



ROME, November 25-26, 2014

AUDITORIUM, MINISTRY OF HEALTH



EACS European
AIDS Clinical Society

MEETING



STANDARD of CARE for **HIV**
and **COINFECTIONS** in **EUROPE**



Chairs: A. Antinori, A. d'Arminio Monforte, C. Mussini



Azienda Ospedaliera
SAN PAOLO
POLO UNIVERSITARIO

STANDARD of C
and COINFECT



HIV/HCV co-infection in Europe

Antonella d'Arminio Monforte
Department of Health Sciences
Clinic of Infectious Diseases
University of Milan



EACS European
AIDS Clinical Society MEETING

170 million people infected with HCV

3–4 million new infections each year



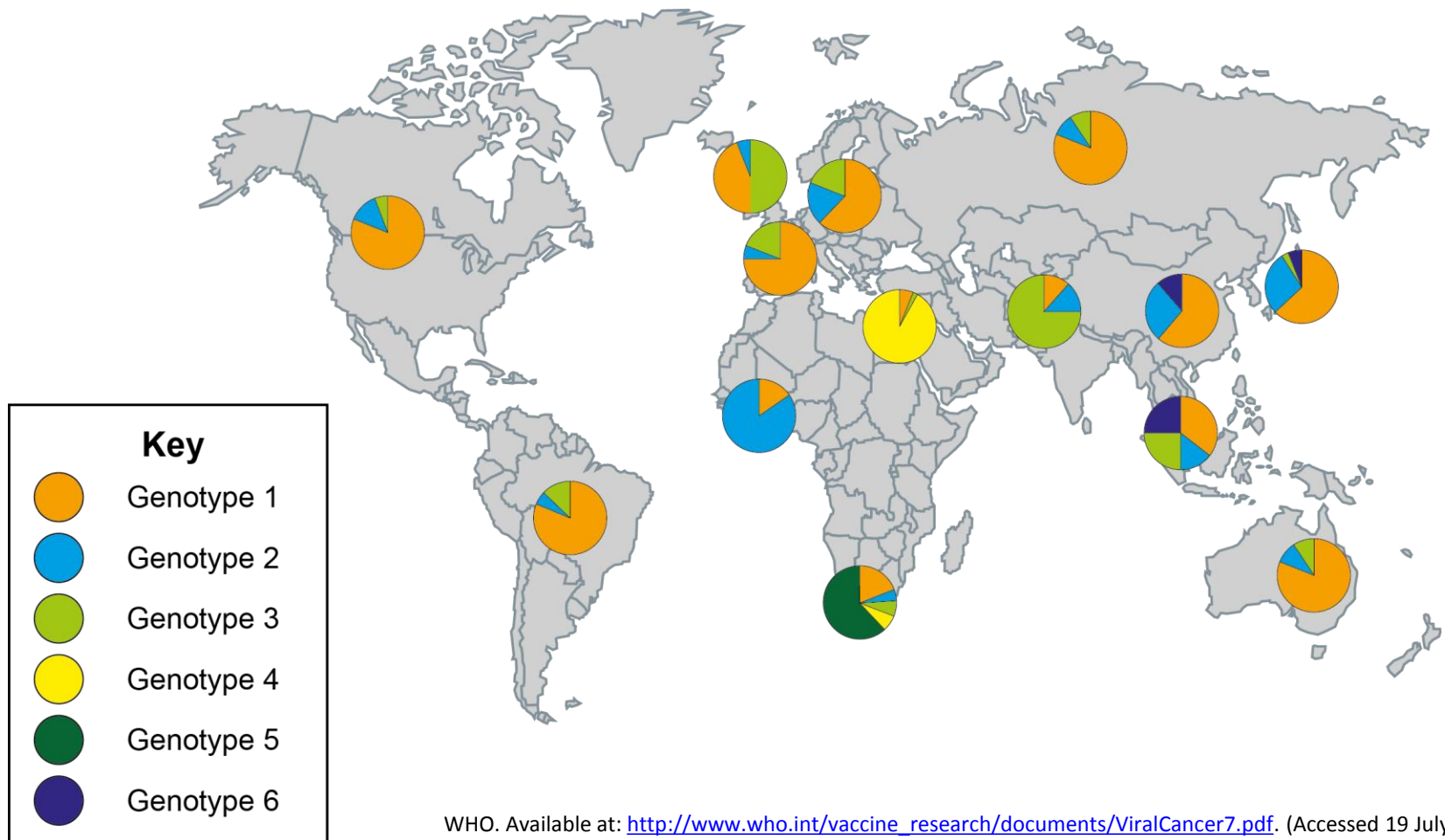
Only 5% of the 170 million HCV-infected people are aware of their infection !

Thomas DL, Lancet 2010;376:1441-1442

Thomas DL, AVT 2012



Global distribution of HCV genotypes

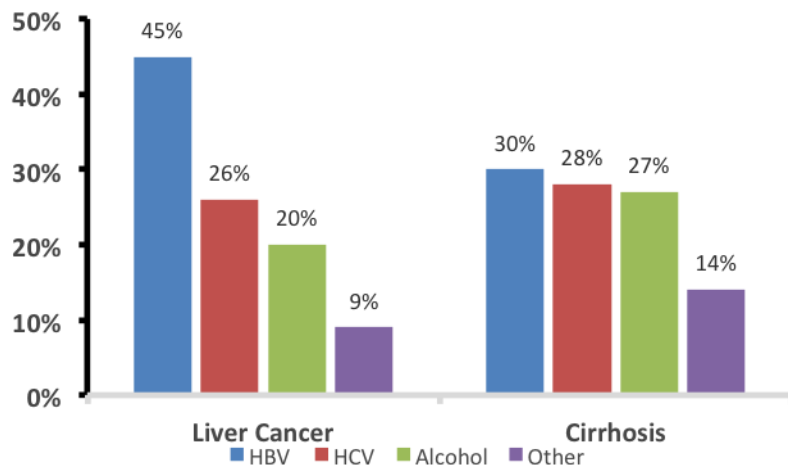


WHO. Available at: http://www.who.int/vaccine_research/documents/ViralCancer7.pdf. (Accessed 19 July 2013).

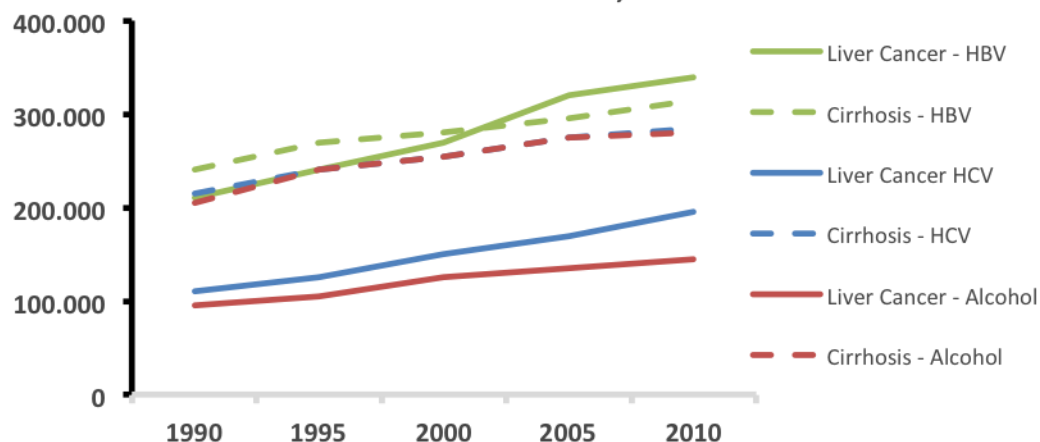
Global Burden of Liver Disease: Deaths, Cirrhosis and Liver Cancer - 2010

- 750,000 liver cancer deaths and 1.03 million cirrhosis deaths
- Total deaths increased from 1.25 to 1.75 million per year
- An increasing proportion due to liver cancer
- HBV associated with 45% of liver cancer and 30% of cirrhosis
- HCV and alcohol each cause approximately 25% of deaths

Causes of Death from CLD Global, 2010



Causes of CLD Deaths, Global



Epidemiology of hepatitis C



- 27000 to 29000 newly diagnosed cases per year in EU/EEA*
- Most affected age group: 22-44 year, followed by 15-24 yr; men twice more affected than women
- Clustered in sub-populations: injecting drug users, people with HIV infection, inmates, haemodialysis patients, immigrants from high endemic region
- Sexual transmission is considered to be rare, some data indicate that high risk sexual behaviour could enhance a risk for HCV transmission via per mucosal route (i.e. MSM)

Epidemiology of hepatitis C



- Prevalence of HCV infection (HCV-Ab) in the general population varies widely between countries
 - Range: 0.4% to 22%
 - Prevalence is higher in Southern Europe
 - Variation across the countries:
 - Low: $\leq 0.5\%$ in Belgium, Germany, Netherlands, Sweden, UK
 - Intermediate: 0,5 – 2% in Bulgaria, France, Hungary, Romania
 - High: $\geq 2\%$ in (parts of) Italy
- Particularly Italy has a high general population prevalence of HCV, much higher than the estimated HBV prevalence
 - Epidemiologic and phylogenetic assessments suggest this is caused by a period of increased iatrogenic transmission around the 1950s

Epidemiology of hepatitis B and C



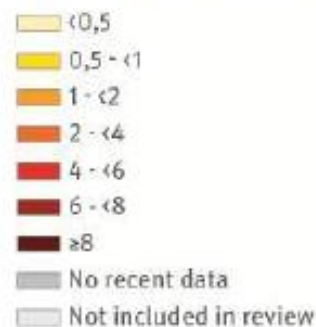
Migrants: HBV and HCV prevalence studies are limited

- In nearly all countries the estimated prevalence of HBV and HCV is higher among migrants compared to the general population
- Large estimated numbers of chronically HBV and HCV infected migrants in Western European countries (Germany, Spain, France, Italy, UK)

