

HIV and Hepatitis B or C co-infection

Preliminary results of survey

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Aims and Methods

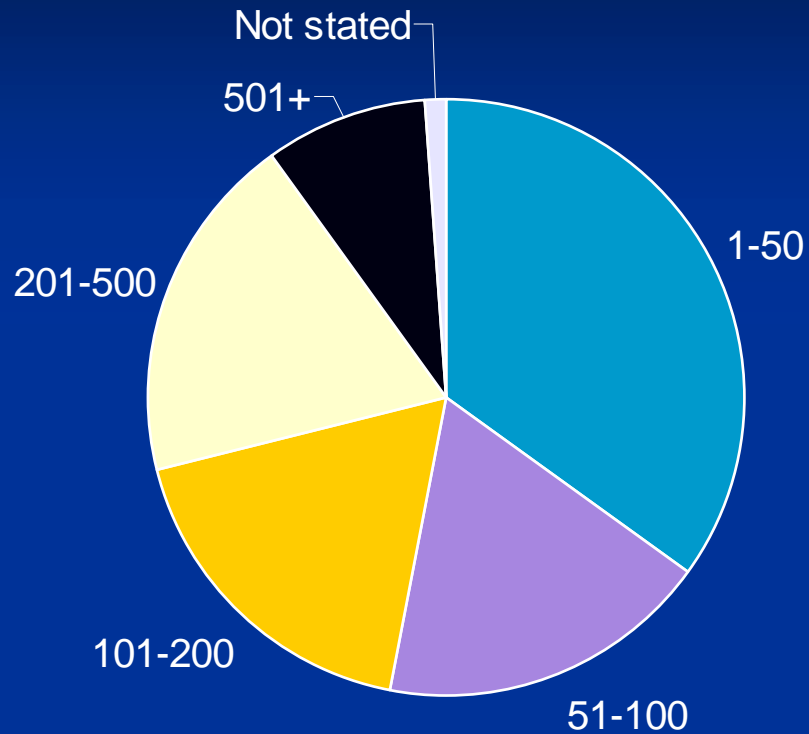
- To assess the impact and usefulness of BHIVA guidelines for the management of HIV and hepatitis B or C co-infection.
- Questionnaire survey of clinical centres providing adult HIV care in the UK and Ireland, conducted October 2003-January 2004.

Participation

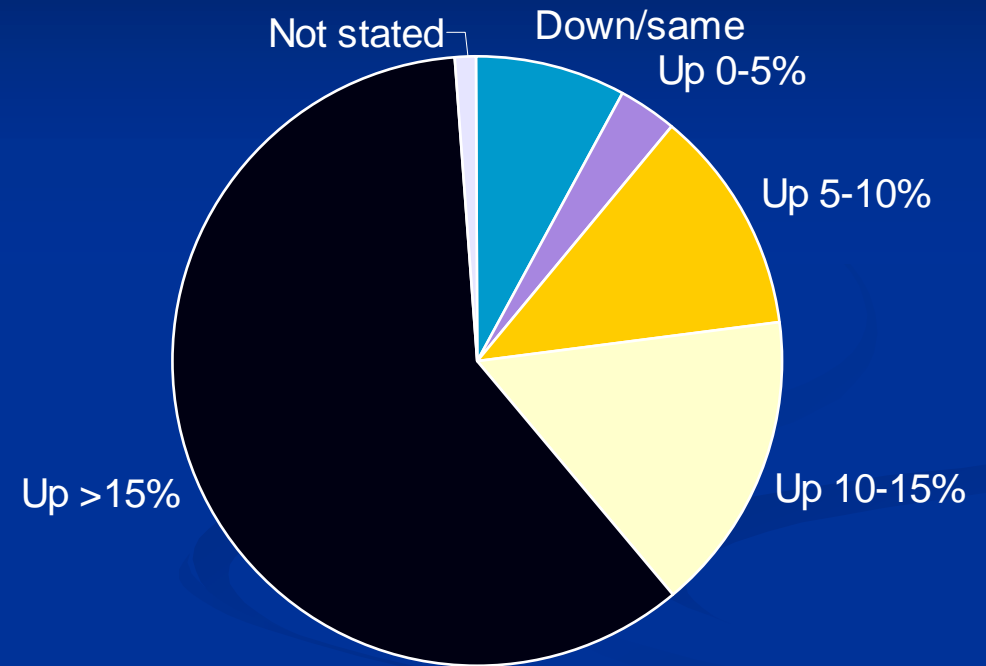
Responses were received from 100 clinical centres:

- 19 in London NHS region, 81 outside
- 6 exclusively haemophilia centres, 25 mixed, 68 not haemophilia, 1 not stated.

