Improving the Care Cascade of Hepatitis C Management Among HIV-HCV Co-infected Persons by Facilitating Access to Direct Acting Agents (DAAs): A Real-life, Single Center experience

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INTRODUCTION

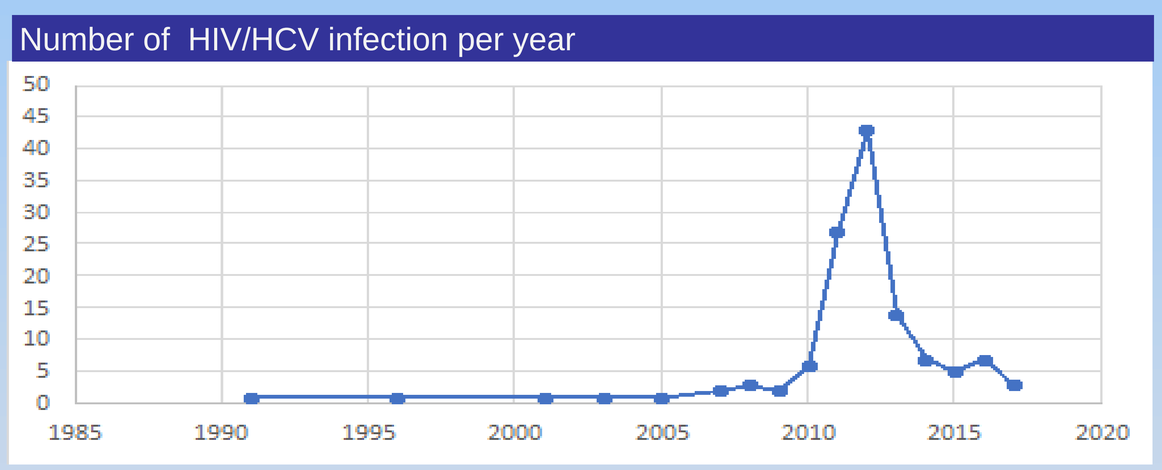
Novel DAAs offer improved tolerability and sustained virologic responses (SVR) over prior interferon-based therapies for HCV and a unique opportunity for cure and improved prognosis for co-infected with HCV and HIV patients. In Greece, up to the end of 2017, access to DAAs by reimbursement was limited only for patients with chronic hepatitis C and advanced fibrosis and the majority of co-infected patients (of whom most are drug users (IVDU)) lacked the chance to be treated. This changed in 2018 and all co-infected patients have free access to DAAs. This is a retrospective cohort study of the impact of this new strategy in the care cascade of Hepatitis C in co-infected patients from a single center in Athens

MATERIAL AND METHODS

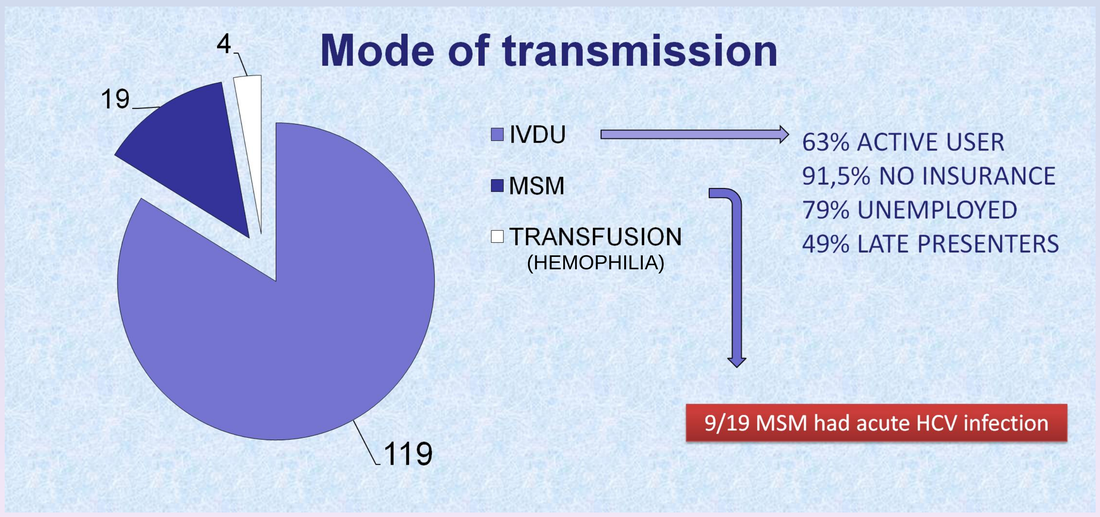
All persons diagnosed with HIV and HCV infection in an HIV Unit in Athens were recorded and demographic characteristics, HIV infection parameters and Hepatitis C management were evaluated before and after free access to DAAs (in September 2017 and June 2018)

