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Six-week treatment for acute hepatitis C in people with HIV

Jurgen Rockstroh presenting at CROI 2016. Photo by Liz Highleyman, hivandhepatitis.com

Treatment with sofosbuvir/ledipasvir for six weeks is enough to cure acute hepatitis C virus (HCV) in people with HIV who have a low HCV viral load.

The study involved 26 HIV-positive people with recent HCV infection in Germany and the UK. All had genotype 1 or 4 infection.

Study participants received open-label HCV therapy lasting six weeks.
Twelve weeks after the completion of treatment, 77% of participants had a sustained virological response (considered a cure for HCV).

There were no serious adverse events and the most common side-effects were tiredness and headache.

Treatment was especially efficacious in people with lower HCV viral loads – the researchers recommend longer courses of therapy for people with higher viral loads.

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- Read this news story in full on aidsmap.com
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- View a webcast of the press conference relating to these studies on the conference website

Removing barriers to rapid initiation of ART

Simplified clinical procedures enabled 70% of patients to start antiretroviral therapy (ART) as soon as they became eligible, according to results of a study conducted in Uganda.

World Health Organization (WHO) guidelines recommend that everyone diagnosed with HIV should take ART. Recent findings have shown that starting HIV treatment early, while a person's CD4 cell count remains above 500, reduces the risk of serious illness. But in reality, most people start treatment late – this has implications both for their own health and also for the continued transmission of HIV.

In Uganda, patients typically first present for HIV-related care when their CD4 count is around 370 and don’t start treatment until it is a little over 100.

Researchers wanted to see if point-of-care CD4 count monitoring, adherence counselling not being a prerequisite and enhanced training for staff would increase the proportion of people with HIV initiating therapy as soon as they became eligible (based on CD4 count results).

The study was conducted at 20 clinics. Over 12,000 people became eligible for ART with an...
average CD4 cell count of a little over 300. Using standard care pathways, 18% started ART on the day they became eligible, with 38% doing so within two weeks.

But with the intervention, 71% started ART on the day of eligibility, and 80% within two weeks.

“If we take this intervention to scale we could enhance the efficiency and effectiveness of the care cascade in Africa,” said the researchers.

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**Early treatment reduces risk of infection-related cancers**

People who start HIV therapy when their CD4 count is above 500 are much less likely to develop a cancer linked to an infection than people who start HIV therapy at lower CD4 counts. These findings come from a major study (START) to assess the benefits of early HIV therapy.

In the study, people with CD4 counts over 500 were randomised to start HIV treatment immediately, or to wait until their CD4 count fell to 350.

**Overall results of the study showed clear benefits of early treatment.** Preliminary results also showed that early treatment reduced the risk of cancer by two-thirds, but did not differentiate according to whether cancers had infections as their underlying cause.

The latest analysis showed that early treatment reduced the risk of infection-related cancers by 75%. The most common infection-related cancers were Kaposi’s sarcoma and non-Hodgkin’s lymphoma. Other predictors of infection-related cancers were older age, high body mass index (BMI), living in a low-income region and a high viral load.
A rare case of failure of pre-exposure prophylaxis (PrEP) despite good adherence was reported at the conference.

Good adherence is a key factor in the efficacy of PrEP. People who take PrEP as prescribed have a very low risk of infection with HIV.

But a man in Toronto became infected with HIV, despite reporting very high levels of adherence to PrEP.

He was diagnosed with a strain of HIV which had resistance to several drugs.

It was not possible to completely verify if the man had adequate levels of antiretrovirals in his blood to protect him against HIV, but on balance researchers think the man had been adherent to his treatment.
Large-scale household TB screening shows feasibility

Offering tuberculosis (TB) screening as part of a home-based HIV testing intervention has the potential to identify people with TB who would otherwise have gone undiagnosed, a study conducted in Zambia shows.

There are very high rates of TB among people with HIV, so offering screening for TB and HIV testing together makes sense. However, unlike HIV testing, which can be carried out with rapid antibody tests in the community or even in the home, screening for TB requires several stages, since a point-of-care test is not yet available.

