# Reactivation of hepatitis B virus infection during treatment of hepatitis C with direct-acting antivirals

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## INTRODUCTION

Reactivation of hepatitis B virus infection (HBV) can occur during treatment of hepatitis C with direct-acting antivirals (DAAs). Although it was also reported in the IFN "era", with similar incidence rates, it seems to occur much earlier with DAAs.
It has been almost exclusively described in the cases of positive AgHbs and in no case of positive anti-HBs. The risk in cases of isolated anti-HBc positive (anti-HBcPI) is minimal and its surveillance is not well defined.
The aim of this study is to investigate the risk of reactivation of HBV during treatment with DAAs in anti-HBcPI patients.

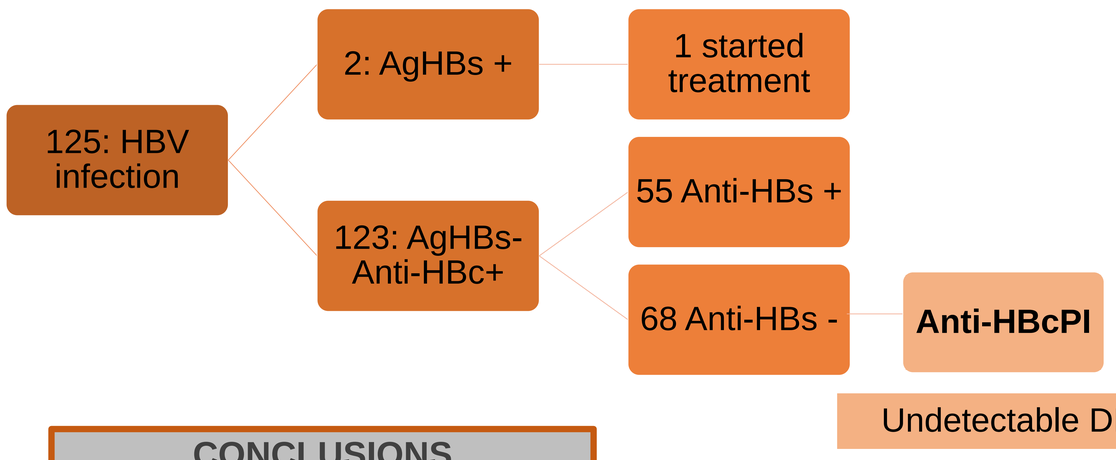
## METHODOLOGY

Prospective study in a cohort of 329 chronic hepatitis C patients treated with DAAs from February 2015 to March 2017.
Virological reassessment of HBV infection was performed in the 12 and 24 week posttreatment period.
We considered The European Association for the Study of the Liver definitions of HBV reactivation: DNA detectable HBV with or without elevated transaminases and increased HBV DNA> = 1 log10 in cases of positive DNA initially.

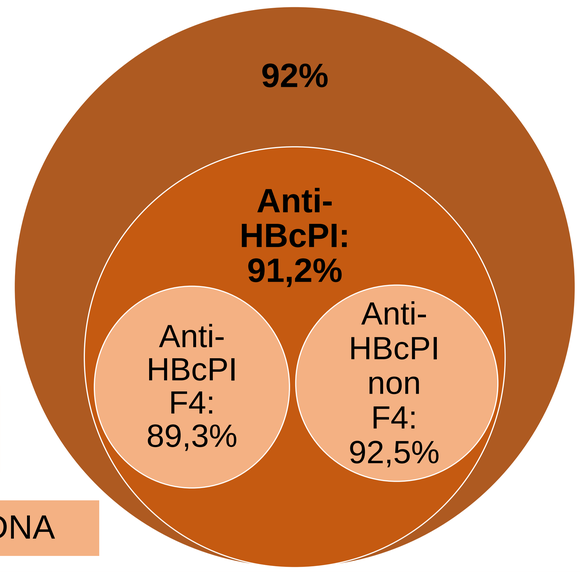
## RESULTS

329 chronic hepatitis C patients treated with DAAs

HBV infection was identified In 125 patients




Sustained Virologic Response (SVR12)




In this cohort, past HBV infection with anti-HBcPI was prevalent (21%).

All cases of SVR12 maintained normal transaminases at follow up.

None of these patients had biochemical or virological reactivation at short-term follow-up.

## CONCLUSIONS

There is a potential risk of HBV reactivation in HBV/HCV co-infected patients during treatment with DAAs for positive AgHBs cases, and the established guidelines should be followed. In anti-HBcPI the risk of reactivation is practically nil. The frequency of surveillance of these patients remains to be defined, but probably after one undetectable DNA at SVR12, there will be no need for future reassessments.

## REFERENCES

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