Injecting drug users: large number of HCV prevalence studies

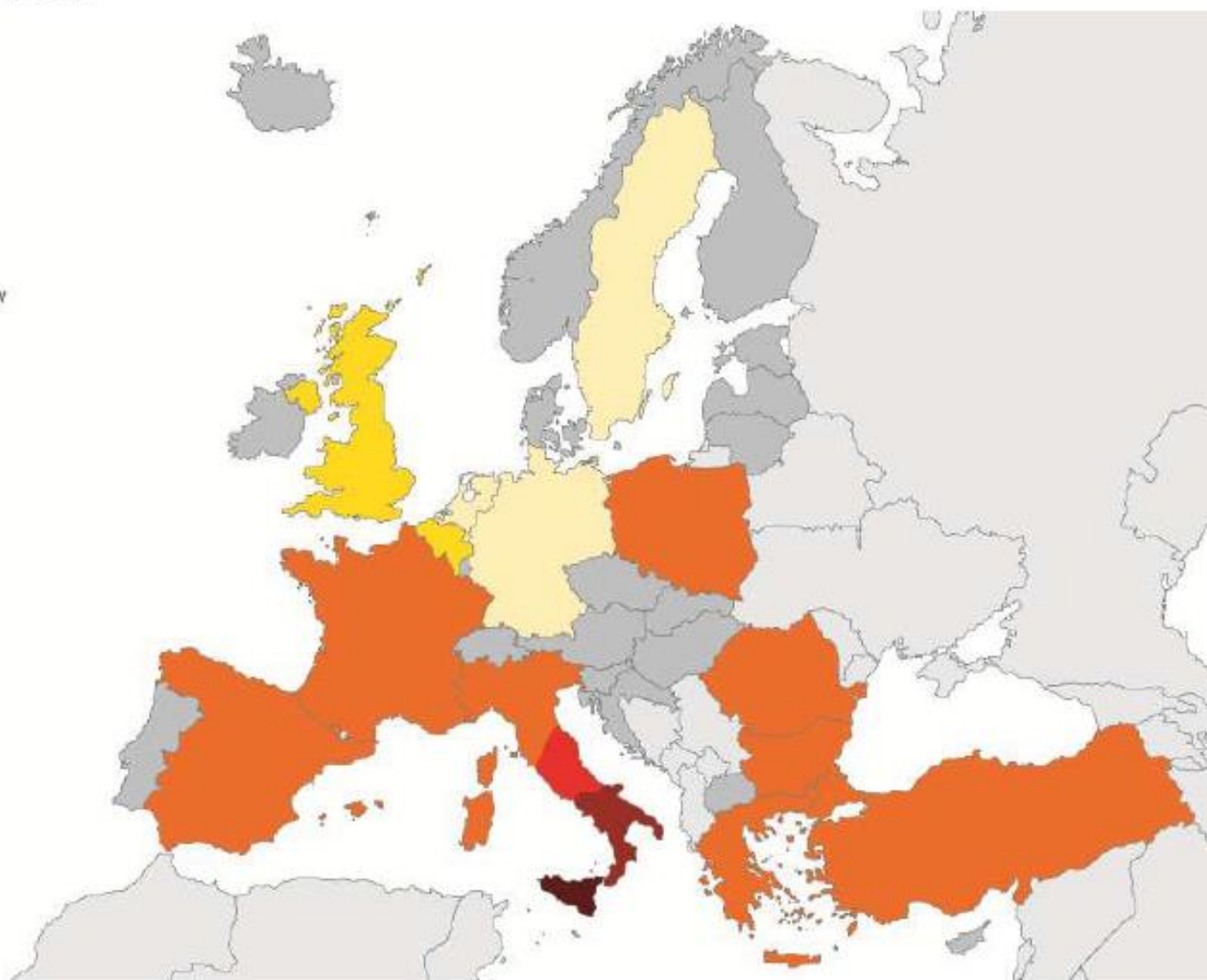
- Representativeness of studied populations is variable
- HCV is highly prevalent among IDUs in Europe
- HBV prevalence among IDUs is much lower than that of HCV

The prevalence of anti-HCV in the general population



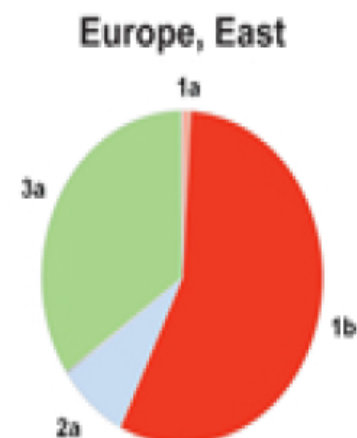
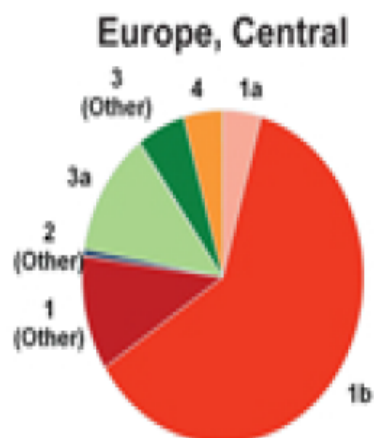
Non-visible countries

- Liechtenstein
- Luxembourg
- Malta



Distribution of HCV Genotypes in Europe

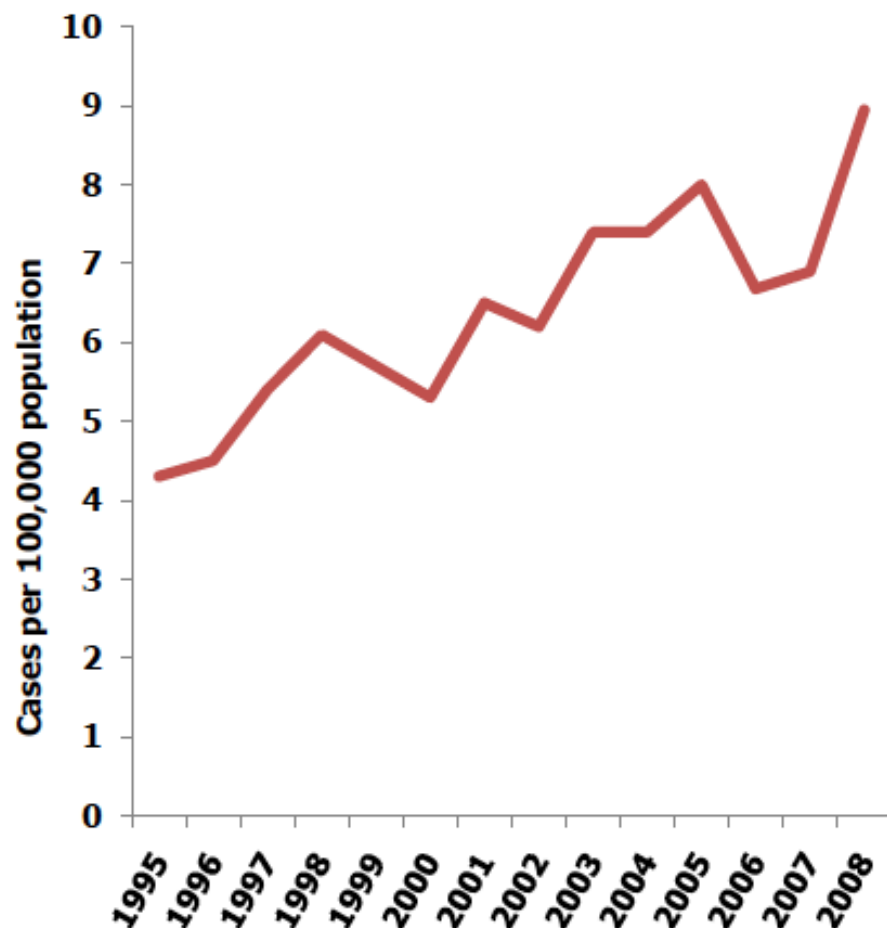
STANDARD of CARE for HIV
and COINFECTIONS in EUROPE



Razavi et al, AASDL 2013



Epidemiology of hepatitis C



Increasing trend of hepatitis C in EU/EEA countries

Interpretation is hampered:

1. Reflects testing and screening practices
2. Large heterogeneity in reporting systems
 - geographical coverage
 - mix of acute and chronic cases
 - use of different case definitions

HCV: two different epidemics

Non sterile injections
Medical procedures



older
not linked to HIV

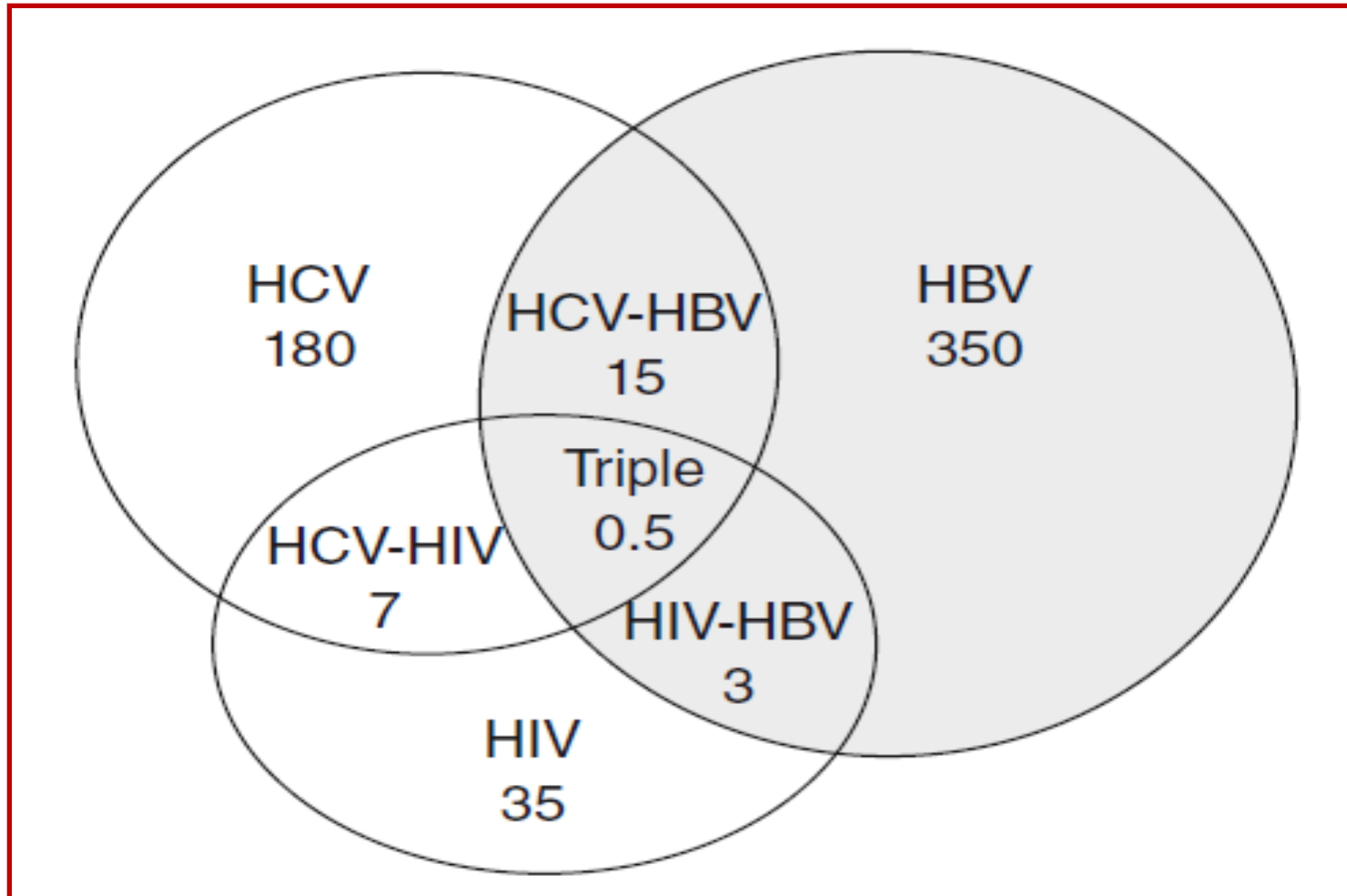
IVDU
Sexual contacts



younger
often HIV co-infection

Estimated number of individuals with HBV, HCV and HIV worldwide

- Of the 35 million people living with HIV worldwide, around 20% (~7 million) had chronic hepatitis C and 3 million are chronically infected with HBV



