

Title: How well are we providing care for people living with HIV and HBV in the era of anti-retroviral therapy without hepatitis B active agents?

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Background

Hepatitis B Virus (HBV) disproportionately affects people living with HIV (PWHIV). Newer anti-retroviral therapy (ART) increasingly lacks HBV-active agents, with potential for HBV reactivation in people with past HBV. Guidelines do not provide definitive recommendations for management. We examined investigations completed prior to and following switches to non-HBV-active ART regimens in PWHIV and past HBV.

Methods

We conducted a retrospective audit of PWHIV with positive HBV serology (excluding positive serology from vaccination) in the Monash Health Patients with HIV Database. Patients were categorised into three serological groups: chronic HBV (Group 1), past HBV (Group 2) and isolated core antibody (Group 3). Demographics, investigations, ART and follow-up were collected.

Results

183 patients were included: 20 (11%) in Group 1, 125 (68%) in Group 2 and 38 (21%) in Group 3. In each group respectively, there were 0, 10 (8%) and 4 (11%) patients switched to a non-HBV active regimen. 12/14 (86%) patients had HBV serology completed, a median of 16 months [IQR 3.5-24] prior to switch. Following switch, 8/14 (57%) patients had LFTs checked, after a median of 3.5 months [IQR 1-6]. 6/14 (43%) patients had HBV viral load re-tested after a median of 4.3 months [IQR 1-40]. No patients experienced HBV reactivation.

Conclusion

Although there was no HBV reactivation following switch, variability was present in the initial work-up and follow-up. As the paradigm of ART shifts towards regimens without HBV-active agents, there is need to quantify the risk of HBV reactivation in order to inform guidelines and practice.

Disclosure of Interest Statement

The authors affirm that they have no financial interests or affiliations that could influence the work reported in this paper. Furthermore, the authors have no competing interests to disclose.