HIV Viral Rebounds Predict Fibrosis in HCV-Coinfected People

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People coinfected with HIV and hepatitis C virus (HCV) are more likely to develop liver fibrosis if they experience an HIV viral load rebound, rather than just a blip. Publishing their findings in the journal HIV Medicine, researchers studied 288 HIV/HCV-coinfected people who were on antiretroviral treatment for HIV, had an undetectable HIV viral load for two consecutive clinic visits, had not been treated for HCV, and did not have fibrosis or end-stage liver disease.

An HIV blip was defined as a viral load of between 50 and 999 that was bookended by undetectable test results. An HIV rebound was defined as having a viral load of at least 50 on two consecutive visits or having a single measurement of at least 1,000.

During an average of 1.1 years of follow-up, 57 of the participants (20 percent) progressed to liver fibrosis. The participants who experienced an HIV rebound were 2.3 times more likely to progress to fibrosis, while there was no increased risk for those who had blips. For each additional 10-fold cumulative exposure to HIV viral load, there was a 20 percent increased risk of fibrosis progression.

The researchers stated that their findings underscored the importance of maintaining an undetectable HIV viral load when coinfected with hep C.

To read the study abstract, click here.

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