Management of HBV infection in patients receiving immunosuppressive agents

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Reactivation of HBV replication with decompensation has been reported in 20–50% of CHB patients who received cancer chemotherapy or immunosuppressive therapy (e.g., high-dose steroid, biological agents).1 High viral load at baseline is the most important risk factor for HBV reactivation; prophylactic NA therapy (e.g., lamivudine) has been consistently found effective to prevent HBV reactivation in such conditions.2 HBV reactivation after initiation of combination antiretroviral therapy is common in HIV-HBV co-infected patients.3 Poor outcomes have been reported in those with established cirrhosis and/or high levels of HBV DNA prior to initiation of combination antiretroviral therapy. Given that tenofovir and lamivudine have both anti-HBV and anti-HIV activity, treatment of both infections is usually initiated at the same time.4

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3. Gavazzi et al. AIDS Res Hum Retroviruses 2000;16:1021-3.
4. Drake et al. Clin Infect Dis 2004;39: 129-32.