BACKGROUND

CMV seropositivity have been linked with Severe Non AIDS events/deaths and subclinical carotid artery disease in HIV-infected individuals [1,2]. CMV/HCV/HIV coinfected women, have been shown to display higher CMV IgG levels versus HIV mono-infected; likewise HIV/HCV/CMV co-infected patients have higher HCV viral load, suggesting a persistent interaction between viruses [3].

AIMS

We evaluated prevalence and impact of CMV-Ab on liver progression, AIDS events and Severe Non AIDS events/deaths in HIV/HCV/CMV coinfected subjects in the ICONA cohort.

RESULTS

In our study population of CMV/HCV/HIV coinfected subjects, CD8+ cell count is higher confirming a driving role of CMV in CD8 expansion. In the whole population, multivariable models showed that CMV-seronegative subjects had a non-significantly lower risk of all studied outcomes, probably due to the limited number of events or the predominant effect of HCV infection. Further analysis is needed to understand the effect of CMV coinfection in this specific population, particularly in the perspective of HCV eradication.

CONCLUSIONS

ACKNOWLEDGMENTS

The ICONA foundation study cohort is an observational multicentre cohort of individuals infected with HIV. We included patients from ICONA with ≥1 CMV-IgG and HCV-Abs available, at least 1 follow-up visit and no ESDL (End Stage Liver Disease) at baseline.

Four different outcomes were studied:

1. ESDL;
2. ESDL+fib4>3.25;
3. AIDS-defining event Aids-related death
4. Severe Non AIDS events Non Aids-related death

Severe non AIDS-related event included: cardiac and cerebrovascular events (myocardial infarction, coronary bypass graft, coronary angioplasty, carotid endarterectomy, stroke, cerebral hemorrhage), bacterial meningitis, end-stage renal disease and all non-AIDS defining malignancies

Subjects were followed from first CMV available test (baseline) to first event/last observation/time last negative HCV-RNA.

Four separate Cox regression models were fitted and adjusted for the following covariates at baseline: gender, age, mode of HIV transmission, nadir CD4, CD4 and HIVRNA, alcohol consumption, number of co-morbidities, ARV exposure, CDC C stage, FIB4 index and calendar year of baseline.

REFERENCES

1. Lichter M et al. for the ICONA Foundation Study. HIV, CMV coinfection is associated with increased risk of non AIDS events in a large cohort of HIV-infected patients. JID 2015
2. Haas PY et al. Increased cardiac intra-media thickness in HIV patients is associated with increased cytokine/chemokine-specific T-cell responses. AIDS 2017

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