Causes of death in the Swiss HIV Cohort study 2005-09

■ Liver diseases

■ AIDS STANDARD of CARE for HIV and COINFECTIONS in EUROPE

■ Non AIDS Malignancies

■ Non AIDS infections/
sepsis

■ Heart diseases

■ CNS

■ Kidney

■ Gastro/pancreas

■ Lung

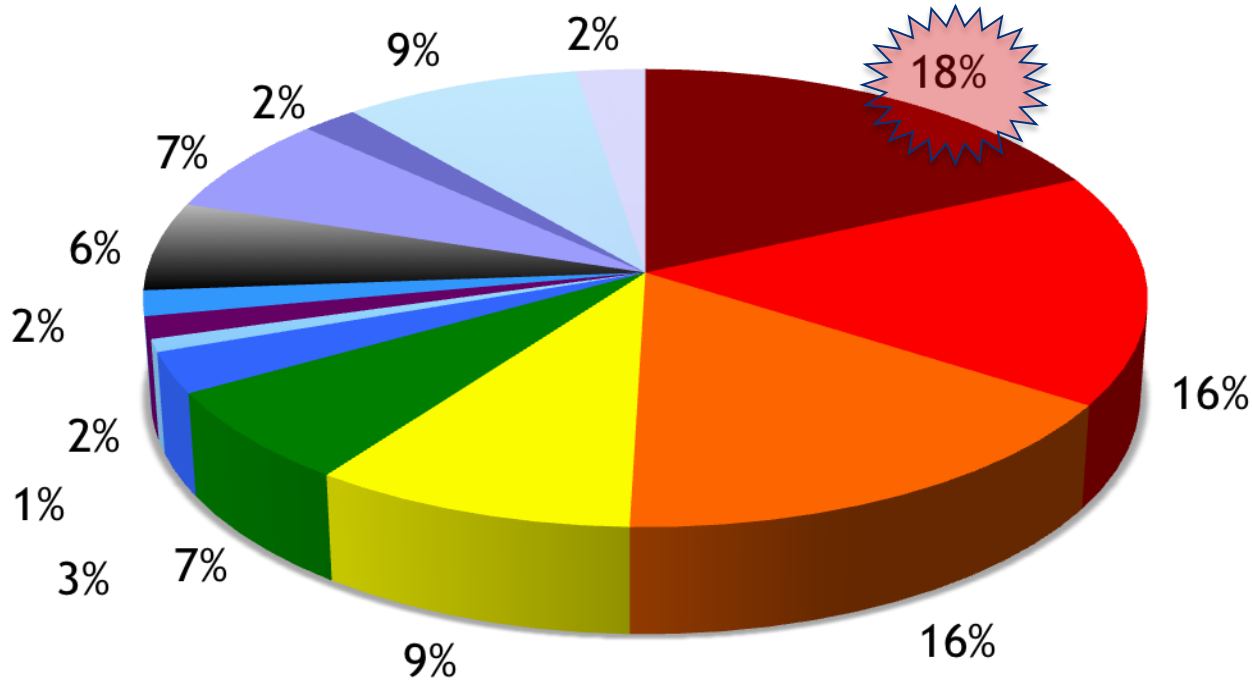
■ Suicide or psych.

■ Substance use

■ Accident or Homicide

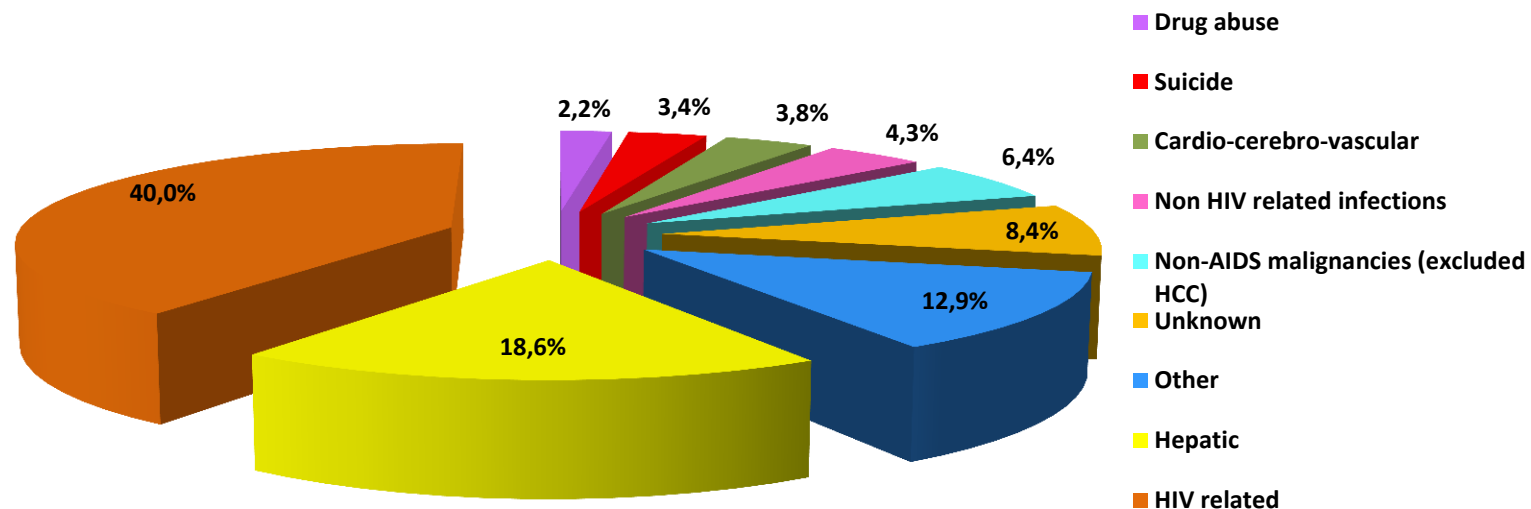
■ Other or not classified

■ Unknown

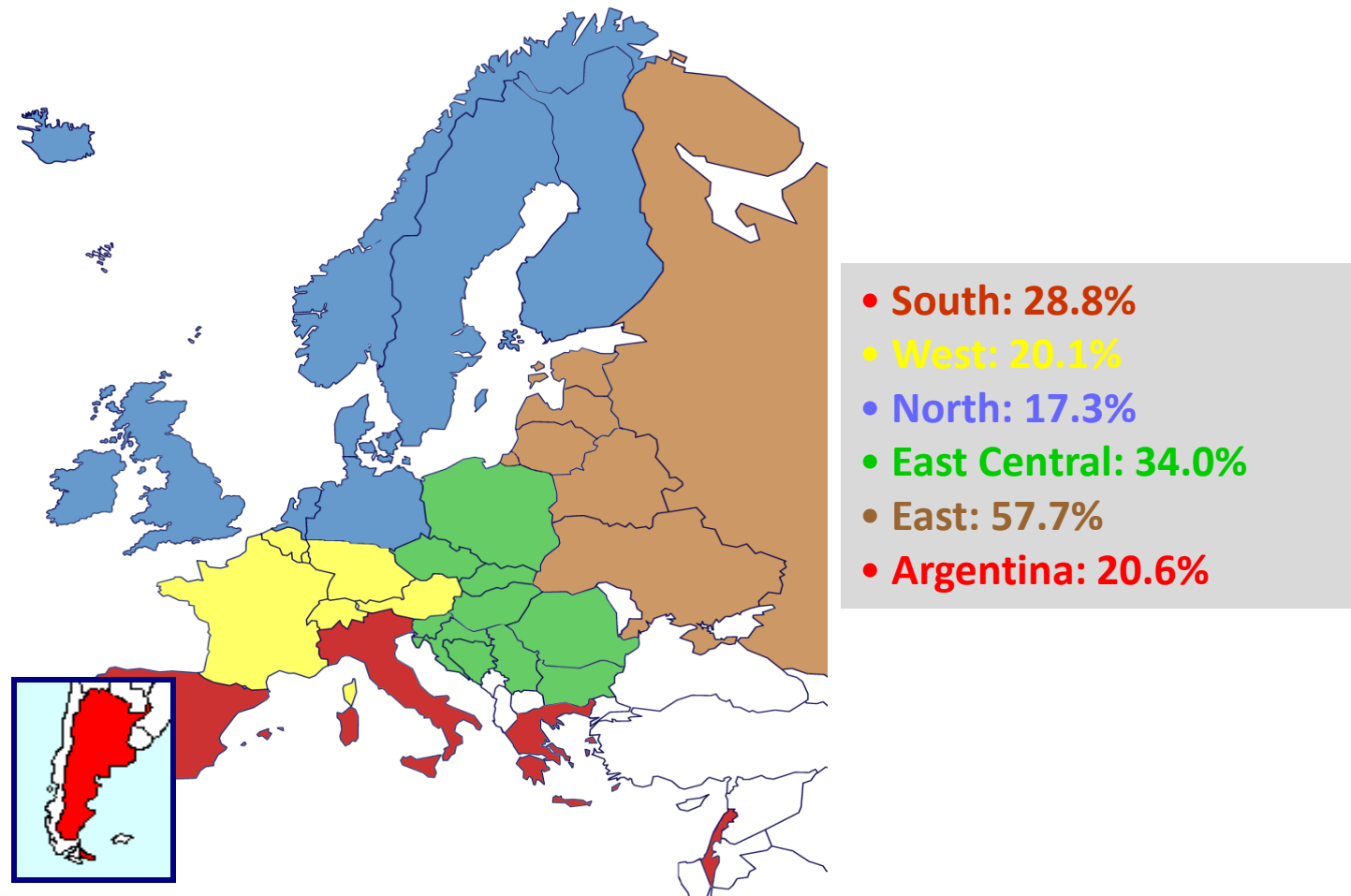




Cause of death in the Icona cohort, n=677



Anti-HCV antibody prevalence in HIV positive individuals from different EuroSIDA regions



Peters et al, BMC Infect Dis, 2014

Wide regional and intra-national variation in prevalence

- Greater prevalence in east and south Europe (~45% of HIV+ patients)¹
- Greater prevalence in urban areas (50–90% of HIV+ patients)¹



Peters et al, BMC Infect Dis, 2014

1. World Health Organization. Protocol 6. Management of hepatitis C and HIV coinfection. WHO Regional Office for Europe; 2007; 2. Wiessing L, et al. Euro Surveill 2011;16:pii:20031; 3. Perez Cachafeiro S, et al. Clin Infect Dis 2009;48:1467–70.

