Act Quickly if Patient on TNF Inhibitor Has Possible Infection

BY DOUG BRUNK
San Diego Bureau

LAS VEGAS — If a patient on a tumor necrosis factor inhibitor such as infliximab or etanercept presents with the signs and symptoms of infection, stop the drug immediately, Dr. Robert Orenstein advised at a dermatology seminar sponsored by the Skin Disease Education Foundation.

"You should do a very aggressive evaluation [because] many of these infections are disseminated at the time they present," said Dr. Orenstein of the divisions of general internal medicine and infectious diseases at Mayo Medical School, Rochester, Minn. "You should start empiric therapy based upon what you think is going on, and you should withhold the agent until the etiology is completed. Don't use these agents if the patient has an active infection."

'You should do a very aggressive evaluation [because] many of these infections are disseminated at the time they present.'

He discussed his approach to patients on a TNF inhibitor who present with these infections:

► **Mycobacterial infections.** Obtain a chest x-ray and a purified protein derivative (of tuberculin) skin test. As with AIDS patients, a 5-mm PPD skin test is considered positive.

"You also want to get an excellent history of exposure, particularly [from] people born in foreign countries or people who are at higher risk because of their profession, before you treat them," Dr. Orenstein said.

He noted that the QuantiFERON-TB Gold assay, a commercially available blood test, may be "very helpful" in distinguishing patients with nontuberculous infection from those who are positive for *Mycobacterium tuberculosis*. It takes 24 hours to get the results.

It remains unclear whether treatment of a latent tuberculosis infection needs to be completed before a patient begins taking a TNF inhibitor. "Most of us would argue that we would like to treat tuberculosis first, and after that use the [TNF] agent. But sometimes that's not a possibility. So in general we would recommend at least 1-2 months of treatment before initiating the biologic agent," he said.

► **Bacterial infections.** The best way to prevent bacterial infections is to make sure these patients get Pneumovax and the influenza vaccines. "You should not give these patients live virus vaccines," he said. "If someone is traveling and they're on one of these agents, do not give them yellow fever vaccine."

► **Viral infections.** Make sure these patients are vaccinated for hepatitis A and B. "Eventually we'll have the [human papillomavirus] vaccine and maybe these patients should get that as well once we know how effective that is," Dr. Orenstein said. "If they're DNA positive for hepatitis B, they should be on treatment for hepatitis B."

If a patient on a TNF inhibitor presents with disseminated shingles or disseminated herpes simplex, stop the agent. Treat the patient with aggressive antiviral therapy, he added.

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Chronic Hepatitis C Linked To Male Sexual Dysfunction

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — A high rate of sexual dysfunction in 112 men with chronic hepatitis C infection was independent of depression and led to reduced quality of life, Dr. David W. Wan reported at the annual meeting of the American Association for the Study of Liver Diseases.

He and his associates administered three validated questionnaires to assess sexual function, depression, and quality of life in a prospective study of 112 patients with, and 239 men without, hepatitis C virus who were recruited from GI and primary care clinics. The men with HCV did not have decompensated cirrhosis and were not being treated with interferon-ribavirin regimens.

The HCV-infected patients were significantly younger than control patients (median ages 55 and 62, respectively) but they had significantly worse scores in all eight domains of the Brief Male Sexual Function Inventory (BMSFI), said Dr. Wan of New York University, New York.

The BMSFI assessed sexual drive, erection, ejaculation, and overall sexual satisfaction. The scores indicated that 54% in the HCV group were not sexually satisfied, compared with 29% of the control group. The difference remained significant after controlling for age, race, marital status, education, annual income, employment status, and use of alcohol or tobacco.

The HCV group had significantly worse scores on the Beck Depression Inventory, compared with controls, but within the HCV group the severity of depression did not correlate with sexual dissatisfaction.

Men with HCV who were not sexually satisfied scored significantly worse in all eight domains of health-related quality of life in the Medical Outcomes Study Short Form 36 (SF-36), compared with HCV-positive men who were not sexually dissatisfied.

The HCV group as a whole scored significantly worse, compared with controls in two domains of the SF-36—physical functioning and mental health. The SF-36 also assessed social functioning, physical role limitation, emotional role limitation, energy and fatigue, pain, and general health perception.

