

HIV & Hepatitis Co-infection



HIV/STI Project

Family and Community Health Area

PAHO/WHO

Viral Hepatitis & HIV co-infection

- HIV infection alters the course of VH
- VH may alter the progression of HIV infection
- Limited knowledge of actual extent of problem
- Shared routes of transmission
- HBV, HCV and HAV infections more common
- HDV requires HBV as a helper virus
- HEV infection carries a high mortality among pregnant women
- CMV, HSV and EBV hepatitis can be found in patients with AIDS

Hepatitis B and HIV co-infection



Hepatitis B and HIV co-infection

- Common: 70 – 90% (past or active) among HIV +
- Frequent among MARP's
- Reduced spontaneous clearance among HIV+
- Chronic infection 10 times higher than among HIV-
- Vertical transmission of HBV does occur
- Immune deficiency favors HBV reactivation
- Increased risk of cirrhosis & end-stage liver disease
- Significant hepatic mortality among HIV+

Hepatitis B and HIV co-infection

- All HIV+ should be tested for HBsAg
 - *If HBsAg neg check for prior infection (HBcAb & HBsAb)*
 - *cAb+ = risk of reactivation if there is immune suppression*
- Loss of sAb may occur over time (waned response)
 - *Administer vaccine booster (3 doses)*
- Test for HCV
- Vaccinate against HAV

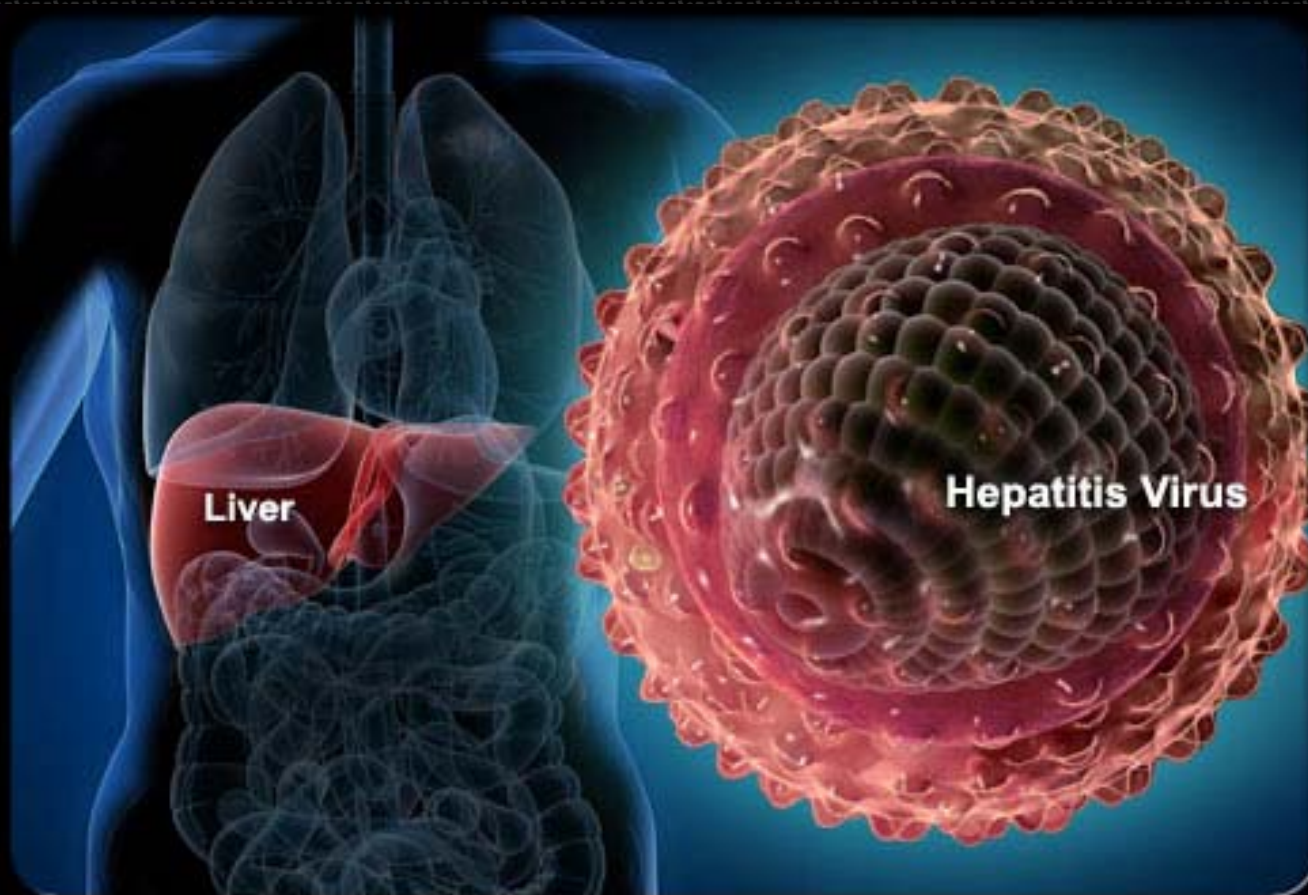


HBV/HIV co-infection management

- Suppress HBV replication & minimize damage
- Avoid alcohol, acetaminophen, hepatotoxic drugs
- Indefinite treatment often required
- Fully suppressive ART recommended (early initiation)
- Behavioral changes needed to prevent transmission
- Remind public about efficiency of HBV transmission
- Vaccinate against HBV all HIV+ w/o sAb (and MARPs)
- Raise awareness about severity of HIV and HV



