



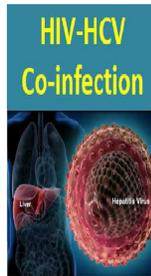
Challenges on HCV management in HCV/HIV co-infection patients - Evidence from cross-sectional study at National Hospital of Tropical Diseases, Hanoi - Vietnam

Dzung Nguyen Thi , Dzung Nguyen Thi Hoai¹, Lam Nguyen Tien¹, Kinh Nguyen Van¹

1. National Hospital of Tropical Diseases, Hanoi, Vietnam.

Background

In Vietnam, HCV prevalence in general population ranges 0.38- 1.7% in the Northern provinces and 1.0- 4.3% in the Southern. Among PWIDs and PLWHA, HCV prevalence is 70- 90% and 30-40%, respectively. There is rapid progression of liver fibrosis in HCV/HIV co- infection patients in contrast to HCV mono infected patients. HCV prevalence among HIV patients was 42% in HIV out- patient clinics (OPC), National Hospital of Tropical Diseases (NHTD). However, the knowledge about HCV progression and treatment is limit. This study was conducted to provide the knowledge of HCV disease for patients and evaluate their accessibility of HCV treatment.



Methods

- A cross-sectional study was conducted in NHTD from June to December 2012. All PLWHA s with chronic HCV hepatitis who visited OPC in that six months were enrolled this study. These patients were provided information and education on hepatitis C infection and hepatitis C-related liver disease by their doctors.
- Quantitative HCV RNA , HCV genotype (GT) testing, as well as liver fibrosis assessment by FibroScan® were performed for those agreed to take the test.
- Patients with no contra-indication to HCV treatment are prescribed with Ribavirin and Pegalated Interferon

Results

During six months period of study, there was 825 HCV/HIV co-infection in total 2064 HIV patients in this hospital have been receiving information about HCV disease. After that there were 226 (27.3%) patients participated in this study with the general characteristics shown in table 1.

Table 1: General information on participants (N=226)

Characteristics	N (%)
Gender	
Male	214 (94.7%)
Age (years)	
Median [IQR]	35 (24-51)
Occupation	
Unstable	156 (68.5%)
Reported HCV risk-exposure	
Injecting Drug Use (IDU)	163 (72.1%)
Ongoing antiretroviral therapy	
On ARV	216 (95.6)
Last CD4 cell count (cells/mm³)	
> 200	157 (70.7)
≤ 200	65 (29.3)

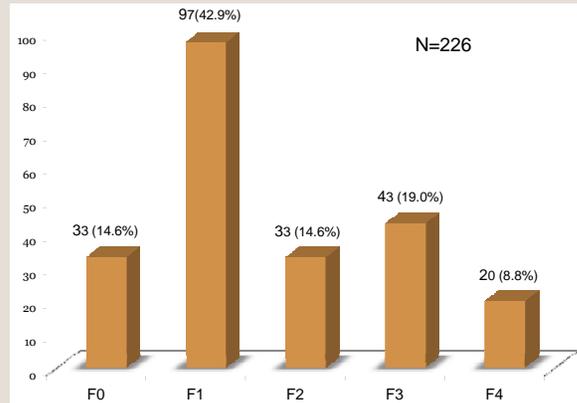


Figure 1. Patients Stages of Liver Fibrosis (FibroScan®)

The proportion of patients with HCV/HIV co- infection had stages of liver fibrosis F0, F1, F2, F3 and F4 were 14.6%, 42.9%; 14.6%; 19.0% and 8.8%, respectively. It means that nearly 50% patients have stages of liver fibrosis from F2 to F4.

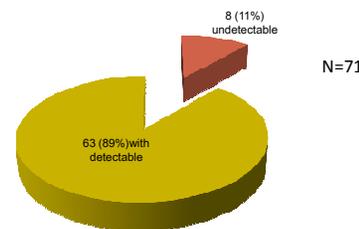


Figure 2. Quantitative HCV RNA

There were 63 out of 71 patients were positive with HCV-RNA with median: 5.581.238 copies/ml, min:15200 copies/ml, max: 23.400.000 copies/ml

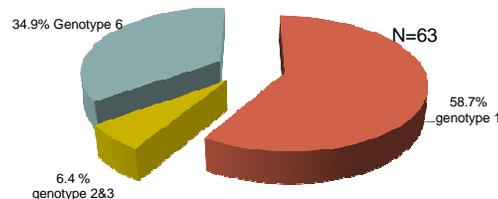


Figure 3. HCV-Genotype Distribution

The most common genotypes among HCV patients in this study were genotypes 1 (58.&%) and 6 (34.9%). Few patients had genotype 2 and 3 (6.4%)

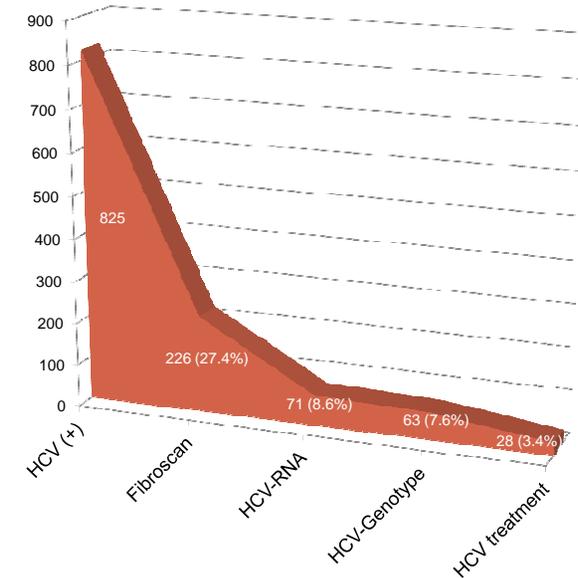


Figure 4. Proportion of Testing and Treatment Patients

As Figure 4 demonstrates, at each stage of the cascade of HCV diagnosis and treatment services, fewer and fewer people benefit from services with 27.4% patients accessed Fibroscan, 8.6% patients were performed HCV-RNA testing and only 3.4% patients received HCV treatment. Major reasons of low accessibility of HCV diagnosis and treatment is high cost in Vietnam.

Conclusions

- Nearly 50% patients have stages of liver fibrosis from F2 to F4. These patients need to receive HCV treatment together with ART.
- The most common genotypes among HCV patients in this study were genotypes 1 (58.&%) and 6 (34.9%).
- Delay in early access to HCV diagnosis and treatment among patients with HCV/HIV co-infection in Vietnam is likely attributable to increase mortality due to end- stage liver disease.
- Despite all of the high risks of the diseases progression, almost patients still refused to take the test or treatment due to expense so that make challenge for both patients and health care provider .

Presented by : Nguyen Thi Dung MD
 Organization : National Hospital of Tropical Diseases
 Email : Dung.NIITD@gmail.com
 Mobile: +84 904 358 622