinic during this time period, 31(48%) patients were referred for hepatitis C co-infection. Figure 2 shows the proportion of this group who successfully completed direct acting antiviral treatment (DAA) and achieved a sustained virological response (SVR) 12 weeks after completion of treatment. Only 1 patient (2%) failed 1st line DAA (Grazoprevir/Elbasvir) but has achieved SVR on retreatment with Sofosbuvir and Ledipasvir. Figure 3 shows the DAA regimens used in our Hepatitis C co-infected cohort. 61% of our hepatitis C HIV cohort did not need a change in their antiretroviral regimen as there were no expected drug drug interactions whilst 39% of our patients needed a change in their ARV regimen with the commonest change being from an NNRTI or a PI containing regimen to an integrase inhibitor.

Conclusions
Now that hepatitis C is curable with a relatively short course of DAA with minimal to no side effects, getting our co-infected patients engaged in our services is more important than ever before. A Joint HIV-Hepatology clinic allows patients to receive a comprehensive and consistent approach to evaluation for treatment, support during treatment and careful monitoring. Real-time decisions can be made on drug switches and complications which offers better quality of care for our co-infected patients.
People living with HIV may develop medical conditions requiring specialist input, especially as they grow older. Viral and non viral liver disease is a very commonly encountered problem in this cohort. The close collaboration between the HIV service and Hepatology services means we can ensure best possible care and expertise for our patients.

Reference
BHIVA guidelines on the management of hepatitis viruses in adults infected with HIV (September 2014)