WEPEB100

Current hepatitis A outbreaks in men who have sex with men- Epidemiological situation in HIV patients in Chile

C.P. Cortes[1,2], M. Wolff[1,2], L.M. Noriega[3], A. Marcotti[3], C. Palavecino[1], P. Mateluna[3], L. Porte[3], T. Weitzel[3]
1.- Facultad de Medicina Universidad of Chile , Santiago, Chile, 2.- Fundación Arriaran, Santiago, Chile, 3.- Clinica Alemana, Facultad de Medicina Clínica Alemana, Universidad del Desarrollo, Santiago, Chile
ccortes@fundacionarriaran.cl tweitzel@alemana.cl

Background:

- The general risk of fecal-orally transmitted infections is higher in men who have sex with men (MSM)[1].
- Recently, various countries in Europe and the Americas (including Chile) experienced outbreaks of hepatitis A virus (HAV) infections in HIV infected and non infected men who have sex with men (MSM)[2].
- In Chile, the epidemiology of orally transmitted viral hepatitis infections (hepatitis A and E) is not fully understood.
- Hepatitis A vaccines are available, but not widely used.
- Our study aimed to analyze the epidemiology of feco-orally transmitted viral hepatitis (A and E) in HIV patients in Santiago, Chile.

Methods:

- The study used preserved samples from a previous cross-sectional multicenter hepatitis B study in adult HIV patients attending public (Fundación Arriarán, FA) and private health centers (Clínica Alemana, CA) in Santiago (ECCMID 2016, poster 1411).
- Specimens were tested for antibodies against hepatitis A (Elecsys® anti-HAV total, Roche) and hepatitis E (recomWell HEV IgG, Mikrogen).
- Demographic, clinical and laboratory data were obtained from medical records.
- Ethical approval by the respective committees of both centers.

Results:

- A total of 394 patients (FA, 348; CA, 46) were included.
- 93% were male, median age 38 years and 99% acquired HIV sexually (83% MSM, 17% heterosexual).
- 15% had AIDS and 96% were on ART.
- In 79%, HIV viral load was undetectable (VL < 40 cps/mL) and median CD4 cell count was 499 cells/µL.
- Of all patients, 77% (CI95%, 72-81%) were HAV seropositive.
- Patients attending the public system showed a higher seroprevalence than those in the private system
  - FA (public health setting), 79% [74-82%]
  - CA (private health setting), 65% [51-77%]
- Seroprevalence was age-dependent and ranged from 97% in those born before 1960 to 18% in those born after 1990.(Fig 1)

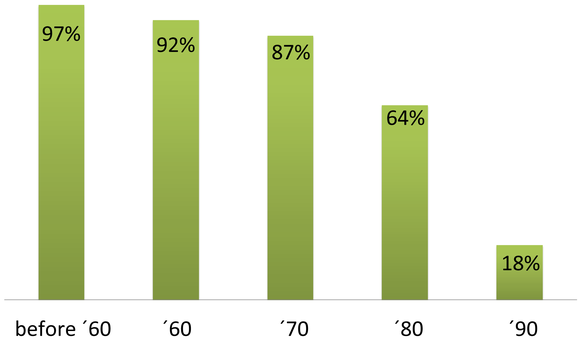

Fig. 1: HAV seroprevalences in different age groups of HIV patients

- Overall seroprevalence of hepatitis E was 10.4% (7.7-13.8%), age-dependently ranging from 18% (born before 1960) to 0% (born in 1990s). (Fig 2)

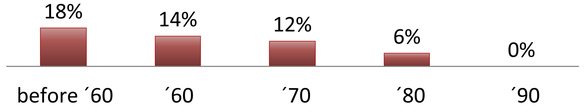

Fig. 2: HEV seroprevalences in different age groups of HIV patients

Conclusions:

- Our study highlights that in Chile a large proportion of HIV patients of younger generations are susceptible to HAV.
- For risk groups such as MSM, HAV vaccination should therefore be provided to control the current outbreak. The routine use of this vaccine should be considered as in other countries[3], especially for patients born after 1980.
- Surprisingly, we detected hepatitis E antibodies in more than 10% of the study population.
- The epidemiology and clinical relevance of HEV, which has not been described in HIV- patients in Chile, requires further studies.

References

1.- Sex Transm Infect. 1998 Feb;74(1):6-10.
2.- Euro Surveill. 2017 Feb 2;22(5).
3.- World J Gastroenterol. 2017 May 28;23(20):3589-3606.