HIV Caseloads by Centre



Number of HIV patients



Change in HIV caseload over preceding year

NB six of the eight centres reporting no growth were exclusive haemophilia centres.

Usefulness of Guidelines

Of the 100 respondents, 87 had read BHIVA's guidelines for both hepatitis B (HBV) and C (HCV) and one had only read those for HCV. Among those who'd read the respective guidelines:

- 56 found the HBV guidelines "very" useful and 29 "quite" useful.
- 49 found the HCV guidelines "very" useful and 29 "quite" useful.

Level of Experience

When invited to comment on the survey, five of the 100 respondents volunteered the information that no HIV patient at their centre had yet required treatment for HCV, and 11 said they would refer such patients elsewhere.

21 respondents had referred at least one patient to be assessed for liver transplantation, including those from five of six exclusive haemophilia centres.

Hepatitis B: Estimated Prevalence

- 44 respondents estimated HBV prevalence among their HIV patients as 0-3%
- 32 estimated 4-6%
- 12 estimated 7-9%
- 7 estimated >10%.

Five did not know or did not answer.

HBV Vaccine Schedule

Preferred vaccination schedules for HBV in patients with HIV were as follows:

- 0, 1, 6 months: 44 respondents including 6 of the seven exclusive haemophilia centres
- 0, 1, 2, 12 months: 23 respondents.
- 0,1, 3 weeks, 12 months: 23 respondents

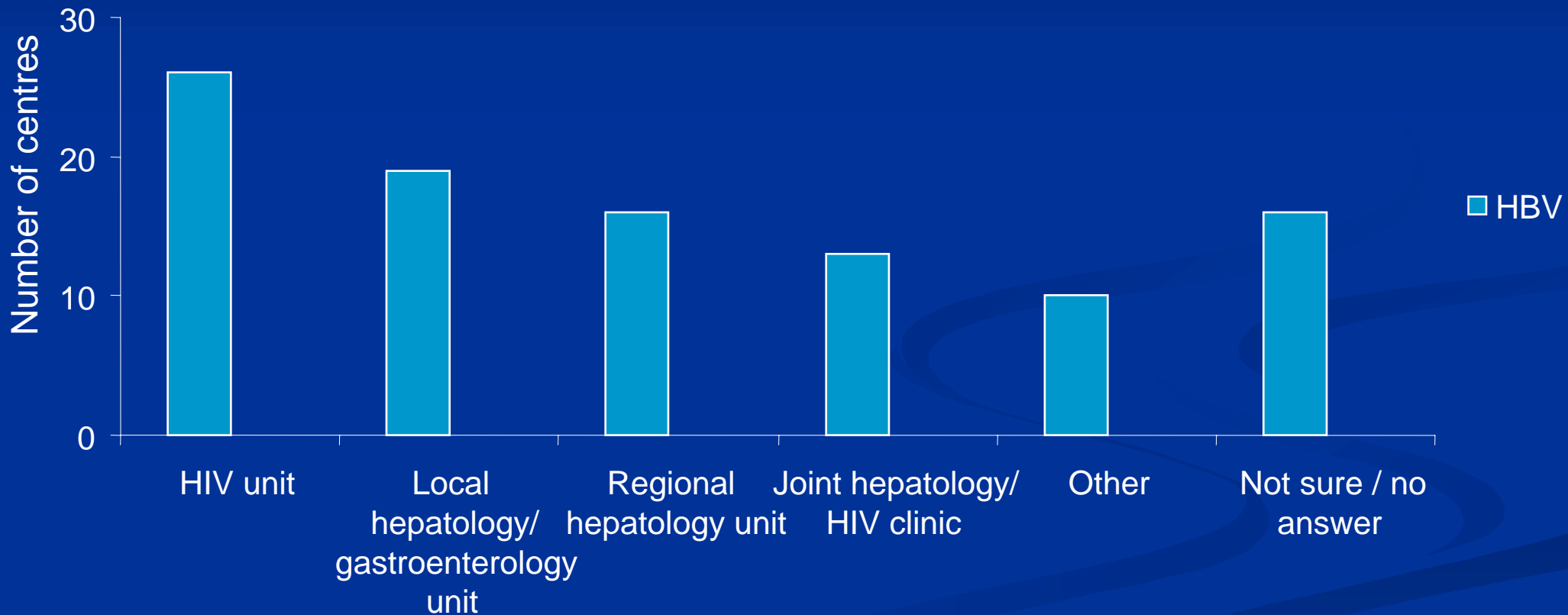
One respondent specified 0,1,3 weeks, 12 months for patients at continuing risk and 0, 1, 2, 12 months for the remainder. Nine did not answer.

