

# FULMINANT HEPATITIS B AFTER SWITCH IN ANTIRETROVIRAL THERAPY

## A case series and management discussion for switches to non-hepatitis B-active therapy for HIV

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### BACKGROUND

Two-drug antiretroviral therapy (ART) without hepatitis B virus (HBV) activity is increasingly prescribed as simplified or salvage therapy for HIV.

Among persons with HIV (PWH), discontinuation of HBV-active ART may increase risk of HBV acute infection, reactivation, or flare.

Limited guidance is available regarding appropriate patient selection for non-HBV-active ART, or HBV prevention and monitoring strategies before and after switch.

Here we present four cases that have informed practices in the Mount Sinai Health System.

### CONCLUSIONS

For PWH, we propose the following measures for switches to ART regimens without HBV activity:

1. Reevaluation of HBV serologies before switching to non-HBV-active therapy, even in those with prior immunity
2. Active surveillance for HBV reactivation with HBV DNA levels after discontinuation of HBV-active therapy
3. Maintenance of HBV-active therapy in persons at risk for acute or reactivated HBV, including those with:
  - core antibody reactivity
  - suboptimal vaccine response
  - ongoing HBV exposures
4. Maintenance of HBV-active therapy, HBV DNA surveillance, and HCC surveillance (ultrasound and AFP every 6 months) in persons with chronic HBV

### CASES

