

HIV-HCV co-infection

The global situation: insights from AFRAVIH 2012

Dr Juan Ambrosioni

Hôpitaux Universitaires de Genève

The poster features a background of a blue mountain range under a light sky. A large, stylized red graphic of a group of people holding hands forms a shape resembling the letter 'G' or a similar symbol. The website address 'www.vihgeneve2012.com' is written in white along the bottom curve of this red graphic. In the top left corner, a list of menu items is provided in red text. The bottom left corner contains the event location and dates in white text. The bottom center features the organizing body 'AFRAVIH' in orange and white, with a small tagline below it. The bottom right corner displays the main title 'AFRAVIH 2012' in orange and white, followed by '6e Conférence Francophone' in white, and 'VIH/SIDA' in large orange letters.

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Mon dossier

CICG, Genève
Suisse
25-28 mars 2012

Organisée par
AFRAVIH
ALLIANCE FRANCOPHONE
DES ARTISANS DE MAINTIEN CONTRE LE VIH

AFRAVIH 2012
6^e Conférence
Francophone
VIH/SIDA

www.vihgeneve2012.com

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

HIV is frequently associated

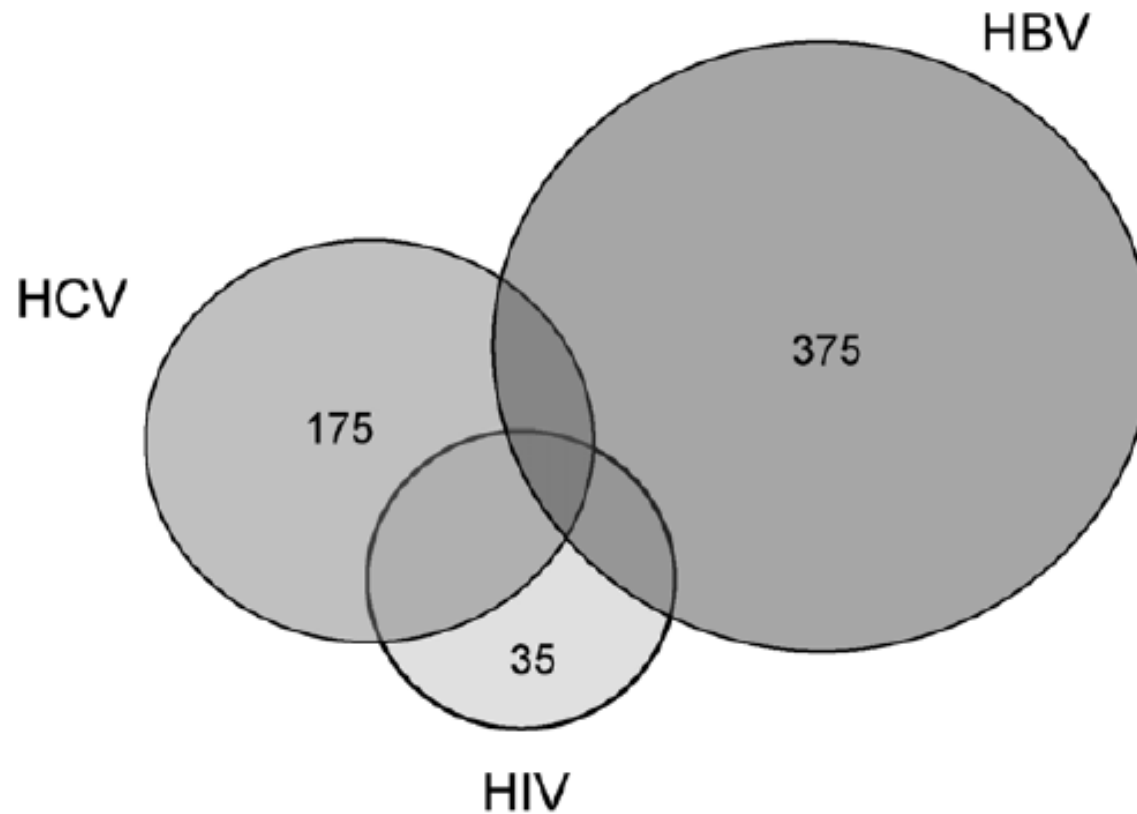


Fig. 1. Estimated number of individuals with HIV, HBV and HCV worldwide.

