Are People With HIV More Likely to Develop Chronic Hepatitis B?

Antiretroviral therapy for HIV, also effective against HBV, lowers the risk of developing chronic hepatitis.

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Men living with HIV who took antiretroviral therapy that also targets the hepatitis B virus (HBV) were about as likely to develop chronic hepatitis B as men without HIV, according to study results published in AIDS. But for HIV-positive men who were not taking such therapy, the risk of developing chronic hepatitis B was about twice as high.

HIV and HBV are transmitted in similar ways, and coinfection with both viruses is not unusual. HIV has been shown to worsen HBV disease progression, resulting in an increased risk that those with acute infection won't naturally clear the virus and will go on to develop chronic hepatitis B. Viral hepatitis continues to be a major cause of death among people with HIV.

Oluwaseun Falade-Nwulia, MBBS, of Johns Hopkins University in Baltimore, and colleagues used data from the Multicenter AIDS Cohort Study (MACS) to analyze the impact of antiretroviral treatment on the risk that acute HBV infection would progress to chronic hepatitis B. Some antiretrovirals are active against both HIV and HBV; these include lamivudine (Epivir), emtricitabine (Emtriva), tenofovir disoproxil fumarate (Viread, also in Truvada and single-tablet regimens) and tenofovir alafenamide (Vemlidy, also in Descovy and single-tablet regimens).

For their study, the researchers identified individuals from MACS who had tested positive for HBV between 1985 and 2013.

A total of 180 men with HBV were split into three groups: 110 HIV-negative men, 13 HIV-positive men on antiretroviral therapy active against both HIV and HBV and 57 HIV-positive men not on dually active antiretroviral therapy. Some 82% of the study population was white, and the mean age was 32 years. Of the study population, 11% developed chronic hepatitis B, while the remainder cleared HBV and recovered.

HIV-negative men and HIV-positive men who were receiving antiretrovirals effective against HBV developed chronic hepatitis B at similar rates (8.2% versus 7.7%). On the other hand, 17.5% of men with HIV who were not receiving dually active antiretrovirals went on to develop chronic hepatitis B.

In summary, antiretroviral treatment that was effective against both viruses lowered the risk of developing chronic hepatitis B, supporting the use of HBV-active antiretroviral therapy to prevent chronic hepatitis B in men with HIV without past exposure to HBV, the researchers concluded.

Click here to read the study abstract in AIDS.

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