



Chronic Hepatitis B Treatment Outcomes In HIV Co-Infected Patients In Mumbai, India

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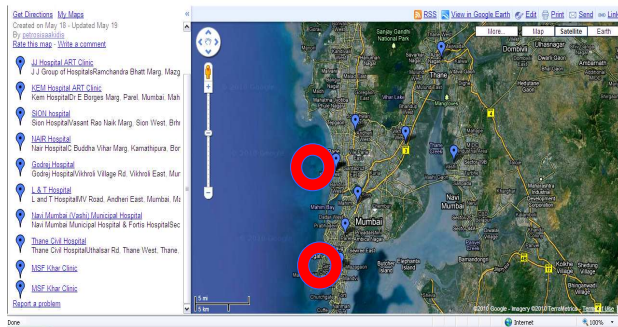
BACKGROUND

Treatment experiences with patients co-infected with Human Immunodeficiency virus (HIV) and Hepatitis B virus (HBV) remain poorly documented, especially in resource-limited settings.

OBJECTIVE

To evaluate the treatment outcomes in a cohort of HIV/ HBV co-infected individuals receiving tenofovir/ lamivudine (TDF/3TC) based antiretroviral therapy (ART) in Mumbai, India.

SETTING



- Médecins Sans Frontières has been operating an HIV clinic in Khar (W) Mumbai since 2006, which provides care and treatment free of charge to patients referred by public and public-private ART Centers and by a network of community NGOs
- The JJ Hospital ART Center has been providing diagnosis and treatment for HIV/HBV co-infected patients since 2009

METHODS

- Retrospective, observational study using data routinely collected at each consultation and entered prospectively into FUCHIA© monitoring software, from March 2006 to March 2010
- In addition, a cross-sectional laboratory study was carried out in March 2010 measuring serological and virological parameters not routinely performed at the clinic.

RESULTS

Patient enrolment and characteristics

- 57 HIV/HBV co-infected patients who received TDF/3TC for at least 3 months were included
- Mean age was 39 years, 91% were male
- 38 (67%) were HBeAg-positive
- Median follow-up period was 16.8 months (IQR:7.9-37.9)

Serology

- 4 patients had serum HBsAg conversion to negative
- 4 patients had developed anti-HBs-antibodies

HBV-DNA & HIV-RNA

- 35.5% of the HBeAg+ patients had undetectable HBV-DNA (< 1.3 log₁₀ copies/mL or <20 IU/mL)
- 75% of the HBeAg- patients had undetectable HBV-DNA
- 90.7% had adequately suppressed HBV-DNA (< 3.3 log₁₀ copies/mL or <2000 IU/mL)
- Median reduction in serum HBV-DNA was 6 log₁₀ copies/m
- 32 (78%) of the patients had suppressed HIV-RNA (<1000 copies/mL)
- 29 (63%) had undetectable HIV viral load

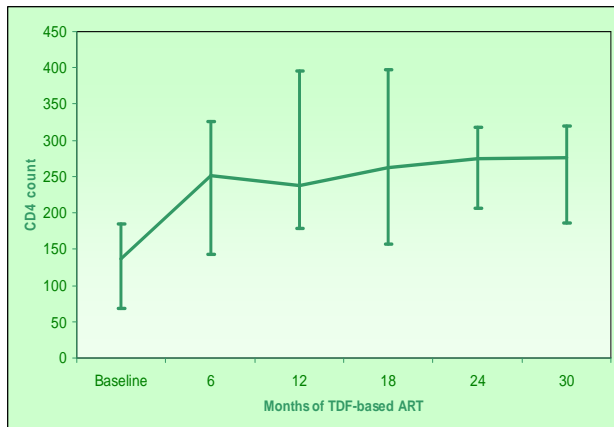


Figure 1: CD4 evolution over time in HBV/HIV co-infected patients, Mumbai India.

Among the 57 patients included in the analysis:

- 7 (12%) died
- 4 (7%) were lost to follow-up
- 1 (2%) transferred to another health facility
- 45 (79%) were still on treatment

Conclusions

- Good outcomes were achieved in HIV/HBV co-infected patients receiving TDF/3TC-based ART in Mumbai.
- In regions with high HIV/ HBV co-infection, all HIV-infected individuals should have a HBV-test to detect co-infection, and in those found positive, a TDF/3TC-backbone could be considered as 1st-line standardized ART regimen.