HBV Vaccine Schedule (cont)

Note that 23 respondents opted for the 0, 1, 3 week, 12 month schedule which has not been tested in people with HIV.

However it is the schedule recommended in DoH and CEG guidelines for GU clinic attendees.

HBV/HIV Management



Access to HBV DNA Testing

17 respondents reported restrictions on access to HBV DNA testing:

- 8 relating to lack of local availability
- 4 to financial restrictions
- 3 both availability and financial restrictions
- 2 other.

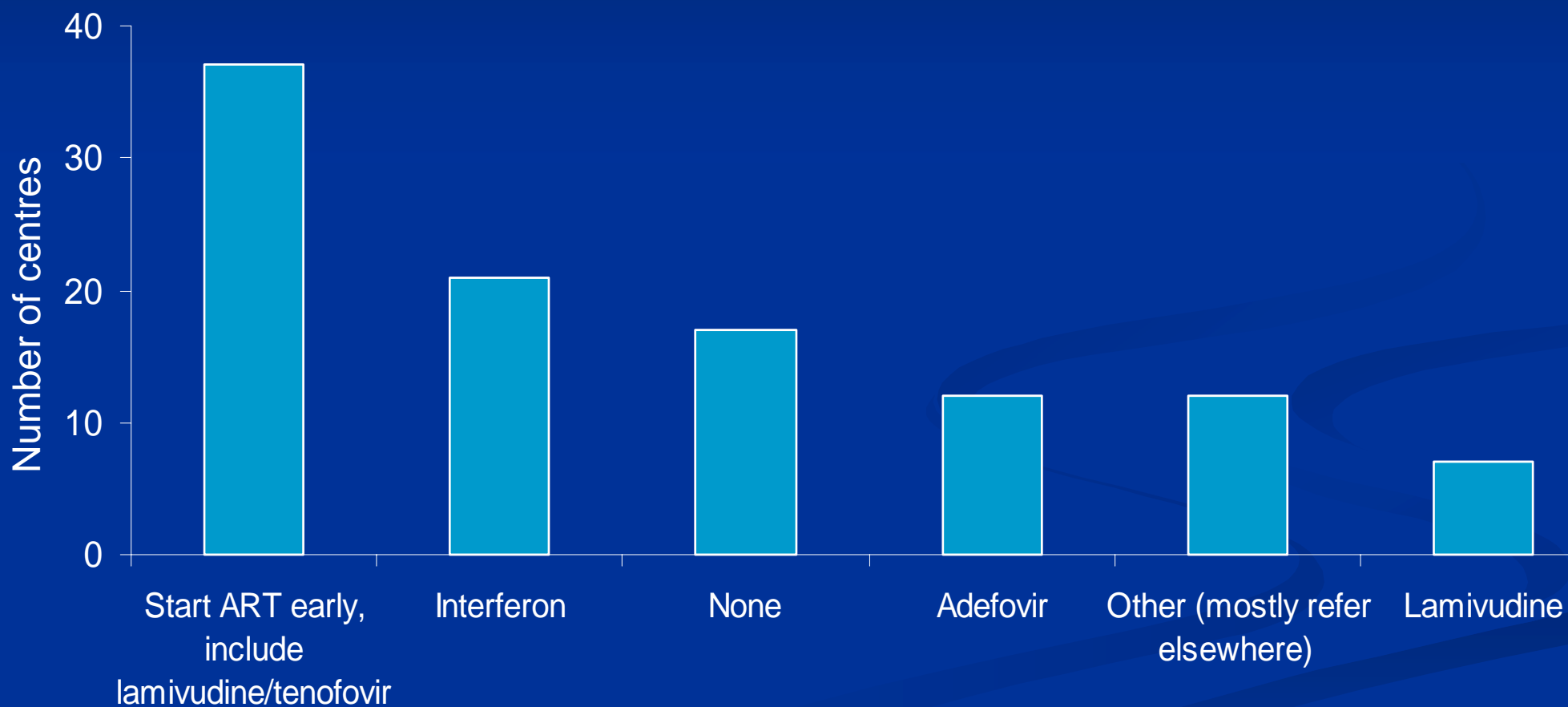
Liver Biopsy in HBV Co-infection

Fifteen respondents said they would offer liver biopsy to most HIV/HBV patients, unless contraindicated.

28 would biopsy those considered for HBV therapy, 18 those with severe liver disease, and one both these categories.

11 reported other approaches and 27 were not sure or did not answer.