Although sexual dysfunction has been reported previously in patients with HCV, little is known about its association with the disease. HCV infection is associated with severe endocrine disorders such as thyroid disease and diabetes. The current study excluded patients from either group if they had diabetes, HIV or thyroid disease, cancer, prostate surgery, or alcohol or drug abuse, or if they were on methadone. ■

HIV/AIDS Incidence Falls in Blacks And Injection Drug Users, CDC Says

BY MIRIAM E. TUCKER
Senior Writer

The annual incidence of HIV/AIDS among African Americans dropped significantly between 2001 and 2004, the Centers for Disease Control and Prevention reported.

As a result of advances in treatment with highly active antiretroviral therapy, individuals with HIV infection are living longer than before, and progression to AIDS has declined sharply. AIDS surveillance no longer provides an accurate estimate of HIV infection rates, so the CDC now recommends that all states and territories adopt confidential name-based surveillance systems to report HIV infection.

Data from 33 state and local health departments with name-based reporting indicate that the incidence of HIV infection among blacks declined about 5% per year, from 88.7/100,000 in 2001 to 76.3/100,000 in 2004. Nonetheless, the HIV/AIDS rate among blacks in 2004 was still 8.4 times higher than that of whites, the CDC said (MMWR 2005;54:1149-53).

In addition to the statistically significant decline among blacks, there was a significant 9.1% annual drop among injection drug users. Overall, the average annual rate of HIV/AIDS diagnoses dropped insignificantly, from 22.8/100,000 in 2001 to 20.7/100,000 in 2004.

An estimated 157,252 individuals were diagnosed with HIV/AIDS in the 33 states during 2001-2004, of whom 71% were male. Blacks accounted for 51% of those diagnosed with HIV/AIDS, whites 29%, Hispanics 18%, and Asian/Pacific Islanders 1%.

Among males, the route of HIV infection was male-to-male contact for 61%, high-risk heterosexual contact in 17%, and injection drug use in 16%. For females, on the other hand, the majority (76%) were exposed through high-risk heterosexual contact and 21% through injection drug use. Among black males, approximately one-fourth of HIV transmission occurred via high-risk heterosexual contact, the CDC noted.

A significant 9% annual increase in HIV/AIDS diagnosis rates occurred among Asian/Pacific Islanders, from 5.6/100,000 in 2001 to 7.2/100,000 in 2004, although this group continues to have the lowest rates of all U.S. racial/ethnic populations. ■

Hepatitis C Infection Estimate in U.S. Revised to Exceed 5 Million

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Estimates of the number of U.S. residents who have been infected with hepatitis C virus missed about 1.1 million cases, bringing the true total of infections close to 5.2 million, Dr. Brian R. Edlin said at the annual meeting of the American Association for the Study of Liver Diseases.

"The projected burden of disease in the coming decades may be underestimated," which could skew planning for public health interventions and future health care services, said Dr. Edlin of Cornell University, New York.

Previous estimates used data from the National Health and Nutrition Examination Survey (NHANES), which samples the noninstitutionalized civilian population but excludes several populations at high risk for hepatitis C virus (HCV) infection.

Estimates based on NHANES data from 1988 to 1994 suggested that 3.9 million U.S. residents had HCV antibodies in their blood and 2.7 million were currently infected. NHANES data from 1999 to 2002, which will be published soon, pegged the number of U.S. residents with HCV antibodies at 4.1 million and the number currently infected at 3.2 million, Dr. Edlin said.

He and his associates analyzed other data to estimate the prevalence of HCV antibodies in five groups excluded from NHANES: people who are incarcerated, homeless, hospitalized, in nursing homes, or on active military duty. Data came from the U.S. Census, the Centers for Medicare and Medicaid Services, the Bureau of Justice Statistics, and the published literature. There are no representative samples for any of these five populations, he said.

Data on prisoners in four states suggested that 32% had HCV antibodies. Six studies of homeless populations found HCV antibodies in 22%-53%, for an overall prevalence of 35%. In seven studies of hospitalized patients, the prevalence ranged from 12% to 21%, with 17% overall having HCV antibodies. Nearly 5% of nursing home residents in one small study had HCV antibodies, as did 0.5% of active military personnel in two large studies.

The numbers add up to 1.1 million more people with HCV antibodies on top of estimates based on NHANES data; most are incarcerated or homeless. ■