High Prevalence of Hepatitis B and Syphilis Co-Infection among Newly Diagnosed HIV Patients in the North West Region of Cameroon

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Background

• Sub-Saharan Africa is the region with the highest burden of HIV worldwide.

• Co-infections with Syphilis and Hepatitis B virus contribute to significant morbidity in HIV patients.
Aim

• To delineate the burden of Syphilis and Hepatitis B co-infection in HIV patients starting antiretroviral therapy in the North West Region of Cameroon
Map of Cameroon

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Methods

• Since 2006 all consecutive HIV patients commencing antiretroviral therapy at the Mbingo Baptist Hospital were screened for Hepatitis B and Syphilis co-infections using commercially available tests.

• Baseline data included: age, sex, CD4 count, WHO stage, and liver function tests were analyzed using demographic statistics; and risk factors for a positive Hepatitis BsAg and Syphilis status were analyzed using a multivariable logistic regression.
Results I

• A total of 695 patients completed their pre-therapeutic work up.

• Mean age at commencing antiretroviral therapy was 35.1 years (SD 9.5) and 35% of patients were male.

• Median CD4 count was 155.5 (IQR79-245) and the majority of patients (59%) had WHO stage III or IV diseases.
Results II

- Overall prevalence for Hepatitis BsAg was 12.6% and male patients were more likely to have a positive result than female patients (16.5% vs 10.3%, p=0.02).

- Antibodies against Syphilis were also more common in male patients (15.6% male patients vs. 8.9% in females, p<0.01) and overall prevalence for Syphilis antibodies was 11.3%.
• In the multivariable logistic regression, only raised ALT levels were associated with Hepatitis B (OR = 2.50 95%CI = 1.36-4.59, p=0.01).

• The younger age was associated with a lower risk for Syphilis infection (p< 0.01)
Conclusions

- Hepatitis B and Syphilis co-infections are common among HIV patients starting ARV in North West Cameroon.

- Clients initiating ARVs were more likely to be infected with other STIs such as hepatitis B and Syphilis.
The prevalence of both HBV and Syphilis antibodies were significantly higher in male patients. Older patients seem to be particularly vulnerable to Syphilis co-infection.

Therefore, knowledge about HIV co-infections in risk groups is pivotal to guide effective screening strategies and management.
Recommendations/Way Forward

- Policy makers/clinicians in the area of HIV/AIDS—Need to include Hepatitis B and Syphilis testing into the battery of investigations at baseline before initiating Antiretroviral Therapy.
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