Hepatitis C and HIV co-infection



Hepatitis C and HIV co-infection

- Estimated in 1 in 10 of HIV+ people, globally
- In the “West”: 1 in 4 (1 in 3 in USA)
- Among IDU’s: 50 – 95%
- Blood-borne transmission more efficient & common
- Sexual transmission more common than assumed
- Significant liver disease morbidity/mortality
- Disease accelerated by alcohol consumption
- Possible loss of HCV-specific CD4+ T cells (HIV outcome)

Hepatitis C and HIV co-infection

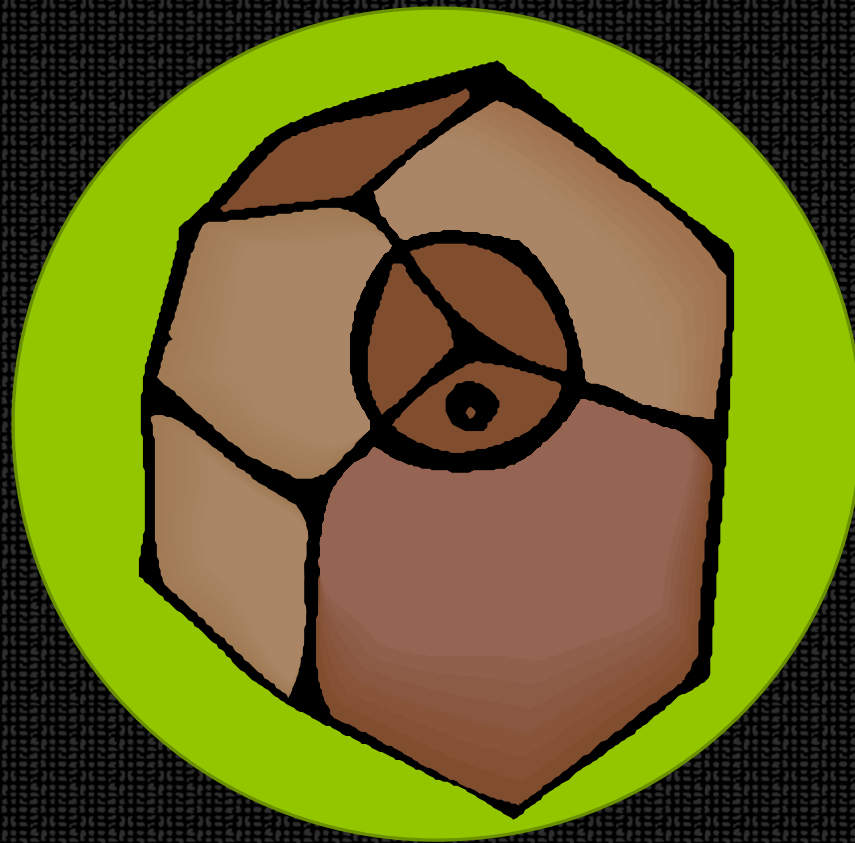
- In HIV+ individual HCV viral load is higher
- Higher loads explain infectiveness (e.g. MTCT)
- Accelerated fibrosis and rates of cirrhosis



HCV/HIV co-infection management

- Evidence that suppressive ART reduces liver disease
- Restoration of CD4+ T cells may be expected
- ART has benefits even if HCV persists (start soon)
- Harm reduction measures among IDU's
- Safe sex practices and personal hygiene habits
- Immunization against HBV/HAV
- Regular check-ups
- Warn public about possibility of multiple, concomitant or successive HCV infections

Hepatitis A and HIV co-infection



Liver Cell

Hepatitis A and HIV co-infection

- Common: 30 -50% HIV + MSM had it
- Transmission through anal sex
- HAV not associated to chronic infection
- It can be prevented
 - Immunization (3 doses)
 - Personal hygiene
 - Safer sexual practices



Viral Hepatitis and HIV Programs

- Acknowledge existence of problem and estimate its extent and trends
- Identify most-at-risk groups and populations (MARP's)
- Scale up HAV/HBV vaccination among MARP's (MSM; TG; UDI, persons in prisons, SW)
- Develop protocols for appropriate treatment
- Promote preventive practices
- Include the topic in PMTCT programs
- Conduct systematic M&E