HIV-HCV co-infection

The global situation: insights from AFRAVIH 2012

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Excellent opportunity for North-South collaboration and exchange!!!!
HIV and HCV co-infection in French-speaking world

• (1) Epidemiology, interactions of viruses and treatment decisions

• (2) Abstracts from AFRAVIH

• (3) Situation in the ‘monde franco-phone’ after AFRAVIH, Genève
1. Epidemiology

HIV is frequently associated

Fig. 1. Estimated number of individuals with HIV, HBV and HCV worldwide.

Soriano V et al. Antiviral Res 2010
Rates of HCV depends on:

- 10%-30% w/ HIV also have HCV
- Rate of HCV depends on risk factor
  - Hemophiliacs – >90%
  - IDUs – 70%-90%
  - MSM – 5%-10%

- 65 million people with chronic B hepatitis or infected with HCV in Africa (HCV estimated seroprevalence 3-6%)
1. Epidemiology

Transmission in the ‘Monde-francophone’

- IDUs (MSM sexual contact) main transmission routes in the north
- Non-sterile injections and other iatrogenic routes in Africa
- Around 7% on HIV infected patients also infected with HCV in Africa (very different to places such as eastern Europe where co-infection raises to 70-80%)
1. Interactions between these 2 viruses

Interactions between these 2 infections

1. Modifying HCV natural course of infection
   • HIV accelerates Hep C liver disease (to cirrhosis and HCC, but can be slowed down by HAART!!!)
   • Response to HCV treatment weaker among HIV patients
     – HIV deaths are decreasing
     – Deaths related to liver disease are increasing among HIV patients

2. Hep C may delay immune reconstitution after HAART
1. Treatment decisions

HCV leaky cascade...

- Population VIH/VHC
- Doing the diagnosis
- Staging of the liver disease/genotype
- Eligible for treatment
- Receive and complete treatment
- Cure

New drugs, improved outcome!
Selected abstracts: Europe

• Changing HIV-HCV epidemiology in Europe:
  - Almost all new cases in MSM in Switzerland
    Wandeler et al. Switzerland

• Crack users HIV-HCV in Île-de-France
  - Population particularly vulnerable (sharing glass pipes, unprotected sex), HIV prevalence 11%, HCV prevalence 41%
    Jauffret-Roustide et al. France
Selected abstracts: Africa

- HIV, HCV and syphilis in blood donors
  - HCV prevalence 4.6% and HCV prevalence 13.2% among people HBV (+). **Need for increased screening!!!** HCV and HBV closely related to HIV.
    Kirakoya-Samadoulougou et al. Burkina Faso-France

- Limited access to care of IDUs in Dakar
  - 506 patients enrolled to fill a survey, only 21% acces to care after results. **HIV prevalence: 3.8%, HCV:22.6%**
    Maynart et al. France-Senegal
Conclusions from AFRAVIH, Genève 2012

- European countries (and Canada):
  - Treatment for HIV-HCV co-infected patients available almost at the same level than for HCV mono-infected patients
  - Transmission of both viruses almost disappeared among IDUs
  - Liver transplantation available for patients too advanced to be treated
3. HIV-HCV in French speaking countries

Conclusions from AFRAVIH, Genève 2012

• **African countries:**
  - Under tested, Under diagnosed, Under staged patients!!!! (real epidemiology?)
  - Treatment options limited (no transplantation available)
  - HCV leaky cascade much worse, but number of hepatic complications expected to increase due to better survival of HIV-HCV patients
Even if HCV treatment not easily available...

• Very important to increase testing!!!!

  HAART can slow down fibrosis progression in co-infected patients!

• Need of harm reduction programs for IDUs and non-IDUs
• Thank you very much for your attention

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