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.

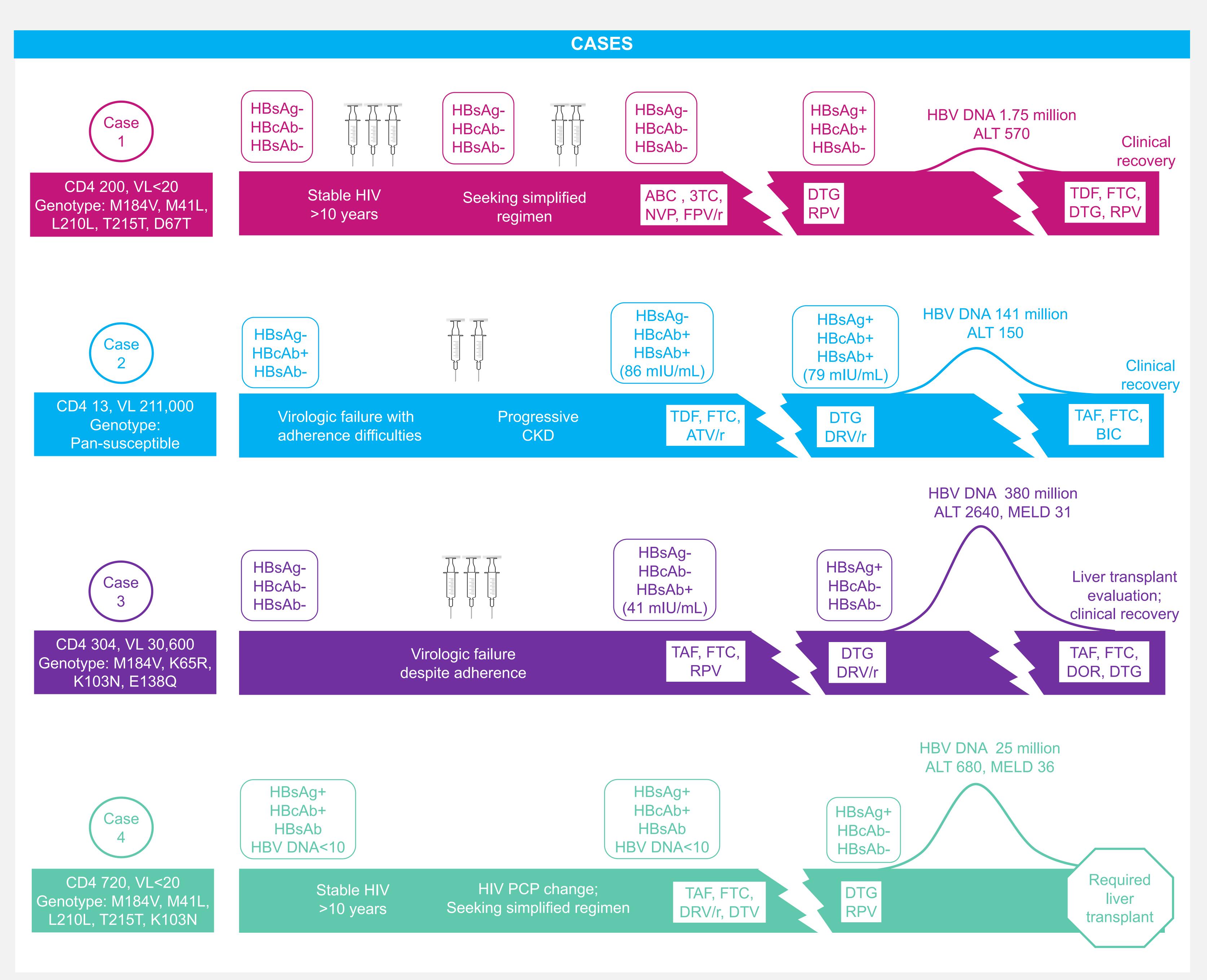
Limited guidance is available regarding appropriate patient selection for non-HBV-active ART, or HBV prevention and monitoring strategies before and after switch.

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 HBVactive 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





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