

17TH ANNUAL CONFERENCE OF THE
BRITISH HIV ASSOCIATION (BHIVA)

British HIV Association
BHIVA

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Brighton and Sussex University Hospitals NHS Trust

6-8 April 2011, Bournemouth International Centre

Treatment of acute hepatitis C infection in HIV-positive men who have sex with men: A ten year experience at a single UK treatment centre

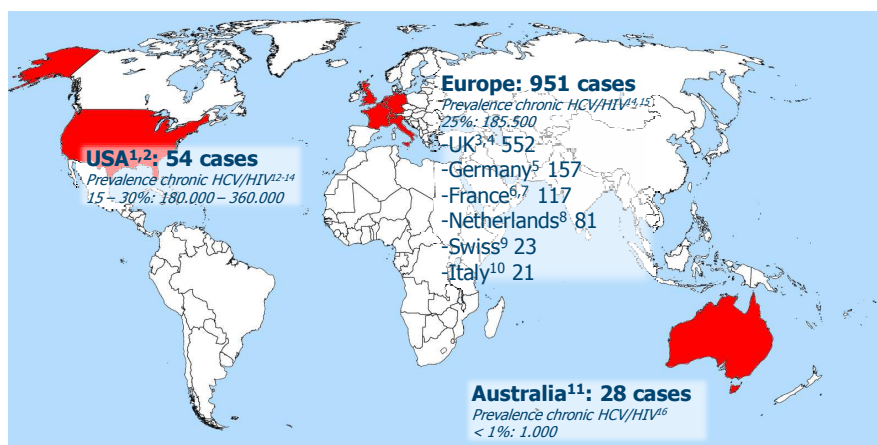
Daniel Webster, Thomas Wojcikiewicz, Majella
Keller, David Castelnovo, Yvonne Gilleece, Jeremy
Tibble, Martin Fisher



Brighton and Sussex **NHS**
University Hospitals
NHS Trust

The Lawson Unit 
LEADING HIV CARE FOR BRIGHTON

Acute HCV in HIV



1. Luetkemeyer JAIDS 2006; 2. Fierer 5th Works. HIV & Hep. Coinf. 2009; 3. Giraudon Sex Transm Infect 2008; 4. Ruf Eurosurveill 2008; 5. Vogel CID 2009; 6. Gambotti Euro Surveill 2005; 7. Larsen AASLD 2007; 8. Urbanus AIDS 2009; 9. Rauch CID 2005; 10. Gallotta 4th Works. HIV & Hep. Coinf. 2008; 11. Matthews CID 2009; 12. Sherman CID 2002; 13. Backus JAIDS 2005; 14. UNAIDS Report 2008; 15. Soriano JID 2008; 16. NCHCR Report 2008.

Study definitions

- Data from Jan 2001 to Dec 2010
- First treated case Nov 2003

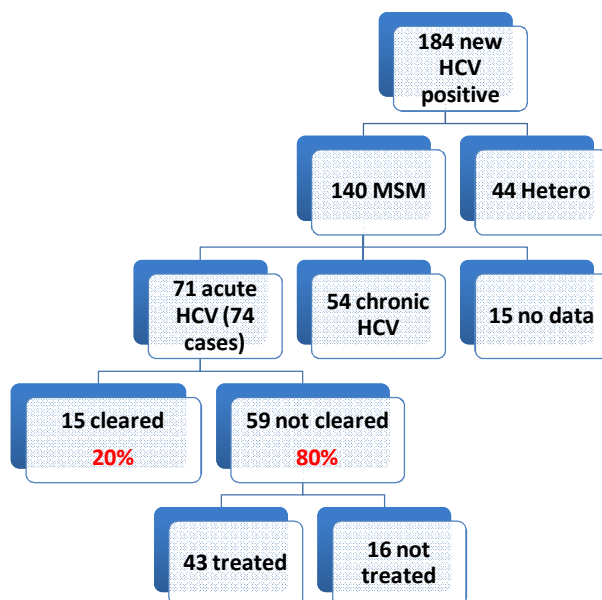
**Acute hepatitis C in HIV-infected individuals:
recommendations from the European AIDS Treatment
Network (NEAT) consensus conference**

