## **HIV and Liver Disease**

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#### Learning Objectives

After attending this presentation, learners will be able to:

- · Describe changing epidemiology of viral hepatitis
- Describe new hepatitis B vaccine strengths and limitations
- Be aware of real-time data regarding HCV treatment in HIV-infected persons
- Know when and how to screen for NAFLD/NASH

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### **ARS QUESTION 1**

A 40 yo homeless man with HIV infection presents to ED with mental status changes.

Physical Exam: Malnourished man, icteric sclera, abdominal tenderness on RUQ palpation, + asterixis

Which is of the following is most likely?

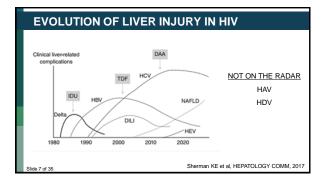
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# ARS QUESTION 1: Which is of the following is most likely?

- 1. Acute hepatitis A
- 2. Acute hepatitis B
- 3. Decompensated chronic hepatitis B
- 4. Decompensated chronic hepatitis C
- 5. Hepatitis D superinfection
- 6. Acute hepatitis E

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#### TOPICS

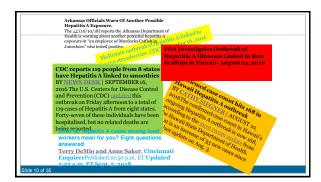
- VIRAL HEPATITIS
  - Changing Epi and New Concerns
  - HBV New Vaccine
  - HCV Treatment in HIV-Infected Persons
- NAFLD/NASH
  - Increased Recognition
  - New Therapies?

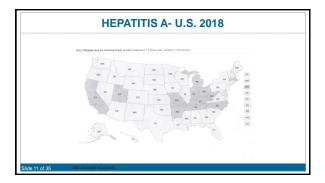
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#### **HEPATITIS A**

- · Increase frequency of reporting
  - $^{\circ}\,$  <2000 Cases reported by CDC in 2016
  - >7000 Cases reported by CDC in October, 2018
- Significant increase seen in European cities among MSM

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#### **CLINICAL PRESENTATIONS**

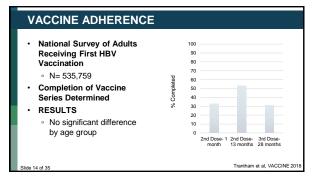
- · Asymptomatic disease without jaundice
- Symptomatic, self-limiting disease with jaundice for less than 8 weeks
- · Cholestatic jaundice lasting more than 10 weeks
- Relapsing acute hepatitis, with two or more instances over a 10-week period
- Acute hepatic failure

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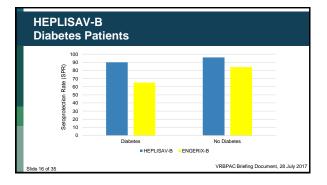
#### **HEPATITIS B**

- First new vaccine in more than 20 years approved by FDA
- Heplisav-B (Dynavax)
  - Contains CPG 1019 Adjuvant + 20 mcg Hepatitis Surface Antigen (recombinant)
  - Two doses effective in Immunocompetent Patients
  - Three dose regimen studied in those with CKD
- No data in HIV-Infected Persons

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ficacy endpoints-HEPLISAV-B						
	HEPLISAV-B	Engerix-B	Difference in SPR (95% CI)	Difference in SPR % (95% Cl)		
HBV-10 (18-55)	95.0% (N=1,511)	81.2% (N=521)	13.7% (10.4, 17.5)			
HBV-16 (40-70)	90.1% (N=1,121)	70.5% (N=353)	19.6% (14.7, 24.8)			
HBV-23 (Diabetes)	90.0% (N=640)	65.1% (N=321)	24.9% (19.3, 30.7)	-	-	
SPR = ser	oprotection rate		Favo	-10% 0% 10% 20% rs Engerix-B Favors HEPLIS		





### **ARS QUESTION 2**

A 52 yo man with HBV/HIV coinfection is seen in followup. He c/o increasing abdominal pain, nausea and vomiting. His urine has become dark in color. He reports unprotected sex with men and women.

He was recently switched to a 2 drug regimen of dolutegrevir/lamivudine from raltegrevir/tenofovir/emtricitabine

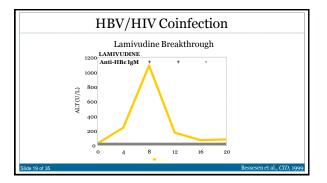
You are MOST concerned about....

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# ARS QUESTION 2: You are MOST concerned about....

