

EPIDEMIOLOGY OF JAPANESE HAEMOPHILIACS ON KYUSHU ISLAND IN THE PERIOD 1994-2016

Authors:

KAMELIA R. STANOEVA¹, YOKO KAWANAMI¹, TAKEO KUWATA¹, SHUZO MATSUSHITA

¹*Center for AIDS Research, Kumamoto University, Japan*

Background/Purpose:

Japanese haemophiliacs are an under-described population of patients co-infected with HIV and HCV via blood transfusions in the early 1990s. Comparative data on their survival, co-morbidities and current condition are limited and outdated (Tatsunami et al., 2008). We aimed to describe the demographics, prevalence of AIDS and non-AIDS morbidity and recent status from long-term antiretroviral treatment (ART) in Japanese haemophiliacs at a regional HIV centre.

Approach:

The records for 155 PLHIV (3% female) monitored in the Kumamoto University hospital in the period 1994-2016 were screened and data on hospital visits, co-morbidities, ART and HCV treatment course, laboratory CD4 counts and HIV VL were obtained. The 2016 status and longitudinal course of HIV management in haemophiliacs co-infected with HCV was compared to mono-HIV infected patients.

Outcomes/Impact:

Of all patients, 25 (16%) were haemophiliacs (4% female) with median age 44 (mean 48) years in 2016. PegIFN, RBV and early DAAs treatment was attempted in all leading to 52% HCV cured rate. The mortality in the haemophiliacs group was 16% with 3 cases of HCV-related hepatic failure compared to 2% in the mono-HIV infected group. Haemophiliacs were on ART for a mean of 15 years and 17 (68%) were still monitored in the hospital by the end of 2016. A majority of them (94%) were on a second-line PI, EI or INI-based regimen with almost half requiring a NRTI-sparing regimens.

Innovation and Significance:

Haemophiliacs in our study had higher mortality both related to HCV and non-AIDS co-morbidity compared to mono-HIV infected. Furthermore, they were on ART for over a decade and often needed second line ART regimens increasing the care cost. Individualising their treatments and monitoring for co-morbidities has the potential to improve patient outcomes and decrease hospitalisation costs in this specific group.

Disclosure of Interest Statement:

The Japanese Ministry of Education, Culture, Sports, Science and Technology (MEXT) funded this study. No pharmaceutical grants were received in the development of this study.