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

K. Protopapas¹, P. Kazakou, K. Thomas, D. Kavatha, A. Chounta, G. Zampetas, C. Oikonomopoulou, C. Moschopoulos, A. Papadopoulos, A. Antoniadou

¹4th Department of Internal Medicine, ATTIKON University General Hospital, Athens, Greece.

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 HCV infection among IVDUs in Athens (6% of new cases between 2011–2013).

CONCLUSIONS

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.