HBV Therapy in Patients whose HIV does not require Treatment

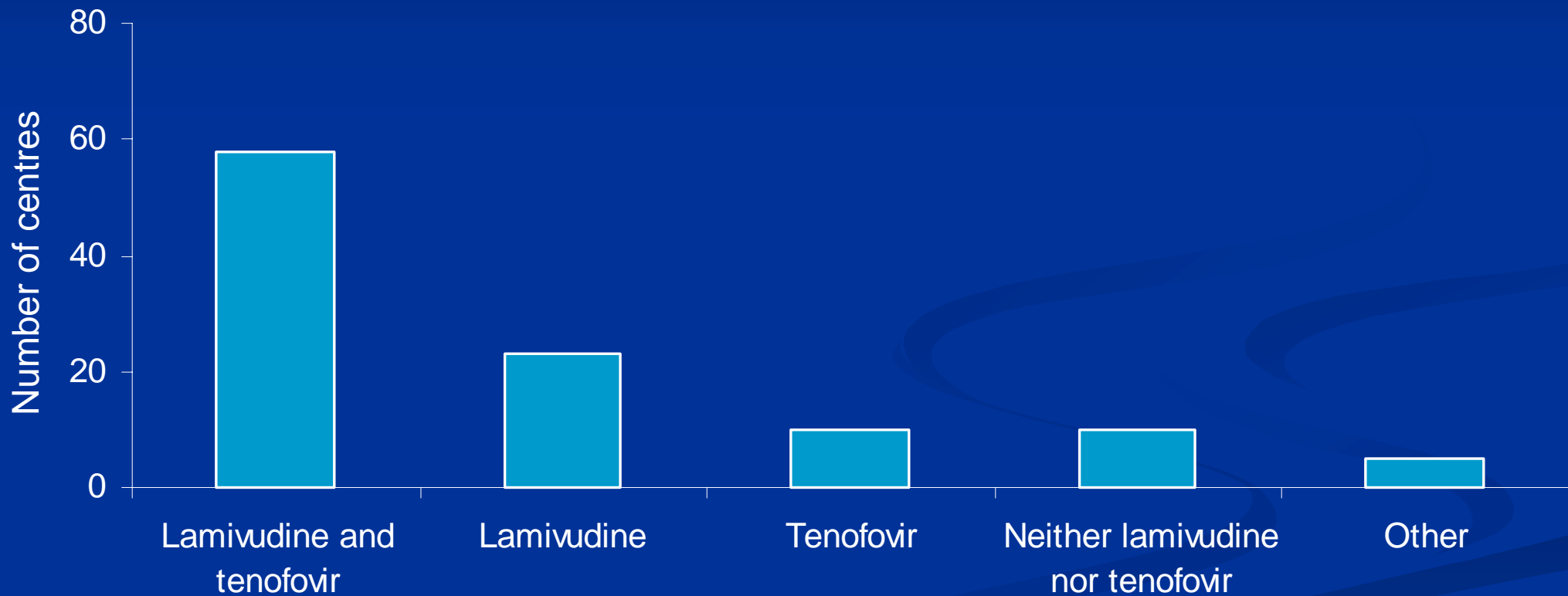


HBV Therapy in Patients whose HIV does not require Treatment (cont)

Multiple answers were permitted:

- 27 centres chose starting ART with lamivudine/tenofovir as their only option.
- 7 chose interferon and one adefovir as their only option.
- One chose lamivudine as their only option, and a total of 3 chose lamivudine but *not* early ART with a lamivudine/tenofovir combination.

ART in Patients with Untreated HBV



ART in Patients with Untreated HBV (cont)

Again, multiple answers were possible:

- 47 centres selected lamivudine/tenofovir as their only choice.
- 12 selected lamivudine as their only choice, ie *not* in combination with tenofovir.
- One selected tenofovir as their only choice.

Hepatitis C: Estimated Prevalence

- 48 respondents estimated HCV prevalence among their HIV patients as 0-3%
- 23 estimated 4-6%
- 10 estimated 7-9%
- 13 estimated >10%, including all 6 exclusively haemophilia centres.

Six did not know or did not answer.