**The European AIDS Treatment Network (NEAT) Acute Hepatitis C
Infection Consensus Panel**

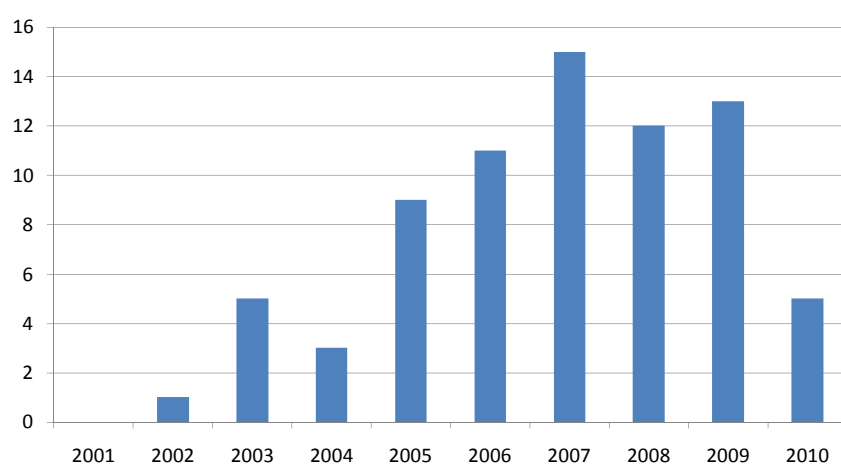
AIDS 2011, 25:000–000

Keywords: acute hepatitis, hepatitis C, HIV, interferon, intravenous drug abuse,
MSM, ribavirin

Dataset



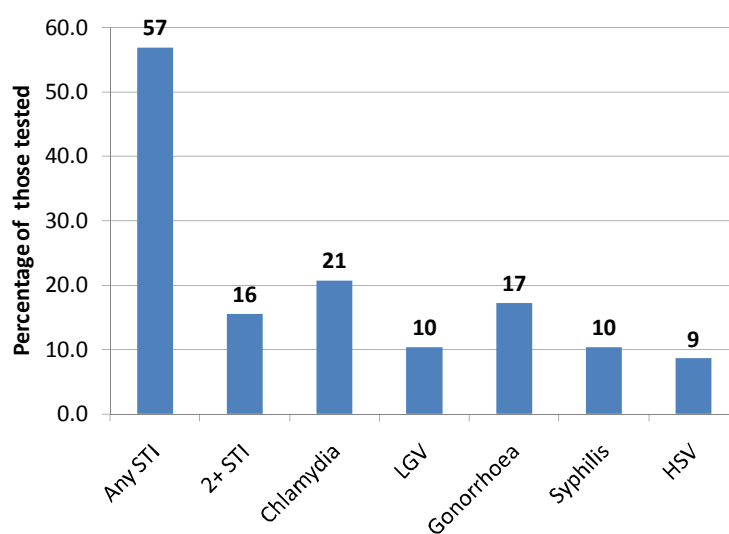
Cases by year



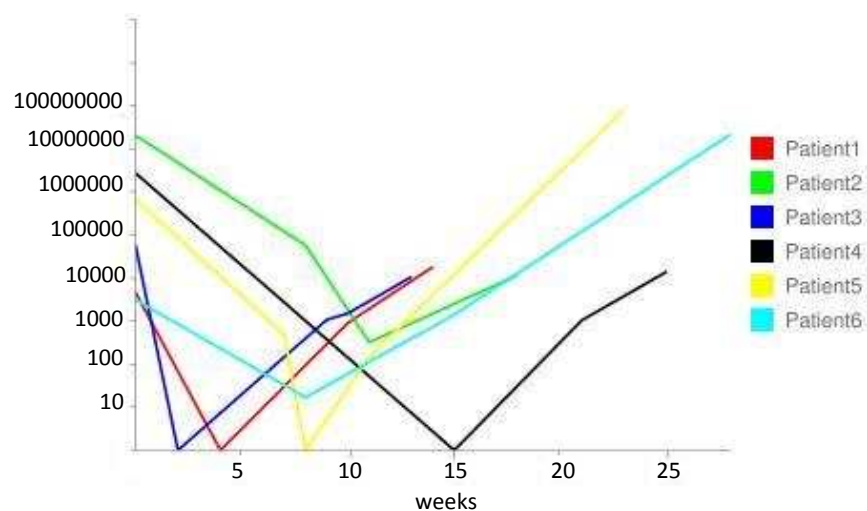
Demographics

Variable	Number (n=74)	
Median Age	42 (22 to 62)	
Ethnicity	White UK	61 (82%)
	White Non-UK	11 (15%)
	Black/Other	2 (3%)
How diagnosed	ALT rise	45 (61%)
	Surveillance	22 (30%)
	Partner +ve	4 (5%)
	At HIV diagnosis	3 (4%)
Median CD4 count	482 (126 to 996)	
On HAART	38 (51%)	
Genotype	1	51 (69%)
	2/3	7 (9%)
	4	7 (9%)
	Unknown	9 (12%)

Sexually Transmitted Infections (N=58, 83% tested in last 12 months)

