



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 (AII)
- For patients with chronic HEV infection, a decrease in the dose of immunosuppressive drugs could be considered (BII)
- For patients with HEV infection, antiviral therapy with ribavirin (BII) can be considered with help of an expert



► IN-PERSON CONFERENCE
2022

ECIL-9 recommendations for HBV

- All onco-hematological patients should be screened for HBV (Allu)
- 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 (Allu)



► IN-PERSON CONFERENCE
2022

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 cryoglobulinemia after sustained virological response to DAA should be aware of the residual risk for NHL development (BIIu)



▶ IN-PERSON CONFERENCE
2022

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



► **IN-PERSON CONFERENCE
2022**