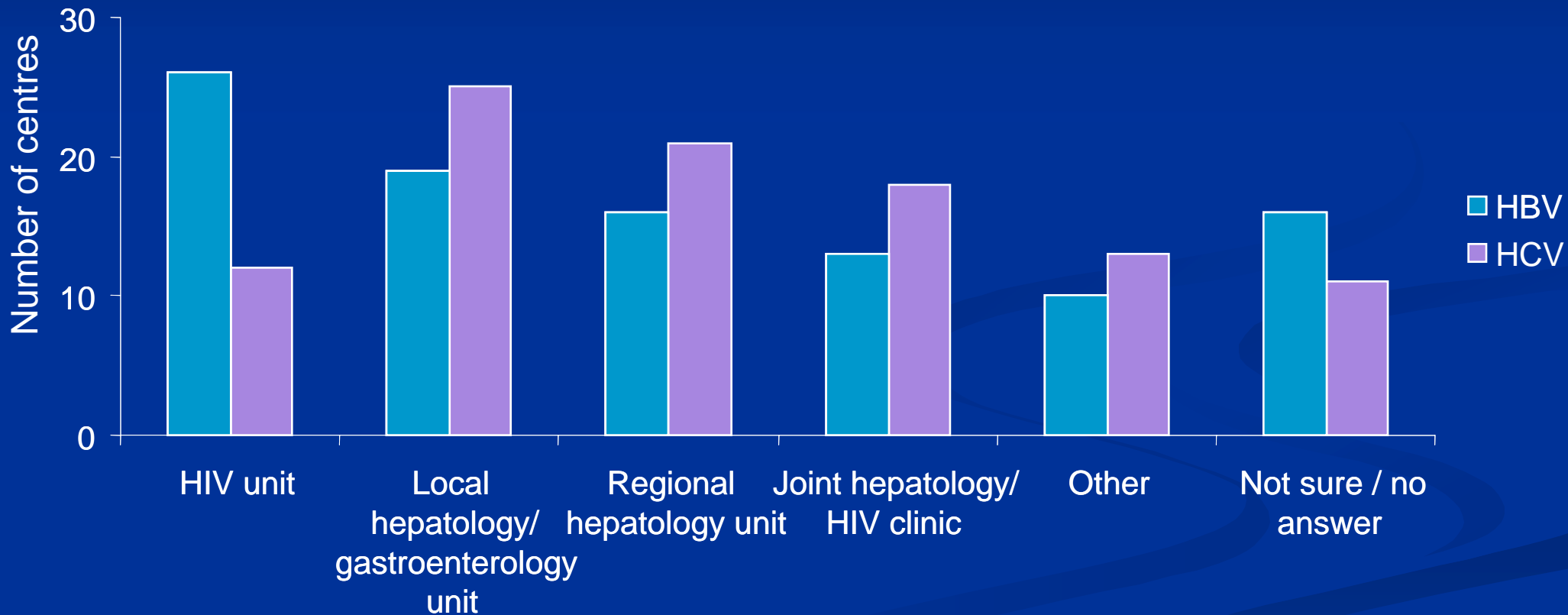
HCV Screening

Of the 100 respondents, 94 routinely screen all adult HIV patients for HCV.

Among the other six, all screen injecting drug users and three screen homo/bisexual men.

Three screen haemophilia patients, but this may reflect whether the centre sees such patients.

HCV/HIV Management



HCV Genotype Testing

38 centres genotype HCV in all co-infected patients.

40 genotype those being assessed for HCV therapy.

One selected “other” and 21 did not know or did not answer.

57 used full genotype testing, 2 used a type 1/non-type 1 test and 41 weren't sure or didn't answer.

HCV Viral Load Testing

61 respondents confirmed that HCV VL testing was routinely available in their units.

15 said it wasn't and 24 weren't sure or didn't answer.

Liver Biopsy in HCV Co-Infection

27 respondents would offer liver biopsy to most HIV/HCV patients unless contra-indicated.

A further 41 would offer biopsy to those being considered for HCV therapy.

13 selected other options and 19 weren't sure or didn't answer.

Restrictions on HCV Therapy

20 respondents reported restrictions on the availability of HCV treatment for co-infected patients – 10 for most therapies, 10 for some.

- 16 mentioned funding restrictions (4 with funding for IFN but not pegylated IFN)
- 6 mentioned lack of expertise
- 2 mentioned restrictions related to HIV status.

HCV Waiting Times

Overall, 40 respondents reported waiting times for HCV therapy for HIV patients of less than 3 months. 23 reported 3-6 months, eight reported 6-12 months, two longer than 12 months. 27 did not answer.

Waiting times were longer in centres reporting restrictions on treatment access – of these, six (30%) reported waits of 6-12 months and two (10%) of more than 12 months.

Conclusions

Survey has shown support for BHIVA guidelines and yielded information about current practice regarding HIV/HBV and HIV/HCV co-infection.

Areas of concern may include:

- Six centres not routinely screening for HCV
- Restrictions on access to HBV DNA testing, HCV RNA testing and HCV therapy; consequent impact on waiting times
- Inappropriate choice of drugs in some centres treating patients with HBV/HIV