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

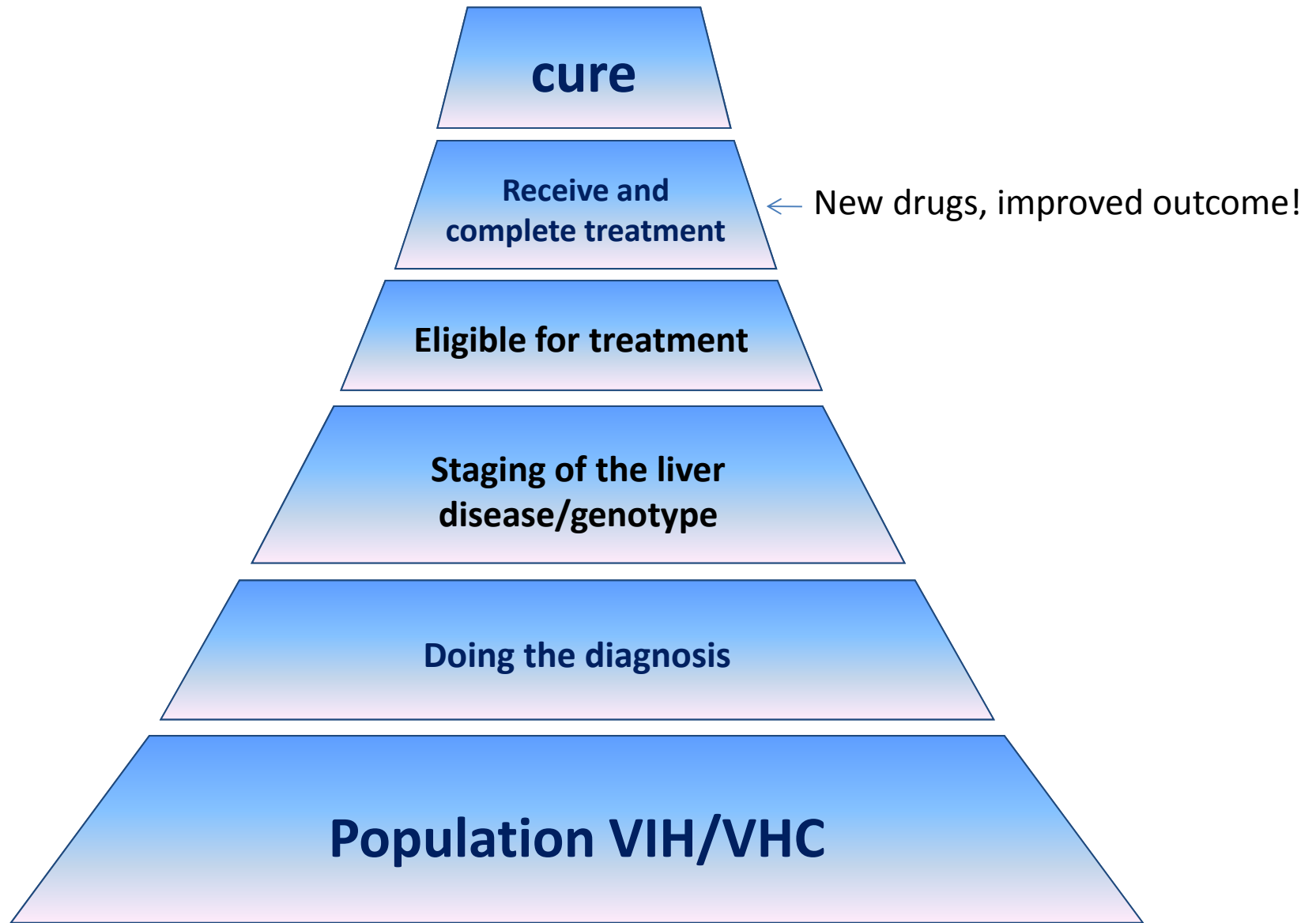
1. Modifying HCV natural course of infection

- 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...



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% access to care after results. **HIV prevalence: 3.8%, HCV:22.6%**

Maynard 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

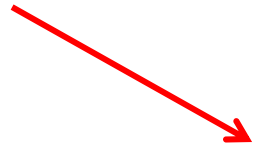
Conclusions from AFRAVIH, Genève 2012

- 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**

3. HIV-HCV in French speaking countries

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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