

Poster presentation

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GBV-C/HIV co-infected patients from AIDS Center Prague have higher CD4 cell counts and probably better quality of life

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Purpose of the study

To determine the prevalence of GBV-C/HGV (HGV) infection in HIV-infected patients, to assess the possible influence of HGV on the course of HIV infection by assessment of immunological and virological markers of progression of HIV infection, and to carry out a preliminary investigation on the effect of HGV infection on quality of life in HIV-infected patients.

Methods

Serum samples of 329 HIV-infected patients were investigated at the AIDS Center of the Teaching Hospital Na Bulovce, Prague, from 2002–2005. The aim was to assess the presence of markers of HGV infection by semiquantitative HGV PCR evaluation and anti-HGV antibodies by ELISA testing. HIV viral load and CD4 count were tested concurrently. The Spearman's test was used to rule out the correlation of CD4 count and HIV viral load on HGV infection. In a pilot study, 37 HIV-infected patients tested on markers of HGV infection, were evaluated for the quality of life by the SEIQoL and Life Satisfaction Questionnaire (LSQ) during 2007. We compared 13 (35.1%) HGV-infected patients and 26 (64.9%) patients without recent HGV infection.

Summary of results

107 (32.5%) patients were positive on PCR HGV, 123 (37.4%) patients were positive on anti-HGV-ELISA, and 12 (3.6%) were positive on both markers. Both patients with positive PCR HGV and with positive anti-HGV had

higher CD4 count. This fact was more significant in patients without HAART. No statistically significant effect of HIV viral load on HGV viremia or anti-HGV levels was observed. Average values in SEIQoL were 7.17 in HGV-positive and 5.93 in HGV-negative patients. LSQ values were 242.23 in HGV-positive and 233.88 in HGV-negative patients.

Conclusion

No relationship between HGV infection and HIV viral load was observed. Patients with present or past HGV infection had higher CD4 count. This relation was more apparent in patients without HAART therapy. Our results are comparable with results of other studies, showing beneficial effect of HGV infection on CD4 count in HIV-infected patients. On QoL, there is a trend showing that HGV co-infected patients tend to experience better quality of life measured by SEIQoL and LSQ than those without HGV co-infection.

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