Prevalence of HBV and HCV in HIV infected subjects from Eastern Europe

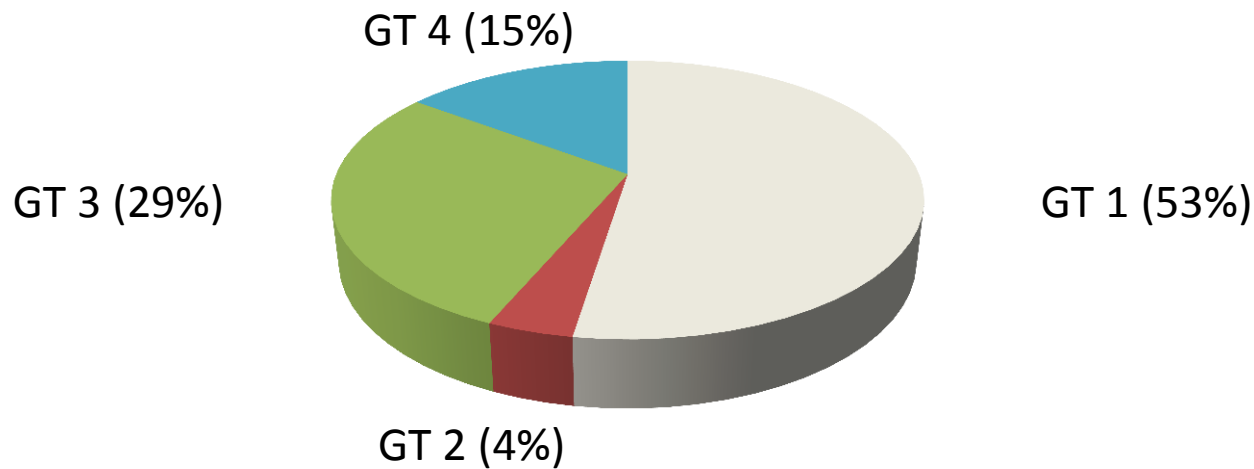
	HBsAg	anti-HCV
Poland	1-2 %	99% ivdu, 2% others
Croatia	4-5%	10%
Bulgaria	NA	NA
Slovakia	5 of 59 patients (8,5%)	1 of 59 patients (1,7%)
Hungary	5%	4 - 5%
Czech Republic	2-3 %	10-15 %
Romania	30-40% children , 8-10 % other	98-100% IDUs 2-3% other
Serbia	10-15%	25%
Albania	15%	5%

C Oprea, Survey 2014



Trends in HCV viral genotype distribution

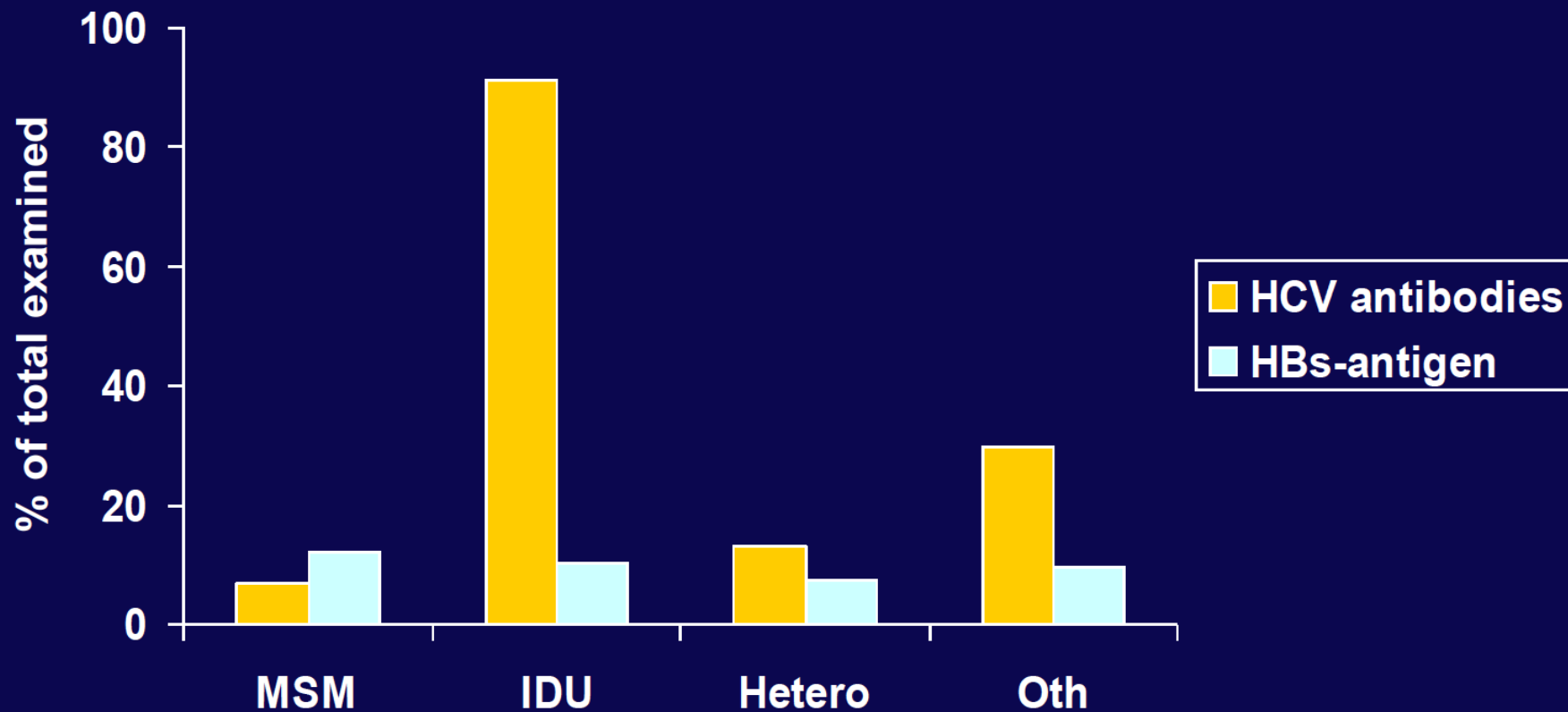
- HCV GT 1 and GT 3 are most commonly identified in co-infections in Europe^{1,2}



- GT4 becoming increasingly prevalent in some regions due to immigration³
- GT 1 and GT 4 are usually considered the most difficult to cure^{4,5}

1. Esteban JI, et al. J Hepatol 2008;48:148–62; 2. Soriano V, et al. J Infect Dis 2008;198:1337–44; 3. de Bruijne J, et al. J Clin Microbiol 2009;47: 3832–8; 4. European Association for the Study of the Liver. J Hepatol 2014;60:392–492 http://www.easl.eu/assets/application/files/bdb06ff135c7ccb_file.pdf; 5. European AIDS Clinical Society (EACS). Guidelines Version 7.0. EACS, 2013. http://www.eacsociety.org/Portals/0/Guidelines_Online_131014.pdf.

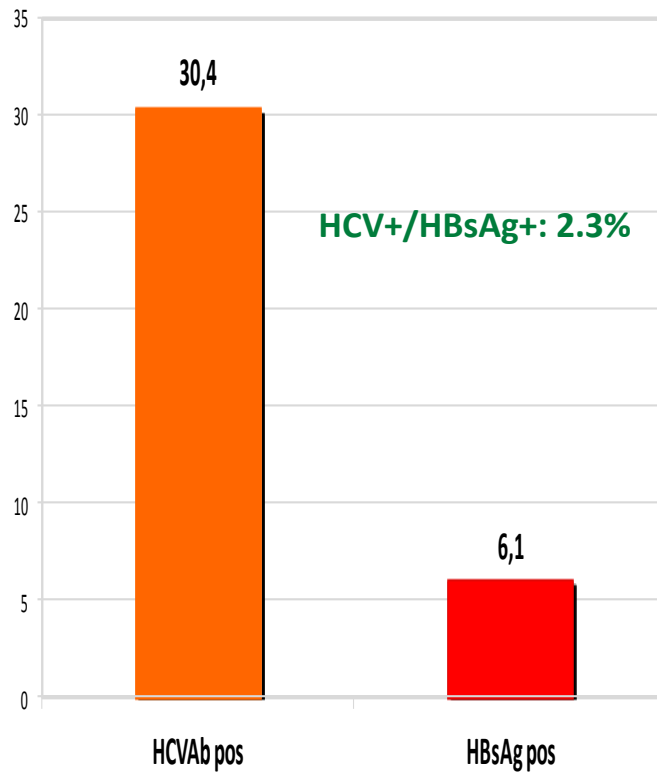
Prevalence of hepatitis



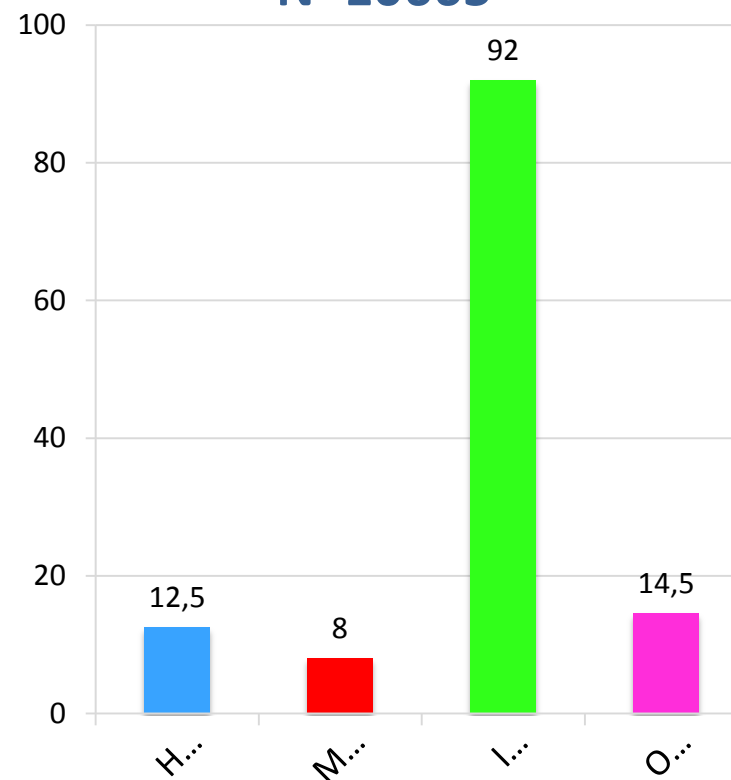
EuroSIDA: Soriano *et al*, JID 2002

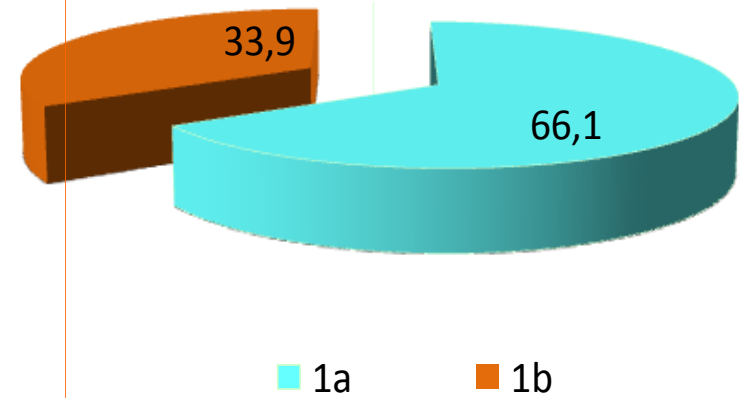
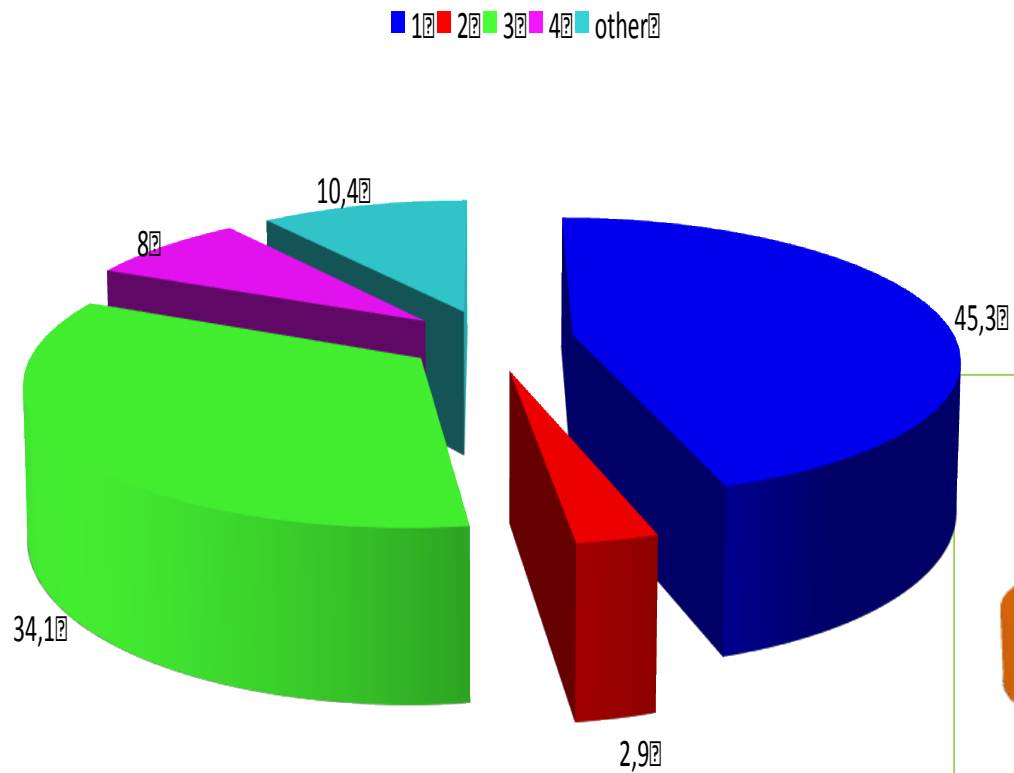


