Reply to Tsai et al

To the Editor—Tsai et al identified chronic hepatitis B virus (HBV) infection as a predictor of immunologic progression in their evaluation of chronically HBV-infected individuals with primary HIV infection who did not receive antiretroviral therapy (ART) [1]. Their findings support those from our study [2], which demonstrated the negative impact of chronic HBV infection on an AIDS or death event, thereby supporting the need for improved diagnosis, prevention and treatment of HBV infection in HIV-infected patients. They also found that lower baseline CD4 cell count was an independent predictor, which agrees with our findings of lower CD4 cell count (baseline and time-updated nadir) associated with HIV disease progression and risk of death [2].

The role of HBV-active ART in HBV/HIV coinfection management is highlighted by the importance of immune restoration in hepatitis B surface antigen clearance [3]. The movement of HIV treatment guidelines toward recommending ART for all persons with HIV infection and those with early (acute or recent) HIV infection (BII) also underscores the importance of determining HBV status in all HIV-infected patients to optimize treatment for both viruses [4]. The findings of accelerated immunologic progression, among the other negative consequences of chronic HBV infection on HIV, warrant continued investigation into the pathogenesis of HBV effects on HIV progression and immune dysfunction.

Notes

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