

Outcomes of hepatitis C infection in a large haemophilia population.

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Infection with hepatitis C virus (HCV) was almost universal in UK haemophiliacs treated with concentrates manufactured before 1987. We report data from the 5 Scottish haemophilia centres on all patients with congenital bleeding disorders who contracted HCV as a result of treatment with blood products.

293 patients were infected (HCV Ab +ve). 241 of these have at some point been PCR +ve indicating natural clearance in 52 (17.7%). 33/293 (11%) were HIV co-infected. Of 178 patients whose genotype is known 118 (66%) were type 1, 11 (6.2%) were type 2, 46 (26%) were type 3, 2 (1.1%) were type 4 and 1 (0.6%) was type 5. The genotype was unknown in 63.

8 (2.7%) have developed hepatocellular carcinoma; none was HIV co-infected. This is comparable with previous studies which have shown incidence rates of HCC in haemophiliacs that range from 1.6% to 2.2%.

In non-haemophilic patients the reported sustained virological response rate is 15% for interferon monotherapy and 35-40% for combination therapy with interferon and ribavirin. This compares with 16/111 (14.4%) and 29/81 (35.8%) respectively in our cohort. Patients who received combination therapy as first line had higher response rates than patients who received it after failing interferon monotherapy (19/45, 42% versus 10/36, 28%).

Liver biopsy has been performed in 34 individuals. 5 patients have received liver transplants and 3 are still alive.

Overall 248/291 (85%) were still alive in summer 2007. Death occurred in 11/33 (33%) of HIV infected individuals versus 32/260 (12%) of non-HIV infected

These data suggest that the natural clearance rate, frequency of genotypes and responses to treatment in this group of HCV infected individuals mirrors the non-haemophilic population. Reassuringly, Scottish haemophiliacs are being referred for and receiving liver transplants.