HBsAg and HCV Ab positivity in 10,665 patients

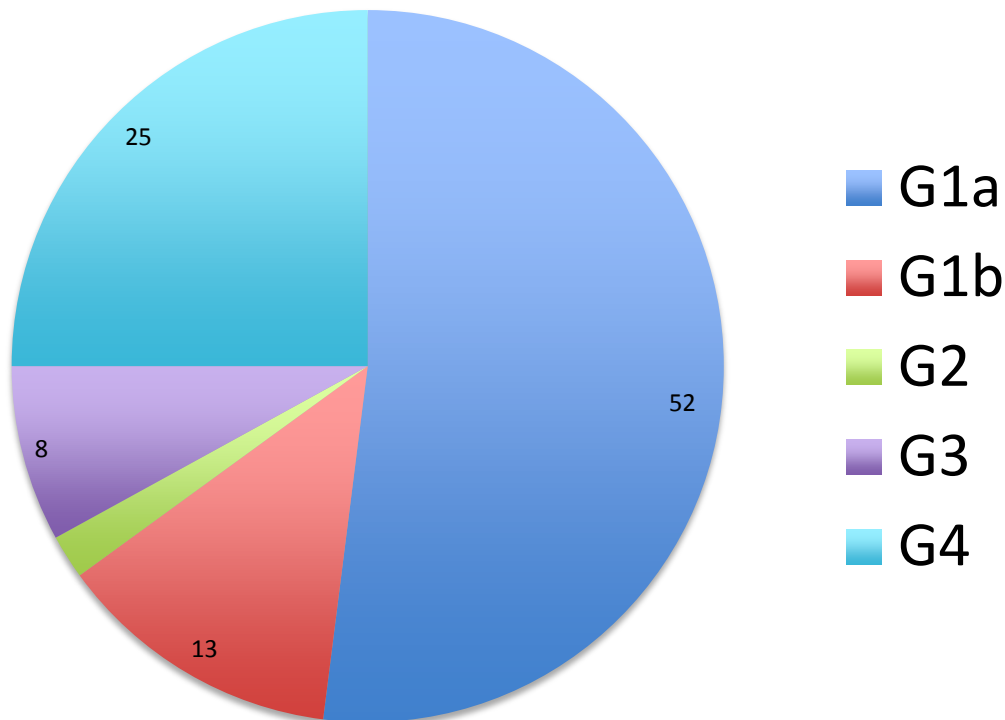


Mode of HIV transmission according to HCV Ab status N=10665





Royal Free Hospital, London – HCV genotypes



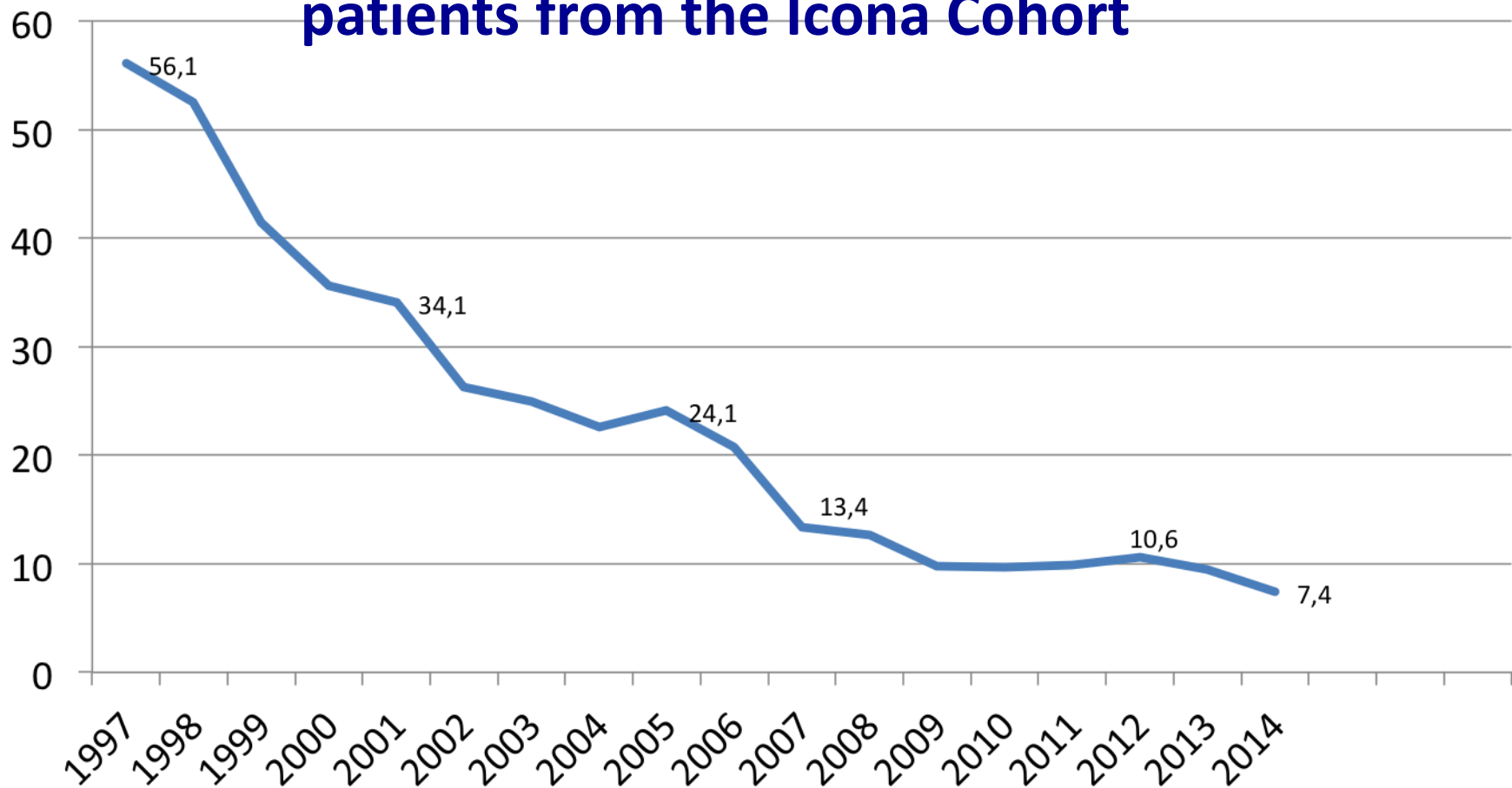
Increasing GT 4 infections

GT 1a >> GT 1b

Bhagani S, personal communication

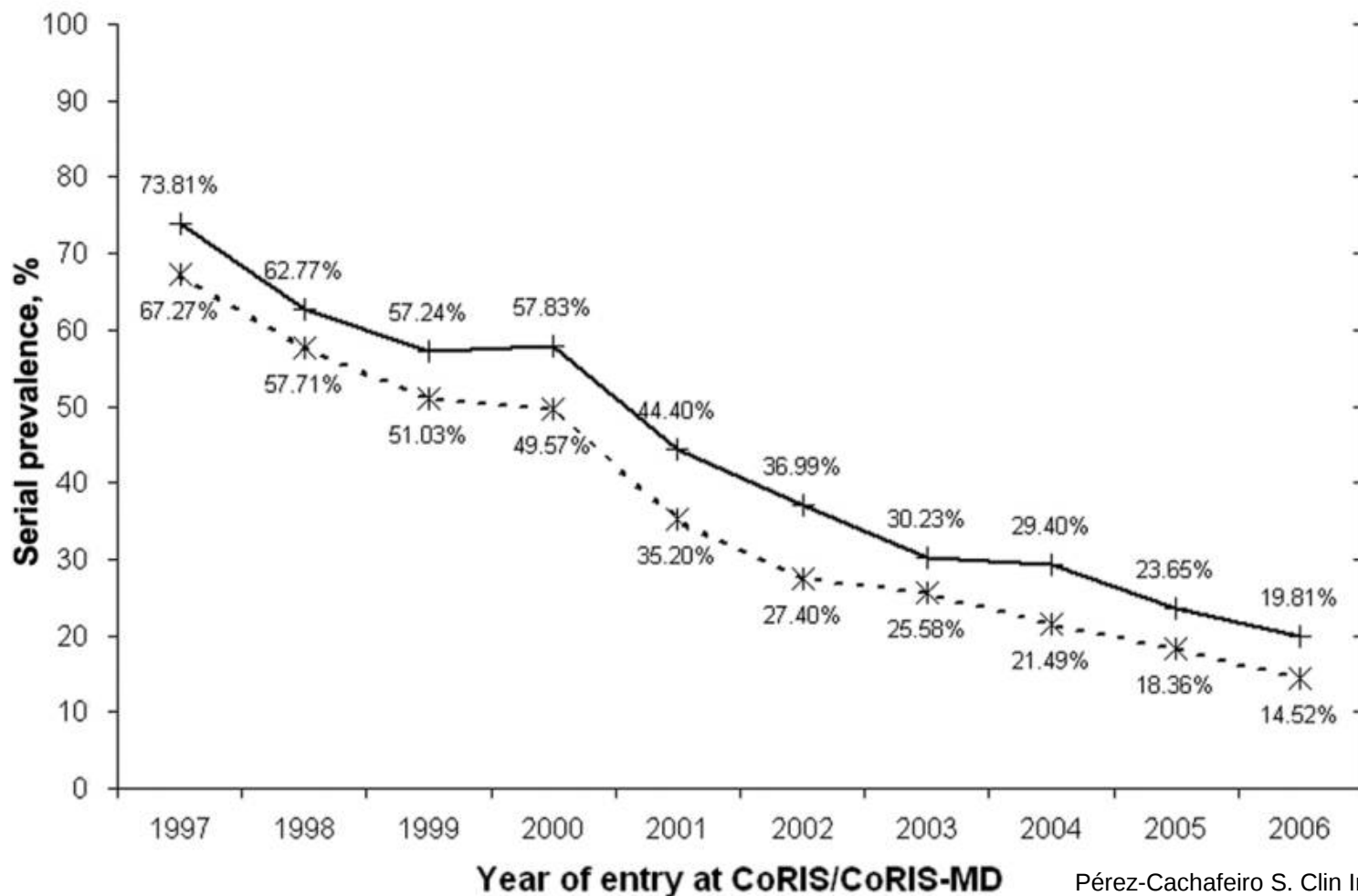


Decreasing frequency of HCVAb positive in 10,665 patients from the Icona Cohort



Decrease in Serial Prevalence of Coinfection with Hepatitis C Virus among HIV-Infected Patients in Spain, 1997–2006

