Early HIV Treatment Helps Acute Hep C Treatment Response

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Starting early HIV therapy at the same time as hepatitis C virus (HCV) treatment—in people simultaneously infected with both HIV and HCV—yields universally good HCV treatment responses, according to a study published in the August 1 issue of *Clinical Infectious Diseases*.

HIV and HCV can be transmitted at the same time, and by the same risk factors, but there has not been much research attention paid to individuals who become infected with both viruses simultaneously. Moreover, it is not entirely clear whether starting HIV treatment at the same time as HCV therapy, when a person is caught in the acute phase of both infections, will have better treatment outcomes.

To examine this strategy, Julian Schulze zur Wiesch, MD, from the University Medical Center Hamburg-Eppendorf, in Germany, and his colleagues gave early HIV and HCV treatment to three patients in their clinic. All three were infected simultaneously with both HIV and HCV. One of the patients was a gay man infected through unprotected sex; one patient was infected through an assault with an infected needle; and one was exposed to both viruses by a needle stick on the job. All were enrolled and initially treated with both HIV and HCV treatment in 2003. The gay male patient was infected with HCV genotype 1—a harder to treat strain of HCV—and the other two patients were infected with HCV genotype 3.

All three patients received triple combination HIV therapy that included efavirenz (found in Sustiva and Atripla). Two of the patients received 48 weeks of only pegylated interferon alpha for their HCV, and one person received 48 weeks of pegylated interferon plus ribavirin. Interferon plus ribavirin is standard therapy today for HCV. All three achieved undetectable HIV levels within three months of starting HIV treatment and undetectable HCV levels within four weeks of starting HCV treatment.

Six months after completing their HCV treatment, all three patients maintained undetectable HCV levels, which is generally considered to be a cure for HCV. An HIV treatment interruption was attempted on two of the patients, but both had an HIV viral rebound and needed to reinitiate therapy.

The authors conclude that doctors should look for evidence of concomitant HCV and HIV infection whenever they suspect acute infection with one of the two viruses. Moreover, the authors state

that early treatment of both viruses should be considered, though larger trials of this strategy will need to be conducted.