- 1. Drug Hepatotoxicity
- 2. Acute HCV Infection
- 3. Acute renal failure
- 4. Hepatitis B flare
- 5. Hepatitis D Superinfection

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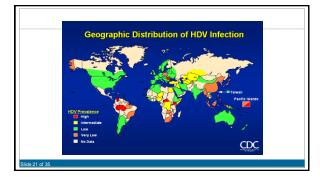




### HDV Significance

- · HDV infection is associated with
  - Increased liver disease severity in setting of both superinfection and coinfection with HBV
  - More rapid rates of disease progression and early cirrhosis.
  - Increased risk of HCC (up to 3x fold in HBV-cirrhosis)

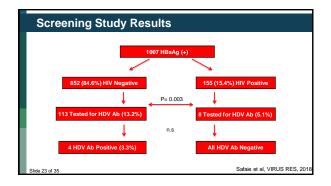
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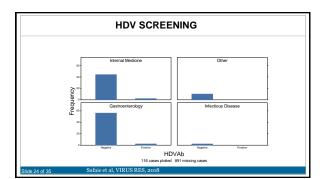


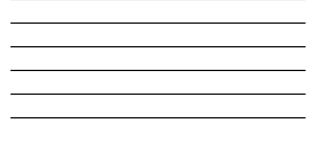
# HDV TESTING RECOMMENDATIONS among HBsAg+ Individuals

- AASLD Guidelines: "Laboratory tests should include assessment of liver disease, markers of HBV replication, and tests for coinfection with HCV, HDV, or HIV in those at risk" which includes all individuals from HDV endemic areas and those with history of IDU".
- EASL Guidelines: Other causes of chronic liver disease should be systematically looked for including co-infections with <u>HDV</u>, HCV. and/or HIV (A1)"
- APASL Guidelines: "Other causes of chronic liver disease should be systematically looked for, including coinfections with HDV

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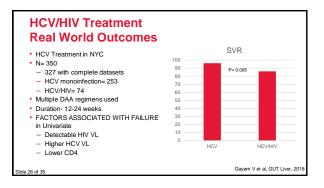





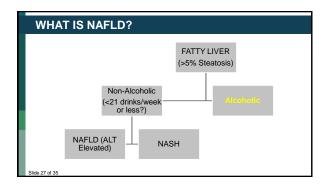
#### Summary of Screening

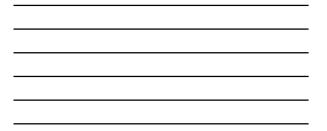
- HDV testing is rarely performed in HBsAg+ subjects in our system.
- Patients with HIV are less likely to have been tested than those without HIV.
- Gastroenterologist/Hepatologists are more likely to order HDV testing than other health care providers.
- The rate of HDV positivity in a mid western city was 3.3% (95% C.I. range 0.9% 8.2%).

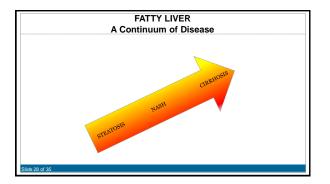
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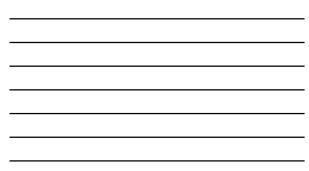




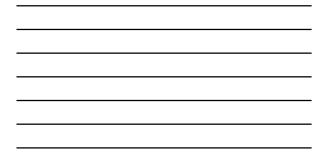


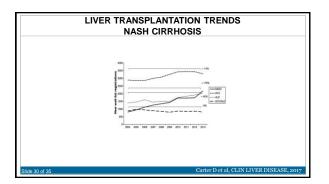


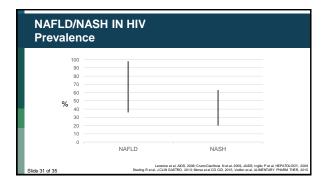


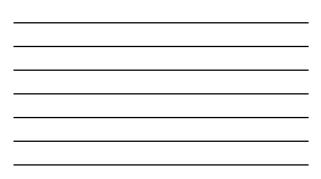


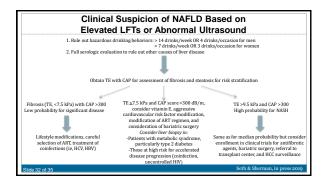




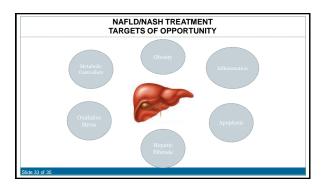














#### CONCLUSION

- Liver Disease remains and important consideration in those with or without HIV infection
- Viral infections that were rare have become common again
- Changes in cART management require awareness of coinfections
- · NAFLD/NASH is a growing problem

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