Commentary

A Call for Routine HIV Testing Among Patients with Hepatitis C Virus Infection

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In February 2010, Mr. R, a 49-year-old male with wellcontrolled HIV infection on highly active antiretroviral therapy (HAART), was referred to our HIV/viral hepatitis coinfection clinic for evaluation of chronic hepatitis C virus (HCV) infection. While he was worried about the degree of damage to his liver and whether HCV treatment was indicated, his greatest concern was for his wife. The couple had been having unprotected intercourse since they were teenagers, and Mr. R feared that his 47-year-old wife was infected with HIV. Mrs. R was diagnosed with chronic HCV years earlier and was under the care of a highly regarded gastroenterologist. This physician recommended liver biopsy with pharmacotherapy for HCV but had not tested Mrs. R for HIV.

Mrs. R. tells her husband that she would rather die than know that she is coinfected with HIV. She has been aware of his HIV status since his diagnosis in 1986. Initially she declined to talk with us but two months later agreed to be evaluated for a second opinion regarding HCV. At this visit, a rapid HIV test was positive. Further evaluation confirmed her HIV infection. With CD4⁺ cell count of 398 cells/uL; the presence of HCV coinfection; genotype 1a virus; and reassuring physical exam, liver function tests and platelet count, she initiated HAART and deferred liver biopsy and HCV treatment consideration until she adjusted to her HIV diagnosis.

This is an all-too common scenario -- a patient thought to be HCV-monoinfected is engaged in medical care for an infection which shares routes of transmission with HIV -but is not tested for HIV. Missed HIV diagnosis may lead to misinformed treatment decisions with poorer outcomes for both HIV and HCV, because dual infection alters management of both diseases. HIV can accelerate HCV disease course, with more rapid progression to cirrhosis, liver failure and hepatocellular carcinoma in coinfection. HCV infection is the most frequent cause of non-AIDSrelated death for HIV-infected persons with access to HAART [1, 2]. HCV treatment leading to a sustained virologic response (SVR) reduces liver-related mortality and morbidity in coinfection [3], and national and international guidelines endorse considering all coinfected patients for HCV treatment [4-6]. However, patients require closer monitoring during HCV treatment than in HCV monoinfection because adverse events are more common and severe.

Although coinfection increases risk of HAART-related hepatotoxicity, liver disease progression is slower in patients receiving HAART, and benefits outweigh risk. Irrespective of CD4⁺ cell count, HIV RNA level, HIV-related symptoms and other opportunistic infections, early HAART introduction is recommended to reduce the rate of progression of hepatic disease [7, 8]. In most cases, HAART should precede HCV treatment, to decrease HIV-related morbidity and mortality, and diminish HIV transmission.

In this issue of The Open Infectious Diseases Journal, Fuller *et al.* add to the growing body of evidence supporting routine HIV testing for HCV-infected veterans. Among a national sample of over 305,000 veterans with HCV infection, only one third were tested for HIV; of those tested, 13.2% were coinfected. These findings are consistent with earlier work demonstrating a substantial prevalence of HIV coinfection among HCV-infected veterans, ranging from 5%-25%, and insufficient HIV co-testing [9-11].

The Veterans Health Administration (VHA) of the US Department of Veterans Affairs is the largest single provider of HIV, HCV and HIV/HCV care in USA [12]. The VHA has endorsed HIV testing for all patients with HCV since 2003 [13]. In 2009 the VHA issued a directive to incorporate HIV testing into routine medical care for all patients, with annual testing for those with ongoing risk.

Outside the VA, HIV prevalence in HCV-infected patients surpasses that of the general population, and prevalence of undiagnosed HIV infection exceeds the threshold that makes routine testing cost-effective [14-16]. The American Association for the Study of Liver Diseases proposes testing all HCV-infected persons with HIV risk factors for HIV [4]. However, HIV testing based on clinicians' impression of patients' HIV risk has been found to be inadequate, and the Centers for Disease Control and Prevention advocates routine voluntary HIV screening as a usual part of medical practice [16]. Certainly this should encompass universal opt-out HIV testing for all HCV-

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infected patients [15], who need to be recognized as a priority group for HIV screening.

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POTENTIAL CONFLICTS OF INTEREST

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