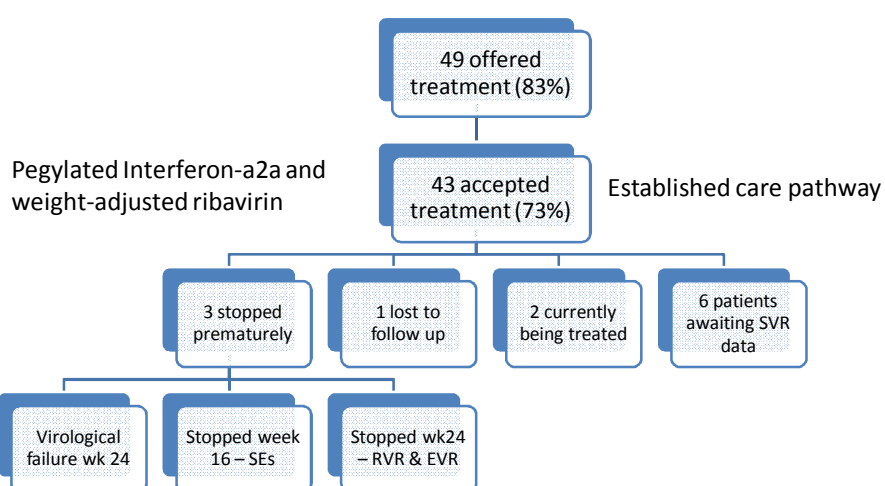


Fluctuating Viral Loads (30% cases)



Thomson et al *Gut* 2010; Dec 7. [Epub ahead of print]

Treatment



Time to treatment

All patients treated within 24 weeks of diagnosis

Variable	Median (weeks)	Range (weeks)
First RNA	17	4 - 53
First abnormal ALT	21	11 - 41
Calculated infection date	31	16 - 48

? Longer than in other studies

Outcomes

Number	Geno 1 or 4	Geno 2 or 3	Total
Treated	38	5	43
With ETR data	35	5	40*
With SVR data	31	5	36**
ETR rate	32 (89%)	5 (100%)	37 (90%)
SVR rate	25 (78%)	5 (100%)	30 (81%)

* = 2 patients still undergoing treatment and 1 lost to follow up

** = 6 patients with SVR data awaited and 1 lost to follow up.

No patient or virological factors
identified that predicted SVR rate

Early Virological Response

- Of all treated with available SVR data (n= 36)
 - Undetectable = 34 (94%)
 - 2 log drop = 36 (100%)
- 2 patients with detectable RNA at 12 weeks failed to have SVR (despite 2 log drop)

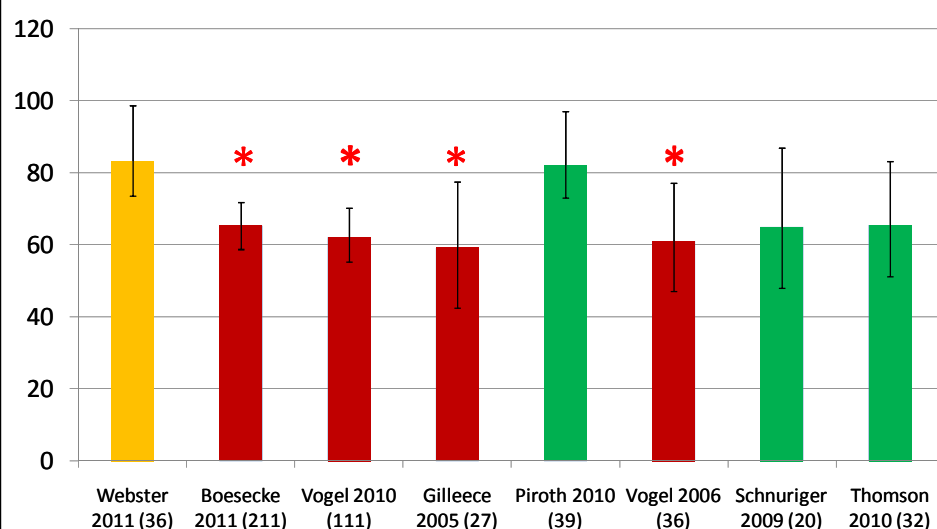
Rapid Virological Response

- New 'milestone' in treating HCV*
- Undetectable HCV RNA at week 4

	Number	SVR	No SVR
RVR	6	6	0
No RVR	4	3	1
Total	10	9	1

*Poordad et al *Clin Infect Dis* 2008; **46**: 78–84.

Acute HCV Treatment in HIV - SVR



Concluding remarks

- High treatment success rates
 - Early referral to dedicated coinfection clinic
 - Dedicated HCV treatment and coinfection nurses
 - Use of Epo and GCSF to support Rx continuation
- 48 weeks treatment
- Time to treatment may not be as urgent
- Fluctuating initial VL necessitate regular monitoring