9th EUROPEAN CONFERENCE on INFECTIONS in LEUKAEMIA

▶ IN-PERSON CONFERENCE
From September
15th to 17th 2022

Revised Guidelines
slide set
September 2022

Update for ECIL-5 (2013): management of viral hepatitis in hematological patients

Thomas Berg (Germany), Florian Van Bömmel (Germany), Olivier Hermine (France), Thomas Horvartis (Germany), Giuseppe Indolfi (Italy), Helenie Kefalakes (Germany), Marie von Lilienfeld-Toal (Germany), Per Ljungman (Sweden), **Vincent Mallet** (France), Malgorzata Mikulska (Italy), Darius Moradpour (Switzerland), Charlotte Mouliade (France), Sven Pischke (Germany), Heiner Wedemeyer (Germany)

IN-PERSON CONFERENCE 2022

Revised Guidelines slide set September 2022

ECIL-9 Recommendations for HEV

- Antibody status assessment has no role in evaluation of donors and/or patients
- There is a possibility for HEV transfer from stem cell donors. Currently, there is no possibility to calculate the risk-benefit ratio of systematically testing SC donors for HEV RNA.
- ~~HSC donors, including those with normal transaminase levels, should be screened for HEV by nucleic acid testing (NAT) (BIII)~~
- HCT with an HEV RNA-positive donor could be considered, if other donor options are considered inferior (BIII). In this case, treatment with RBV of the recipient could be considered
- Patients with haematological malignancy and stem cell donors should be informed about the risks of food-borne HEV transmission (AIIt)
- For patients with ~~chronic~~ HEV infection, a decrease in the dose of immunosuppressive drugs could be considered (BIIt)
- For patients with HEV infection, antiviral therapy with ribavirin (BIIt) can be considered with help of an expert

ECIL-9 recommendations for HBV

- All onco-hematological patients should be screened for HBV (AIIu)
- All HBsAg-positive patients treated with TKI should receive antivirals (BIIu)
- The risk of reactivation may persist in HBsAg negative/HBc antibody positive patients beyond 12 months after the last dose of depleting antibodies or after stopping immunosuppression
  - Antiviral treatment could be continued (BIIu) or
  - Without antivirals patients should be monitored for HBVr with HBV DNA every 3 months (AIIu)

Recommendations for HCV

- HCV can be treated concomitantly with chemotherapy, if treatment of haematological malignancy is urgent (BIIu)
- HCV can be treated prior to chemotherapy in pts. with low-grade NHL, if treatment of haematological malignancy is not urgent (BIIu)
- Patients with persistent cryglobulinemia after sustained virological response to DAA should be aware of the residual risk for NHL development (BIIu)

Comments on revised guidelines

You can send your comments about the Update on Hepatitis group revised guidelines before Octobre 31st to the group leader:

- Vincent Mallet: vomallet@gmail.com