The PopART study went door to door in eight communities in Zambia, offering HIV testing and symptom screening for TB. Individuals with possible TB symptoms or living in a household with a person on TB treatment were invited to give sputum samples for analysis.

Over 200,000 people participated in the study and 98% consented to TB screening. Only 1.2% had symptoms of TB and most of these (82%) gave a sputum sample for analysis. Three-quarters of these individuals received a result and 9% were confirmed as having TB – a detection rate of 417 per 100,000.

The low proportion of people with TB symptoms was unexpected. Nevertheless, the results show that large-scale screening for TB can be integrated into HIV home-testing programmes.

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A significant proportion of HIV-positive gay men attending sexual health clinics in England and Wales report the use of drugs during sex.

Research involving 30 clinics showed that approximately a third of gay men living with HIV reported “chemsex” – defined in the present study as “the use of drugs to increase disinhibition and arousal” – and approximately 10% reported “slamsex” – involving injecting drug use during sex. Rates of drug use during sex were especially high in London.

The survey involved 582 gay men. Drugs commonly used during sex were GHB/GBL, ketamine, methamphetamine and mephedrone. The latter two were the drugs most likely to be injected. Approximately a third of those reporting chemsex were in the 35-54 age group.

Rates of drug use during sex were especially high in London – 37% vs 17% outside of London.

Condomless anal sex was very common and reported by 77% of those using drugs during sex. Most men were on treatment and had an undetectable viral load. Men reporting chemsex were more likely than men not reporting drug use to have had condomless anal sex.

Approximately half of those reporting chemsex had had a recent sexually transmitted infection (STI) and 9% had hepatitis C virus co-infection.

“This survey highlights the need for interventions to address the risk of HIV and STI transmission among men who use drugs in a sexual context,” say the researchers.

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A symposium at CROI, called 'A beautiful mind: keeping it', looked at the future of neurological monitoring for people with HIV.

The success of HIV treatment means that AIDS-related dementia and HIV-associated neurocognitive disorder (HAND) are now rare.

But the symposium heard about a new spectrum of neurological disorders affecting people with HIV, including those associated with the ageing of the HIV-positive population, hepatitis C co-infection and the side-effects of some anti-HIV drugs.

Ways of monitoring the neurological health of people with HIV were also discussed.

The symposium outlined research exploring the role of cerebrospinal fluid (CSF), and strategies to treat HIV in CSF were explored.

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Dolutegravir safe and highly effective in older children
HIV therapy based on the integrase inhibitor dolutegravir (Tivicay) is safe and effective for children aged between six and twelve years.

There is an urgent need for effective second- and third-line treatment options for children with HIV who have developed drug resistance after experiencing treatment failure with a regimen based on an NNRTI or protease inhibitor.

Researchers wanted to see if a combination of the integrase inhibitor dolutegravir and two other drugs chosen after resistance testing and a review of treatment history, was safe and effective.

After 48 weeks of treatment, 80% of children had a viral load below 400 copies/ml and 74% had an undetectable viral load. Good increases in CD4 cell counts were observed and there were no serious side-effects.

Research is now underway to see if dolutegravir is safe and effective in younger children.

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Cotrimoxazole prophylaxis for HIV-negative children
Preventive therapy with cotrimoxazole (Septrin) may not be needed for HIV-exposed but uninfected children, according to new research.

Therapy with this antibiotic has been shown to be an effective, safe and cheap way of reducing rates of illness and death in children with HIV, especially in areas where there are high rates of malaria and serious bacterial infections.

The drug is recommended for all infants born to mothers with HIV in such settings and therapy should continue until infection with HIV can be excluded (i.e. until the child is no longer breastfeeding).

Infants born to mothers with HIV (HIV-exposed, but uninfected) have higher mortality rates compared to unexposed children. The research looked at whether continued therapy with cotrimoxazole could be of benefit.

A randomised study showed that preventive therapy with cotrimoxazole did not improve survival or clinical outcomes over 18 months. Mortality rates were similar between children who received the drug and those taking a placebo. Rates of hospitalisations and anaemia were also similar between the two groups.

However, the research did show that cotrimoxazole was well tolerated.

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