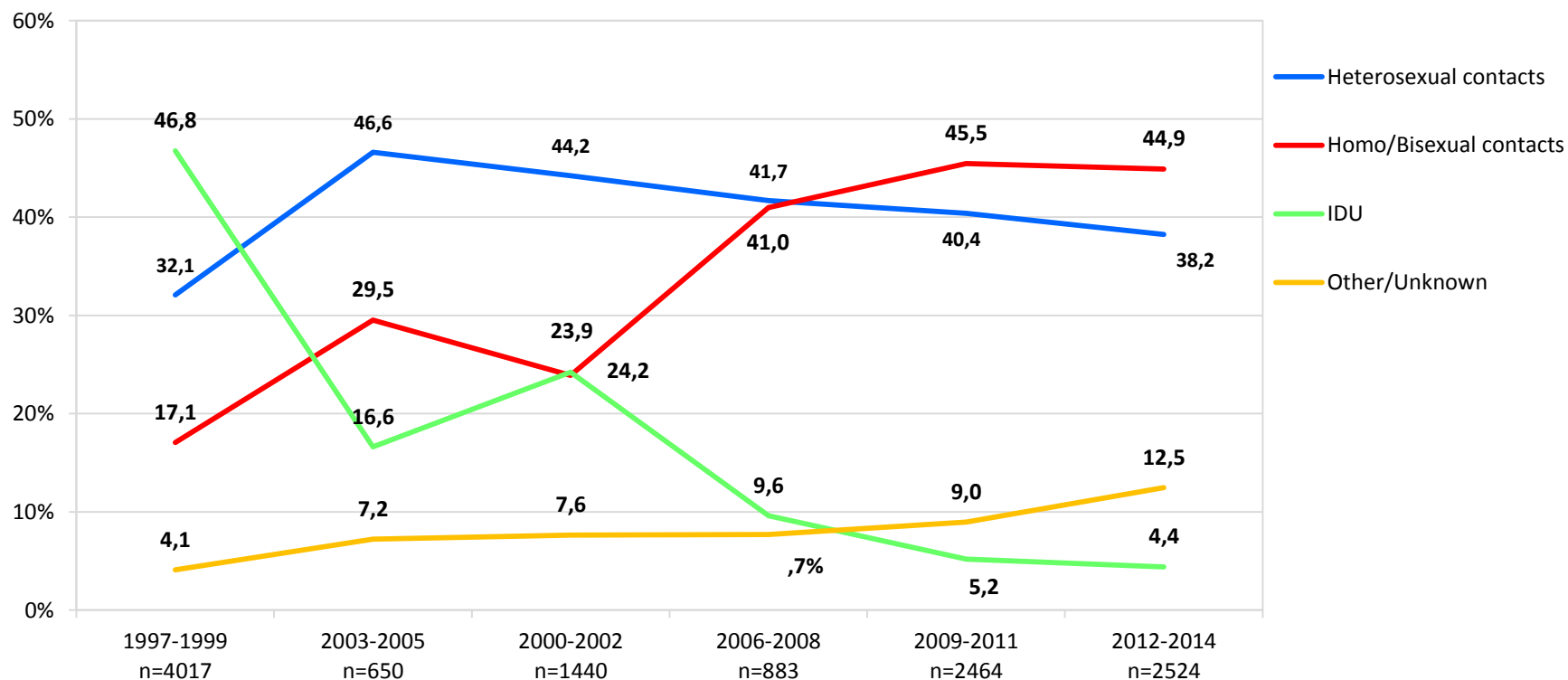
STANDARD of CARE for HIV
and COINFECTIONS in EUROPE



Pérez-Cachafeiro S. Clin Infect Dis 2009.

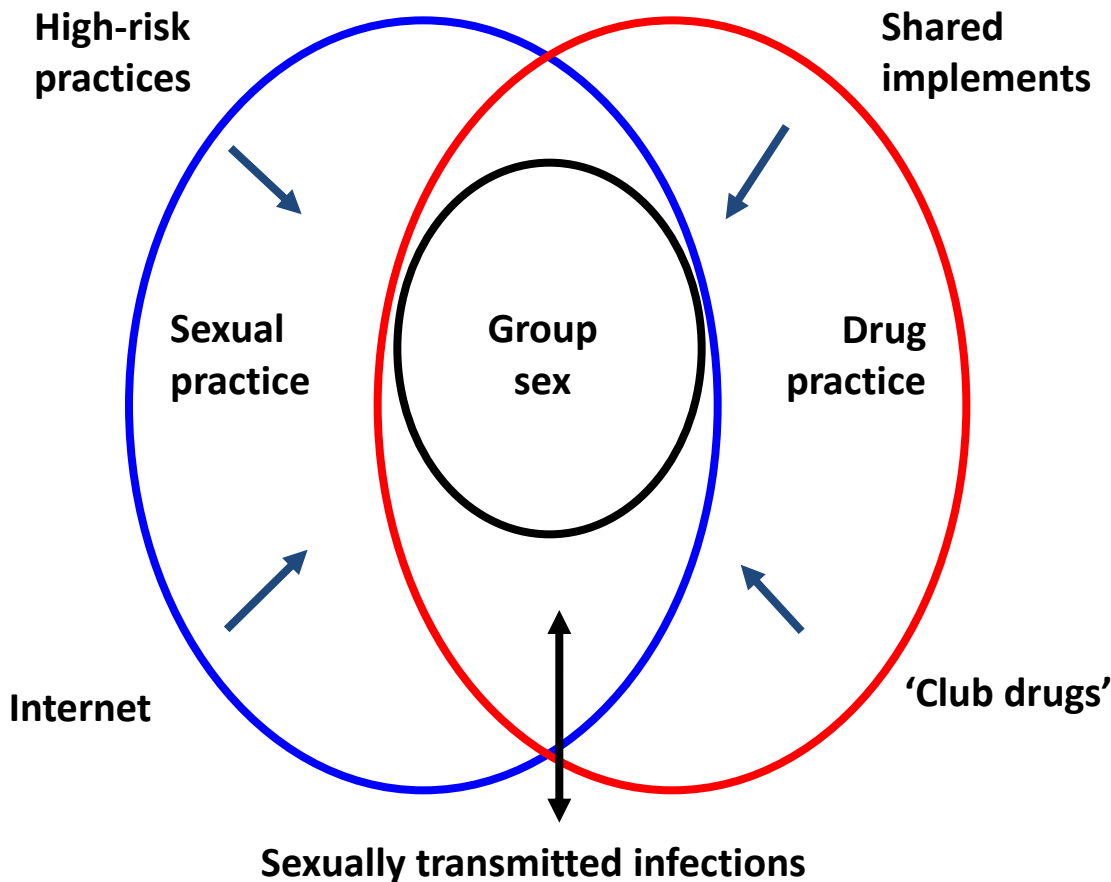


Mode of HIV transmission according to calendar year of enrollment



Changing epidemiology and pattern of transmission in Northern Europe

STANDARD of CARE for HIV
and COINFECTIONS in EUROPE



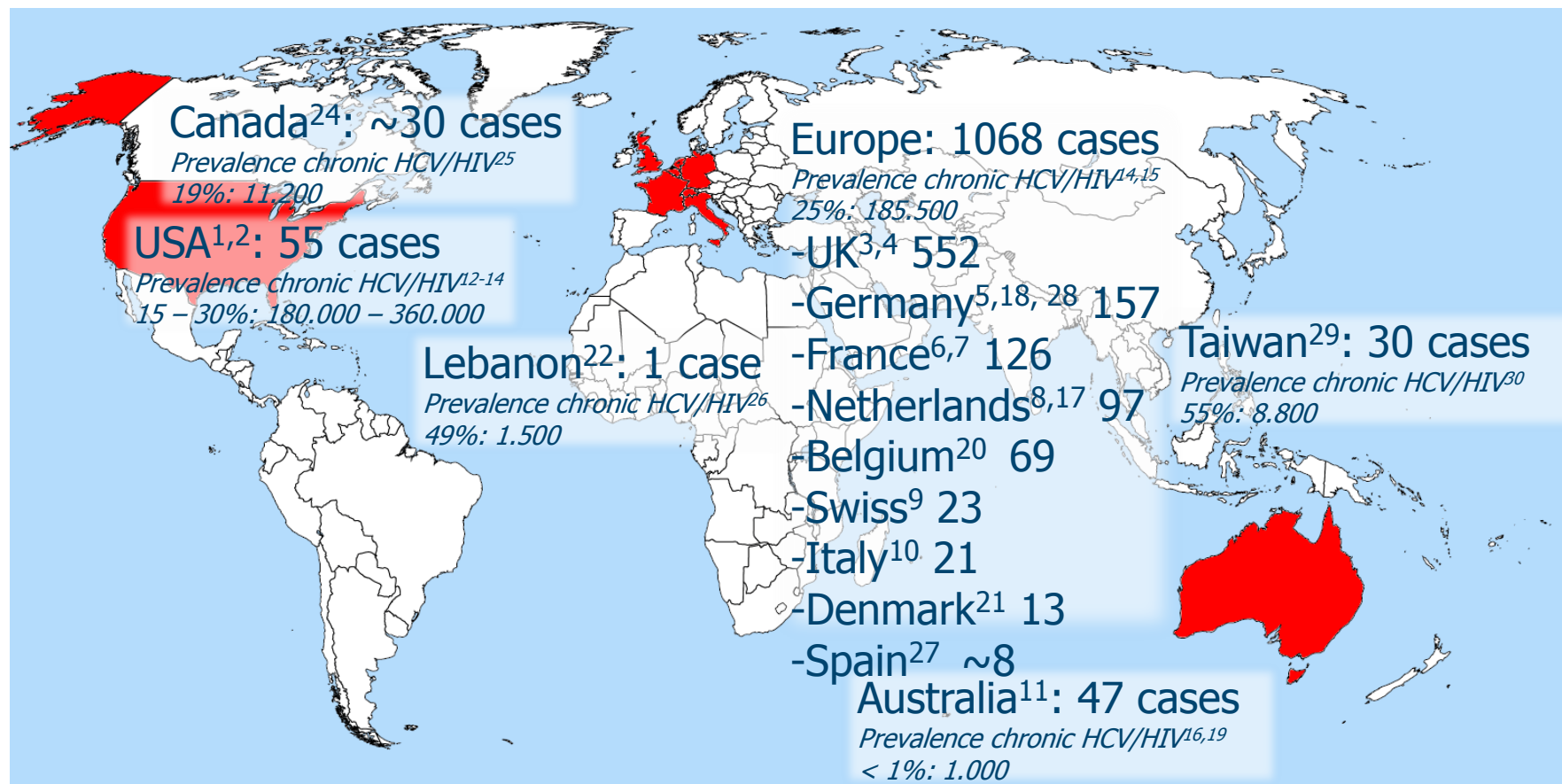
Danta M, et al. AIDS 2007;21:983–91.



