

Poster presentation

Acute hepatitis C infection in a cohort of HIV-infected patients in Belgium

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Purpose of the study

To investigate the epidemiology and outcome of HIV-infected patients (pts) with acute hepatitis C virus (HCV) infection.

Methods

The medical files of all HIV/HCV co-infected pts followed at the clinic of the Antwerp Institute of Tropical Medicine (ITM) from January 2000 to June 2008 were reviewed. Acute HCV infection was defined as a confirmed HCV antibody seroconversion and a ≥ 5 times upper normal limit elevation of transaminases.

Summary of results

2,188 pts with HIV infection were followed during the study period. Of them 161 (7%) were identified with an HCV infection including 37 (23%) with an acute HCV infection. The incidence of acute HCV infection increased from 0.13/100 pts/year in 2000 to 0.91/100 pts/year in 2007. All pts with an acute HCV infection were MSM of European origin. Thirty were infected with HIV prior to the HCV infection, seven were diagnosed with HIV and HCV concomitantly. Thirty-four (92%) had a documented episode of at least one other STD within 6 months prior to HCV diagnosis. One pt died of non-Hodgkin lymphoma 3 years after the diagnosis of HCV, five are lost to follow-up (LTFU) and all others are still alive in 2008. Thirty-three of the 37 pts received HAART, but this treat-

ment had to be interrupted or modified in 12 pts (36%) during the HCV infection.

Genotyping was performed in 33 pts: 21 with genotype 1 (64%) and 12 with genotype 4 (36%); 22 pts underwent a liver biopsy with a median of 149 days (interquartile range, IQR, 156 days) after HCV diagnosis. Moderate to severe fibrosis (Metavir $\geq F2$) was observed in 10 pts (45%).

Combined treatment with pegylated interferon- α and ribavirin was initiated in 14 pts (38%) after a median of 339 days (IQR 229 days). In June 2008, five pts were still under HCV treatment. Only one of the remaining pts achieved sustained virological response. Of note, we observed three cases of spontaneous recovery and four possible cases of re-infection.

Conclusion

Acute HCV infection is increasingly diagnosed among MSM in our cohort and interfered frequently with HAART. Evolution to liver fibrosis was rapid in a substantial proportion of the study population. HCV treatment rate and treatment success were low. MSM need more counseling about the risk of (re-) acquiring HCV infection and HCV screening should be reinforced in the 6 months after STD diagnosis.