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HBV infection in untreated HIV-infected adults in Maputo, Mozambique

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HIV/HBV co-infected patients are at high risk of developing chronic HBV infection, liver cirrhosis and hepatocellular carcinoma. In Mozambique, where HIV prevalence is one of the highest in the world, HIV-infected patients are scarcely characterized in terms of HBV co-infection. To characterize ART-naïve HIV-infected adults, with and without HBV coinfection, a cross-sectional study was conducted between May and November 2012 in two health centres from Maputo, Mozambique. Subjects were consecutively enrolled in the study and, then, tested for HBsAg. Moreover, CD4⁺ T cells count, HBV DNA in plasma, HBV genotyping were assessed in HIV/HBV co-infected patients. In total, 518 patients were enrolled in the study. The median age was 33 years old and 66.8% were women. The median CD4⁺ T cells count was 361 cells/mm³ and 47

(9.1%) were co-infected with HBV. Out of 46 co-infected patients, 24 (55.2%) had HBV-DNA $\geq 20 - 20,000$ IU/mL and 12 (26.1%) had HBV-DNA $\geq 20,000$ IU/mL. APRI > 2.0 was reported in 4.3% of co-infected and 1.7% of mono-infected patients ($p = 0.228$), while FIB-4 > 3.25 reported in 4.4% of co-infected and 1.3% of mono-infected patients ($p = 0.112$). Genotype A was the most frequent, identified in 25/27 (92.6%) patients, whereas genotype E was present in 2/27 (7.4%) patients. This study showed that HBV coinfection was prevalent among ART-naïve HIV-infected adults in Mozambique. Overall, these data highlight the importance of screening HBV co-infection as an integrated measure of HIV routine care to improve health conditions and treatment of HIV/HBV co-infected patients

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