Outbreak of acute hepatitis A among HIV-infected men who have sex with men, Croatia, 2017-2018

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INTRODUCTION/BACKGROUND:

Croatia, like other European countries has gradually shifted from a high endemicity level to a low endemicity level for hepatitis A virus (HAV) infection. In 2016/2017 sexually-transmitted hepatitis A outbreaks were described among men who have sex with men (MSM) in several European countries. We describe clinical features of hepatitis A in HIV-infected MSM from Croatia during the 2017/2018 outbreak.

METHODES:

The database of the Croatian HIV cohort was examined for the presence of hepatitis A IgG and IgM antibodies from January 2005 to March 2018. We extracted laboratory, epidemiological and clinical data for the cases and describe our data with frequencies, median and range.

RESULTS:

Of 1226 patients tested for HAV antibodies, 419 (34.2%) were positive for anti-HAV. No cases of acute HAV were identified from 2005 to 2016. Eleven cases of acute HAV infection, all among MSM, were identified between March 2017 and March 2018. Nine patients were symptomatic with jaundice and nausea/vomiting and six had fever. The two asymptomatic patients were identified because routine testing for HAV antibodies for MSM with prior negative tests was introduced in September 2017. The median age was 44.5 (25.9-56.2) years and the median CD4+ cell count was 494 cells/ μ L (Table 1). Antiretroviral therapy (ART) was stopped in seven patients due to fear of added hepatotoxicity. Three patients continued their regimen, two of which had mild or no elevated liver enzymes and one patient refused to stop ART. (Table 2.) In one patient HIV and HAV infection was diagnosed concurrently, this patient started ART after recovery from acute hepatitis. All patients had a full recovery.

Table 1. General data on patients

General data	N=11
Place of living	
Zagreb No(%)	7 (63.64%)
Outside Zagreb No (%)	4 (36.6%)
Viral load (VL) No (%)	
Undetectable (<50 copies/mL)	10 (90.91%)
Detectable	1 (9.09%)
CD4+ ly cells/ μL – mean (range)	513.9 (283.0-748.0)
MSM No(%)	11 (100%)
Age/years - mean (range)	43.5 (25.9-52.6)

Table 2. Antiretroviral therapy (ART combinations)

Treatment options (ART)	N=11
TDF/FTC/DOL*	1
TDF/FTC/EFV*	2
TDF /FTC/DRV/COBI	2
TDF/FTC/RPV	2
ABC/3TC/EFV	1
ABC/3TC/DOL	1
DOL/3TC	1
Not on ART	1

*continued ART

TDF – tenofovir disoproxil fumarat, FTC –emtricitabine, DOL – dolutegravir, EFV- efavirenz, DRV – darunavir, COBI – cobicistat, RPV- rilpivirine, ABC – abacavir, 3TC - lamivudine

CONCLUSION:

Our findings indicate that HIV infection did not affect the course of hepatitis A. There is a need for routine screening of HIV infected MSM to identify asymptomatic infections. Wider use of hepatitis A vaccination is warranted.

Reference:

1. <https://ecdc.europa.eu/en/news-events/epidemiological-update-hepatitis-outbreak-eueea-mostly-affecting-men-who-have-sex-men-0> (accessed June 2018)
2. <https://ecdc.europa.eu/en/news-events/epidemiological-update-overview-hepatitis-eu-countries-1-august-2017>, (accessed June 2018)