HCV co-infection: Athena cohort

Screened at least once 18,718
HCV antibody/RNA positive 2,235 (12%)
- Confirmed chronic 987
- Confirmed acute 120

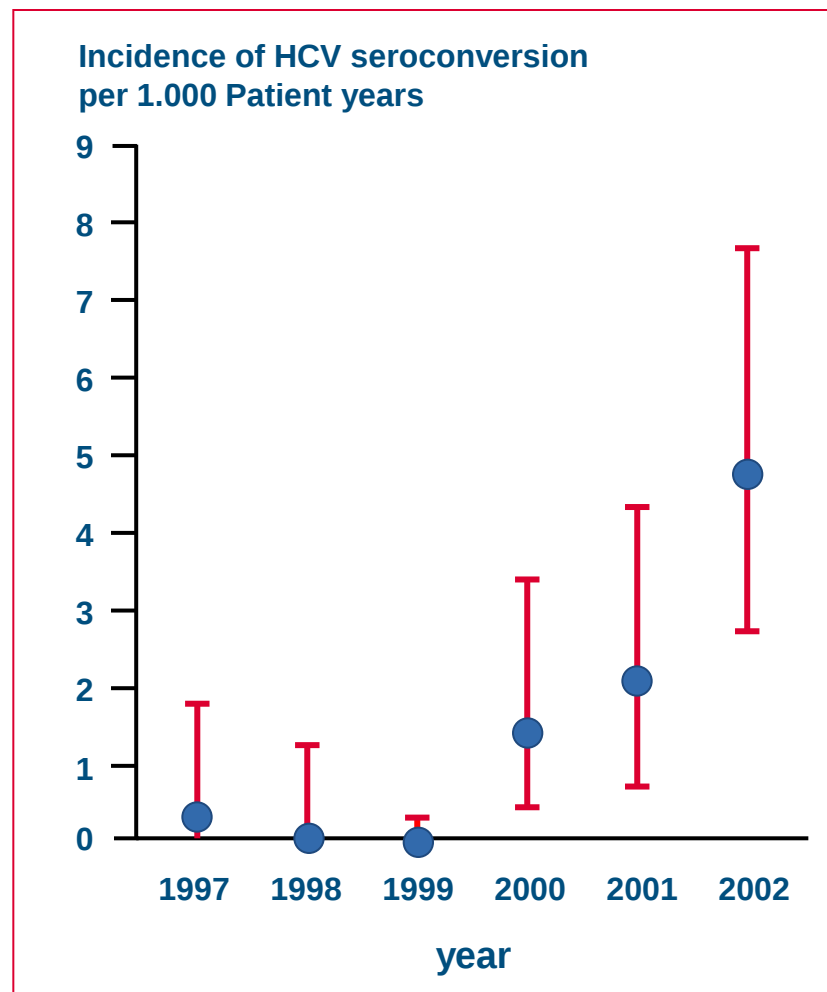
HCV co-infection	Chronic (N=987)		Acute (N=120)	
	N	%	N	%
Male	814	82	120	100
Origin				
Netherlands	641	65	98	82
Europe	171	17	13	11
Transmission route				
MSM	431	44	114	95
Heterosexual	101	10	3	3
IDU	341	35	1	1



1:Luetkemeyer JAIDS 2006; 2:Cox Gastroenterology 2008; 3:Giraoudon Sex Transm Infect 2008; 4:Ruf Eurosurveill 2008; 5:Vogel CID 2009; 6:Gambotti Euro Surveill 2005; 7:Morin Eur J Gastro Hepat 2010; 8:Urbanus AIDS 2009; 9:Rauch CID 2005; 10:Gallotta 4th Works. HIV & Hep. Coinf. 2008; 11:Matthews CID 2009; 12:Sherman CID 2002; 13:Backus JAIDS 2005; 14:UNAIDS Report 2008; 15:Soriano JID 2008; 16:Matthews CID 2011; 17:Arends Neth J Med 2011; 18:Neukam HIV Med 2011; 19:Pfafferoth PLoS One 2011; 20:Bottieu Euro Surveill 2010; 21:Barfod Scand JID 2011; 22:Dionne-Odom Lancet Infect Dis 2009; 23:Taylor Gastroenterology 2009; 24:Hull personal conversation 2011; 25:Remis 1st Canadian HCV Conference 2001; 26:UNGASS Country progress Report 2010; 27:Soriano personal conversation 2011; 28:Boesecke 18th CROI Boston 2011 abstract #113; 29:Sun Liver International 2011; 30:Lee J F Med Assoc 2008

Acute HCV-Epidemic in Europe

- London Chelsea and Westminster:
 - 27 cases 1997 - 2002
 - 26 male
 - 25 HIV+
- Risk factors
 - Unprotected anal or vaginal sex (n=21)
 - i.v. drug use (n=2)
 - Recent syphilis infection (n=9)



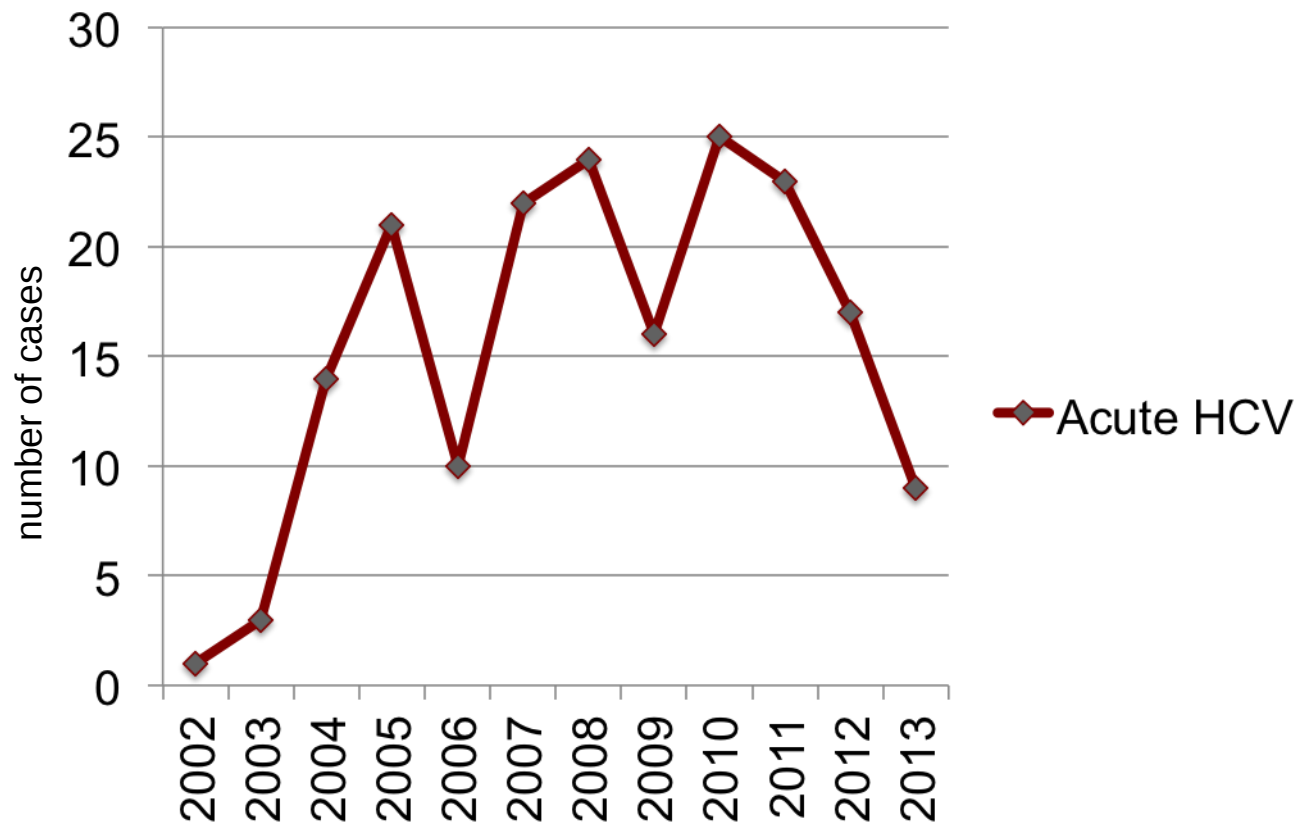
Browne et al. *Sex. Transm. Inf.* 2004; 80: 326-327



Continuous increase in new infections in HIV+ MSM: Berlin data

Outpatient Clinic in Berlin Center; ~1500 HIV+, 185 cases of acute HCV since 2002 up to 5/2013