RESULTS

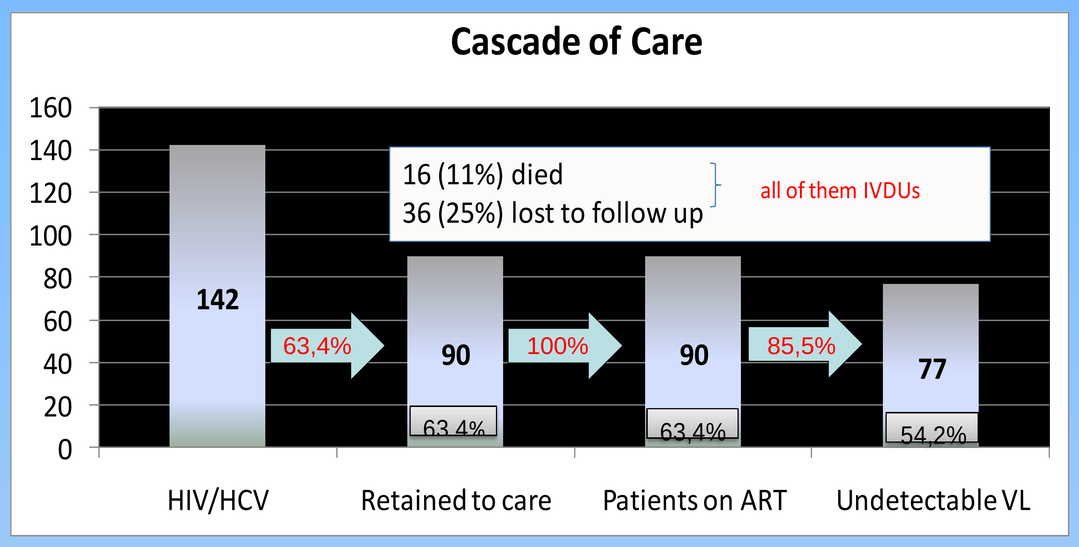
Among 1167 persons with HIV infection, 142 (12%) were diagnosed with co-infection. The incidence over time of the diagnosis of the co-infection followed the epidemic pattern of HIV infection among IVDUs in Athens (67% of new cases between 2011-2013).



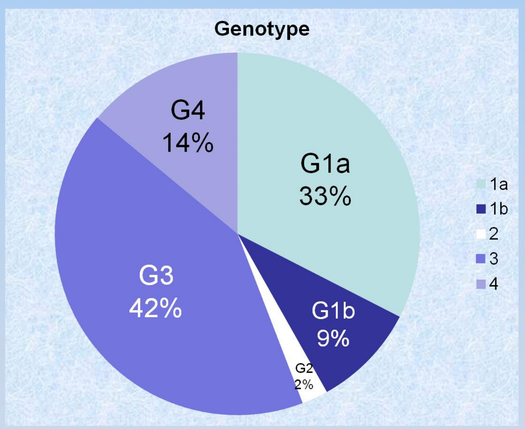
Mean age of co-infected persons was 36 years, 82% were male and 80% were IVDUs with 63% engaged in active substance use. It is a difficult to manage patient group with 91.5% without insurance or supported by welfare, 79% unemployed and 49% with late presentation. Mean CD4 count at diagnosis was 456 and mean HIVRNA was 5 log.

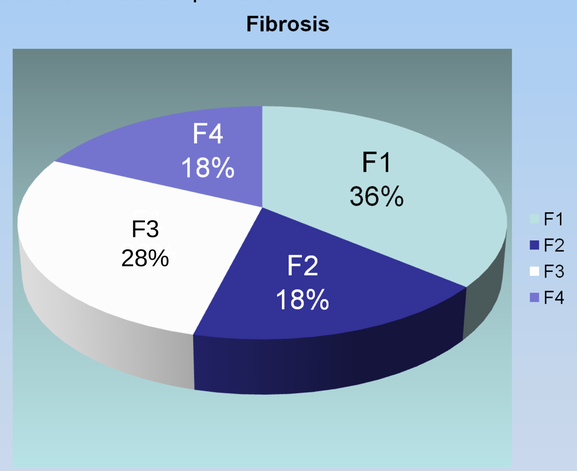


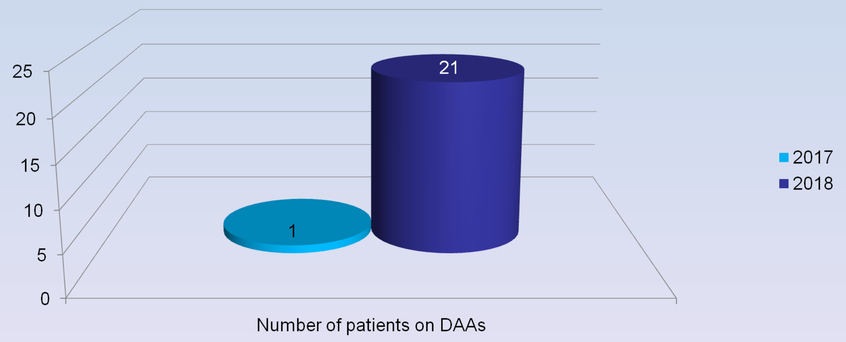
Sixteen patients died (11%) mostly because of drug use, 36(25%) were lost to follow-up and 90(63.3%) were retained to care, all receiving antiretroviral treatment with 85% viral suppression.



The availability of DAAs through electronic application and rapid approval increased significantly the measurement of HIVRNA, genotyping, fibrosis staging and the administration of DAAs (from 1 patient until the end of 2017 to 21 the first 6 months of 2018 (SVR=95%). Patients cured from hepatitis C increased from 9 to 27 in 2018 (from 10% to 30%). **No re-infections have been noted**. Our ambition is to eliminate hepatitis C from our cohort by treating with DAAs all of our co-infected patients







CONLUSIONS

Facilitating access to DAAs is the stepping stone for a successful strategy for the elimination of hepatitis C even in a difficult -to-manage patient group as the co-infected HIV-HCV IVDUs.

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