CORRESPONDENCE

Intentional Coinfection of Patients With HCV Infection Using Avian Infection Bursal Disease Virus

To the Editor:

The GB virus C/hepatitis G virus (GBV-C/HGV), a newly identified human RNA virus, belongs to the *Flaviviridae* family. In humans persistent GBV-C/HGV infection is common, and genetically divergent isolates have been identified in different parts of the world. GBV-C/HGV with an extremely low mutation rate does not have a real pathogenic role in liver disease.

It was suggested[1,2] that infection with the GB virus C improves survival in patients infected with HIV by directly influencing HIV replication. The investigators speculated about a possible role of GBV-C infection to treat HIV. The effect of coinfection with various HCV genotypes in HIV-positive patients remains controversial.[3] Some investigators[4,5] consider it "premature" to treat HIV infection by intentional infection of persons with GBV-C.[5] One cannot be critical about *ultra* caution regarding new strategies proposed in the absence of any other option being available. Then, one cannot go wrong. Nonetheless, cautious pilot studies are needed for improving therapy. It would be a great pity to discourage serious attempts at doing so.

The avian infectious bursal disease virus (IBDV) of the *Birnaviridae* family, despite its worldwide distribution in domestic fowl, is not known to be a hazard in transmitting to other species. Zoonotic diseases, of course, continue to be of concern. While remaining cautious, we believe that this may not be a risk to humans.

Efficacy and safety of IBDV superinfection therapy were reported in 42 acute hepatitis patients (HBV and HCV) in a phase II clinical trial.[6] The encouraging evidence was that progression to chronic infection was marginally better in IBDV-treated patients than in the controls. Significantly, IBDV therapy was also effective in 3 decompensated chronic hepatitis patients (2 HBV, 1 HCV), who went into long-lasting remission or were stabilized with significant clinical improvement.[7] Recently, we reported[8] on an HCV patient who had exhausted the conventional interferon, ribavirin, and thymosin treatment, developed a decompensated chronic viral hepatitis, and received disability status. IBDV therapy improved ALT, AST, and viral RNA levels. Evidence that supports an inhibitory effect of the avian infection on the hepatitis B or C viral replication is, however, not available yet.

The efficacy, safety, and mechanism of action of IBDV therapy in chronic hepatitis must be evaluated systematically in randomized clinical trials.

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Lack of Evidence for Ribavirin-Induced Bone Loss

To the Editor:

The combination of pegylated interferon alfa (IFN-α) and ribavirin is the treatment of choice for chronic hepatitis C.[1] The benefits deriving from a sustained response to such treatment must be weighed against its risks, including multifaceted, potentially severe side effects. Back pain and bone fractures have been occasionally reported during the ribavirin development procedure.[2] Thus, the issue of a possible ribavirin-induced osteoporosis is a major concern, especially among patients whom the treatment may benefit the most, such as those with cirrhosis.