2 cases in HIV- MSM, 2 IVDU, 1 female



Ingiliiz P personal
communication

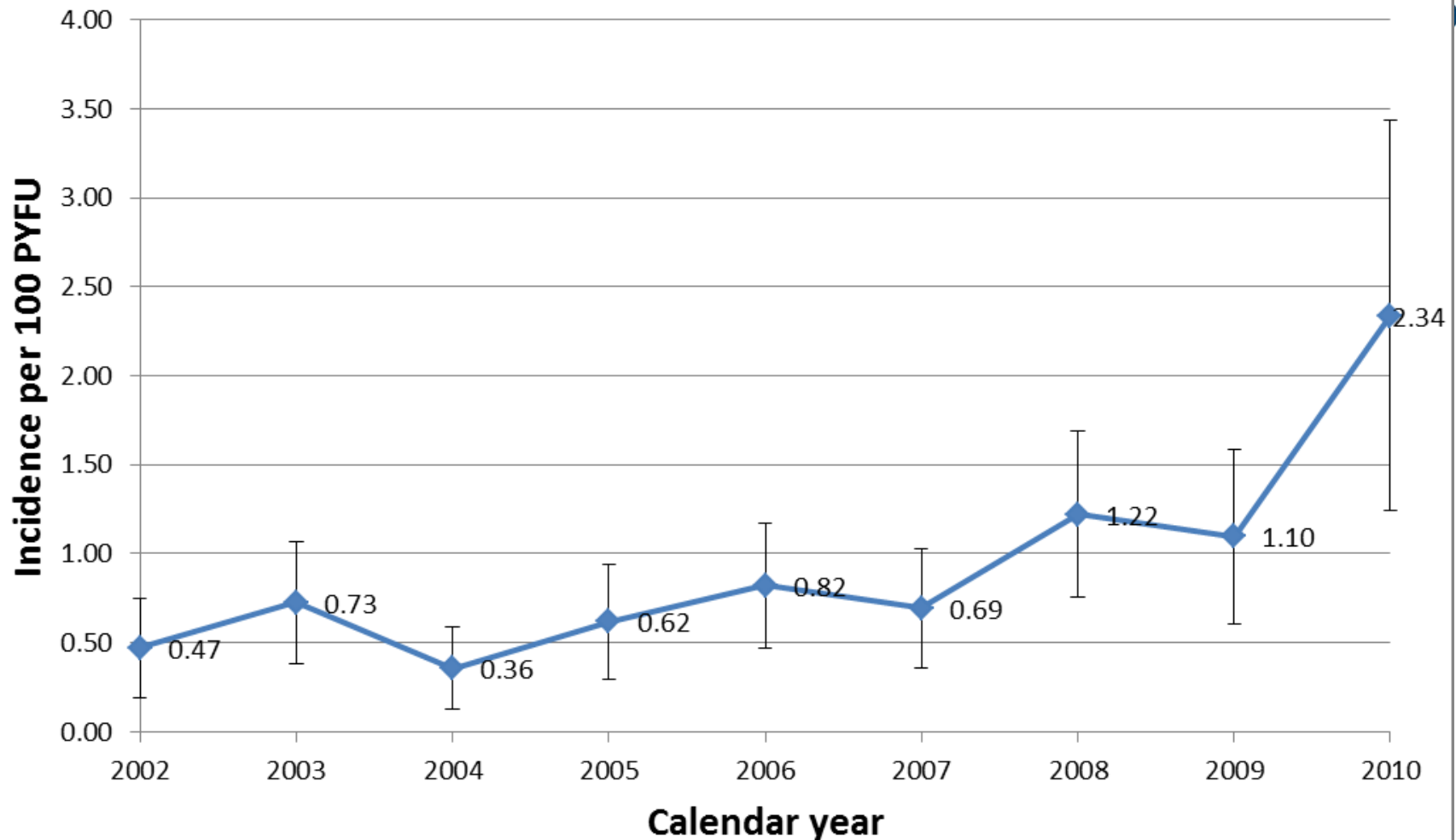
Own data, MIB



EACS European
AIDS Clinical Society

MEETING

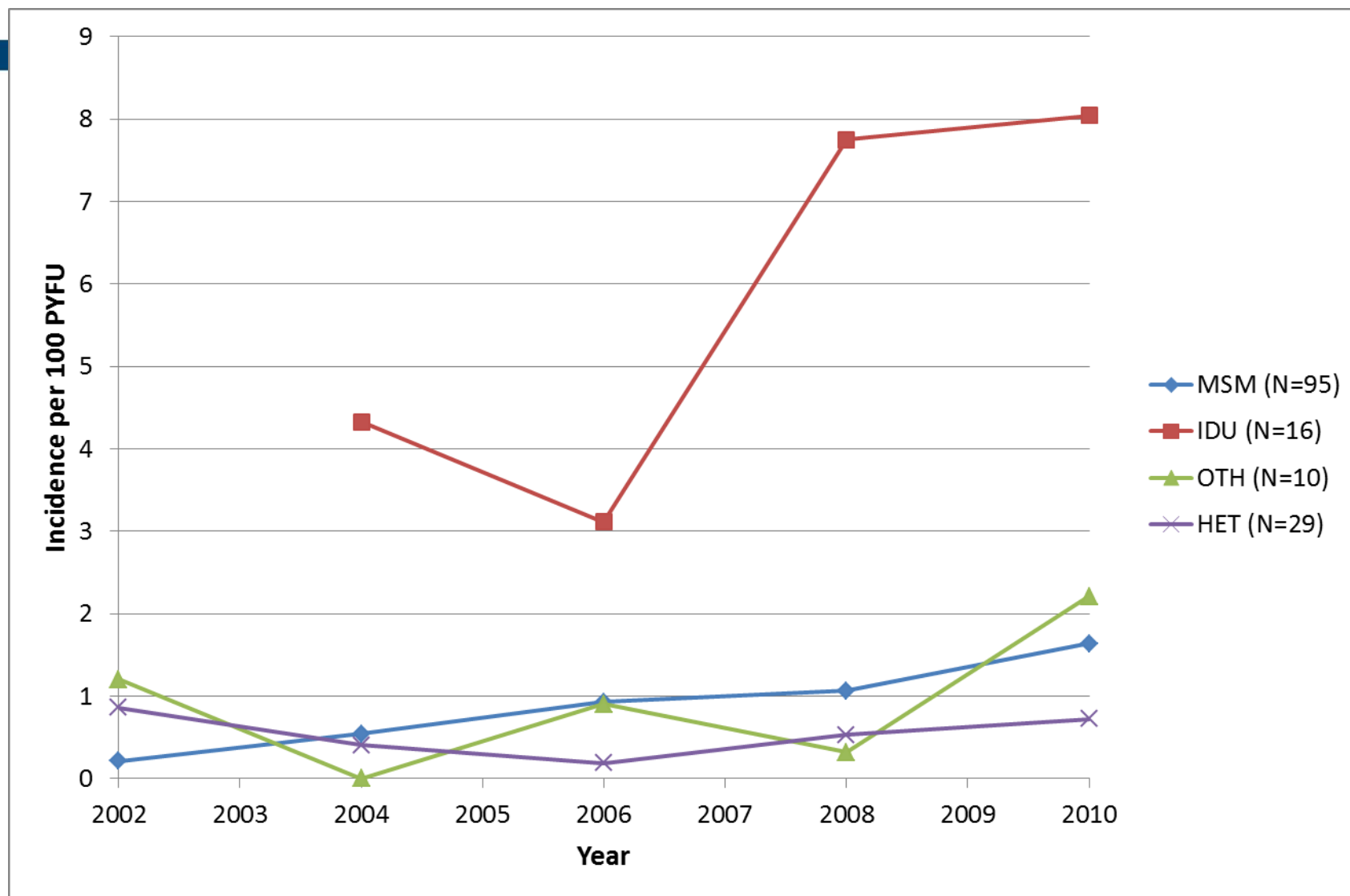
Incidence of Acute HCV within EuroSIDA by Calendar Year



Rockstroh/Kirk, Glasgow 2012



Incidence of Acute HCV by Risk Group

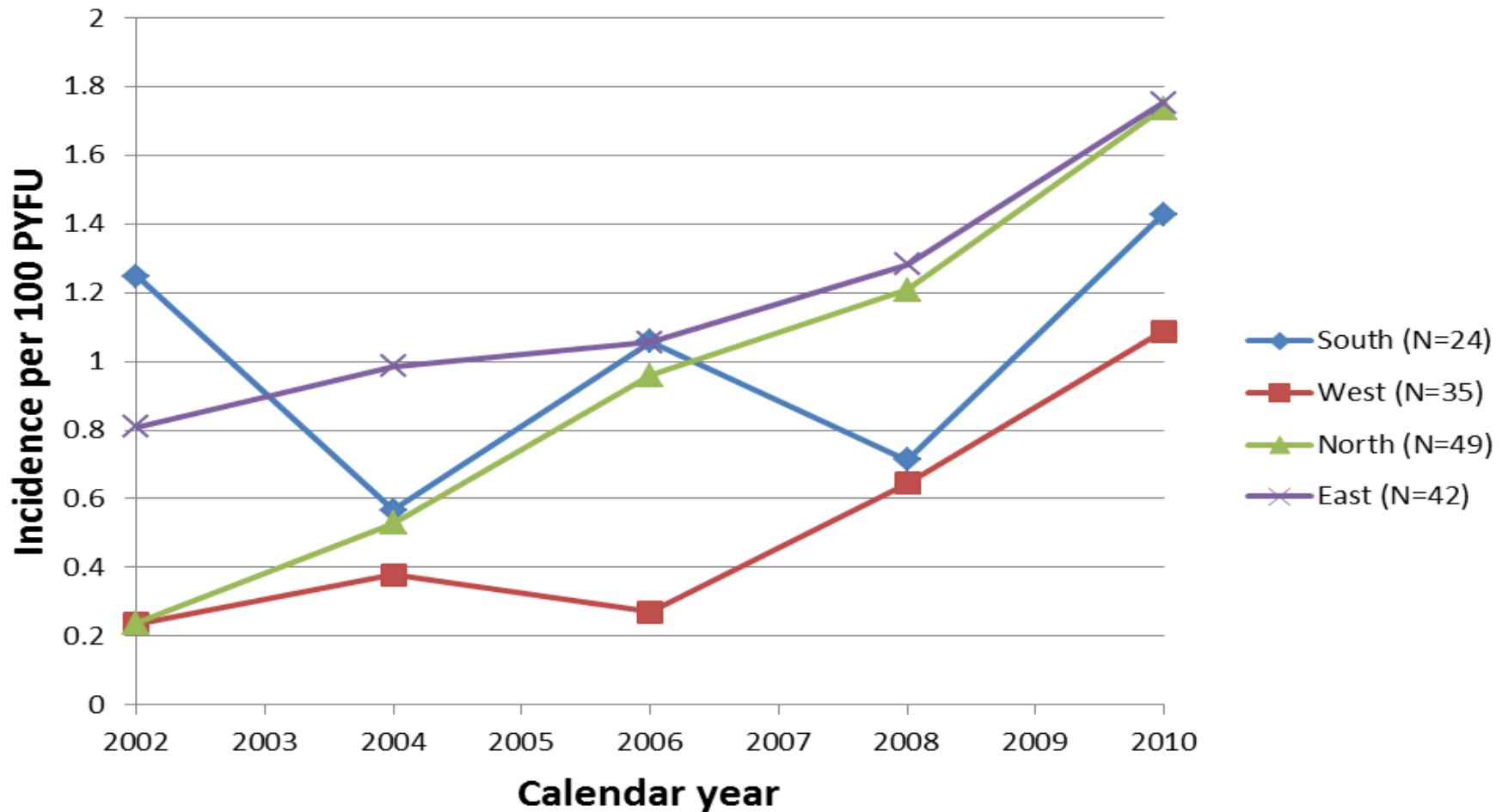


Rockstroh/Kirk, Glasgow 2012



Incidence of Acute HCV by regions of EuroSIDA by Calendar Year

Incidence of acute HCV by region



Rockstroh/Kirk, Glasgow 2012



Patient access to screening is variable across Europe

- HIV infection is the main driver of testing for HCV co-infection
- HCV screening guidelines most likely to be applied in large HIV centres
- Screening for HIV is advocated for all HCV-infected individuals
 - But may be limited/absent for HCV patients treated by Gastroenterology and/or Hepatology specialists
- Co-infection has a large impact on the management of both diseases
 - Missed diagnosis of HIV may lead to poorly informed treatment decisions and poor outcomes

Taylor LE. et al. Clin Infect Dis 2012;55(S1):S33–41



Guidelines – screening and monitoring

- EACS guidelines recommend HCV screening (and genotyping if positive) in all HIV-infected patients¹
 - Endorsed by various national guidelines^{2,3}
- Guidelines also emphasise the value of additional HCV testing:
 - HCV RNA and antibody tests for HIV+ patients with recent risk or unexplained hepatic transaminase elevations¹
 - MSM should be informed about transmission risks and tested annually for HCV if they have HIV¹

1. European AIDS Clinical Society (EACS). Guidelines Version 7.0. EACS, 2013. http://www.eacsociety.org/Portals/0/Guidelines_Online_131014.pdf. 2. British HIV Association (BHIVA). HIV Medicine 2013;14(S4):1–71; 3. Ministère des Affaires sociales et de la Santé. Rapport 2013 sur la prise en charge médicale des personnes vivant avec le VIH. Direction de l'information légale et administrative 2013; Paris, France. <http://www.sante.gouv.fr/rapport-2013-sur-la-prise-en-charge-medicales-des-personnes-vivant-avec-le-vih.html>

Challenges to cure

STANDARD of CARE for HIV
and COINFECTIONS in EUROPE

HIV

Virus integrates into
host cell genome

Persists despite
inhibition of
replication

HIV reservoirs can be
present at sites inaccessible
to treatment

Immune system dysfunction

HCV

Sterilising cure
may be more
straightforward

Virus does not integrate
into genome

SVR is still not achieved
in all patients, but new
DAA might lead to virus
eradication

1. Katlama C, et al. Lancet 2013;381(9883):2109-17. 2. Zoulim F, et al. Antiviral Res 2012;96(2):256-9. 3. Bowden S, et al. J Hepatol 2013;58:S309. 4. Pearlman BL, et al. Clin Infect Dis 2011;52:889-900. 5. Schaefer EA, et al. Gastroenterol 2012;142:1340-50.



HIV/HCV in Europe: conclusions

- ✓ Data mainly from cohorts, few Country reports
- ✓ Different prevalences of HIV/HCV coinfection across Europe, highest in Eastern and Southern Europe
- ✓ HCV-HIV epidemic mainly driven by IDU
- ✓ New HIV cases with chronic HCV infection are decreasing, according to changing HIV epidemiology
- ✓ Acute HCV increasing mainly driven by MSM
- ✓ Importance of HCV testing to prevent liver disease and to eradicate HCV infection

HIV/HCV in Europe: conclusions

Special thanks to:

- ✓ Jorgen Rockstroh
- ✓ Cristiana Oprea
- ✓ Euroside cohort
- ✓ Icona cohort

