Kidney Transplants Between People With HIV Have High Success Rates

A long-term study also found that superinfection—acquiring a second strain of HIV—was not a risk for the transplantees.

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People with HIV who receive kidney transplants from deceased HIV-positive donors have high long-term success rates and are not at apparent risk of superinfection, as the contraction of a second, distinct strain of the virus is known.

Publishing their findings in The New England Journal of Medicine, a research team conducted an observational study of 51 people with HIV who received kidney transplants from deceased HIV-positive donors in South Africa starting in 2008. The team included investigators at the National Institute of Allergy and Infectious Diseases (NIAID), which is a division of the National Institutes of Health (NIH), and the University of Cape Town, South Africa.

“In South Africa, the United States and elsewhere, a growing number of people with HIV have a need for kidney transplants. Unfortunately, these gifts of life are too often in short supply,” Anthony S. Fauci, MD, director of NIAID, said in a press release. “This observational study provides additional evidence that organs from donors with HIV could be a new donation source for people living with both HIV and end-stage renal [kidney] disease.”

People with HIV have higher rates of end-stage kidney disease than the general population because of harm to the organ by the virus as well as various other health conditions, including hepatitis B and C viruses (HBV and HCV), high blood pressure and diabetes. Additionally, certain antiretrovirals (ARVs) are associated with kidney toxicities.

Five years following transplantation, 83.3% of the participants were still living and 78.7% still had a functioning transplanted kidney. In a 2010 NIAID-funded study conducted in the United States, after three years, 88.2% of participants were still living and 73.7% still had a functioning transplanted kidney.

All the South African study participants had a fully suppressed viral load upon receipt of their transplanted kidneys. None who adhered to their ARV regimen developed a detectable viral load.

The investigators conducted genetic sequencing of the organ donors’ viruses and monitored the

transplantees over time to see whether they developed superinfection. Only one person did so, and only on a transient basis. The researchers ultimately hypothesized that tests had likely detected residual virus that had been transmitted with the new organ but had not established a chronic superinfection.

Ten of the participants changed their HIV treatment regimen, but none did so because of drug resistance.

To read a press release about the study, click here.

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