HIV/HCV: barriers to treatment in the era of direct acting antivirals in a low-middle income country.

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INTRODUCTION

- Direct acting antivirals (DAA) are associated with higher rates of HCV clearance and low rate of adverse effects.
- In Argentina only 5% of these patients receive treatment

GOALS

- To describe limiting barriers in HCV treatment initiation for people living with HIV and HCV on follow up at a tertiary center in Argentina.

METHODS

- Cross sectional study

- Included people older than 18 years of age living with HIV, with reactive HCV serology and a follow up for ≥ 12 months.

- Sociodemographic, clinical and virological variables were recorded at the moment of DAA initiation and in the last clinical control for individuals in whom HCV treatment was not prescribed.

RESULTS

- 368 fulfill inclusion criteria.

- 40 were excluded from the analysis due to spontaneous HCV clearance.

- Of the remaining 328 people, 168 (51%) received DAA.

- Documented HCV clearance in 105 (63%).

- The 63 remaning people, their post treatment studies are still pending.

- Among the people who did not receive treatment, 80 (50%) had not completed HCV RNA viral tests.

Table1 Describes the general information of the population and disaggregates between people who received or not treatment for HCV.

	Total (n=328)	Treatment Group (n=168)	Non treatment group (n=160)	P
Age, years (IQR)	55 (50-58)	56 (51-56)	53 (49-58)	0.002
Men cis % (n)	74% (242)	73% (122)	75% (120)	0.63
Tertiary / university education	15% (51)	16% (27)	15% (24)	0.79
Years since HIV diagnosis	25 (19-30)[1]	26 (20-30)	25 (19-29)	0.19
Years since HCV diagnosis	18 (12-25)[1]	19 (13-26)	15.5 (11-24)	0.003
Psychiatric history % (n)	36% (119)	35% (59)	37% (60)	0.65
History of drug use/ alcohol,% (n)	62% (203) Alcohol 31% (101) Drug 30%(100)	63% (107) 34% (58) 32% (54)	60% (96) 27% (44) 30% (49)	0.49 0.17 0.76
APRI index	1.035 (0.53-2.1)	1.125 (0.63-2.29)	0.90 (0.44-1.878)	0.008
CD4 cell/μL (IQR)	445 (244-727)	534 (276-785)	385 (199-601)	0.002
HIV VL <40, % (n)	71%	80%	61%	0.0002

Note: 1The cut-off of the median number of years since HIV and HCV diagnosis was made with the date of the last available control.

Of the 80 people who completed their HCV studies, 9 of them were transferred to another center, 8 were lost of follow-up, 9 are awaiting for DAA authorization, 8 had active use of illicit drugs or psychiatric comorbidity that jeopardize treatment initiation and 12 deaths (causes are unknown)

CONCLUSIONS

- Access to hepatitis C treatment was primarily hindered by the difficulty in completing diagnostic tests.

- Individuals that accessed treatment had higher known time of infection and higher degree of liver fibrosis which reflects the priority given in previous guidelines to the treatment of individuals with advanced liver disease

- The individuals who did not receive treatment presented indirect markers of lower adherence to HIV treatment.

- These findings reinforce the importance of improving access and linkage to the health system and to promote HCV treatment at early stages.

Key words: Hepatitis C – Barriers – treatment – HCV -HIV

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