OUTCOMES FOR CHRONIC VIRAL HEPATITIS TREATMENT AND CONTROL, 10 YEARS DATA FROM THE FIRST OST CENTER WITH HARM REDUCTION APPROACH FROM BUCHAREST

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Background

Even Romania is an EU country since January 2007, we still didn't manage to ensure places for opioid dependence substitution treatment (OST) for at least 20% of the estimated problematic IDUs (PWID), or enough syringes through needle exchange programs (NEP), hence we have more than 80% prevalence of HCV virus among IDUs and since 2011 also an HIV outbreak.

Method

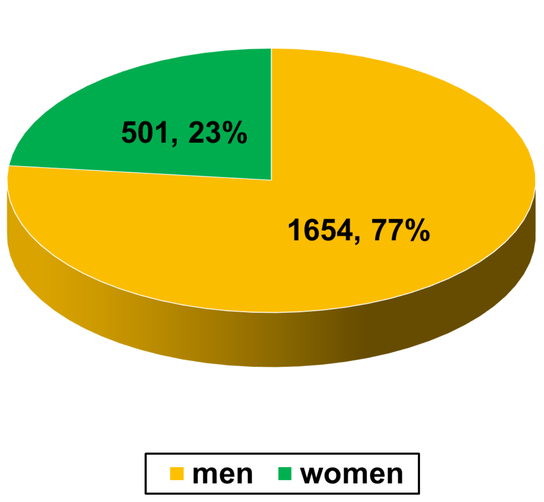
In June 2007 ARAS and NIIDMB through a public private project opened the first low threshold OST center in Bucharest where were located almost 95% of the PWID in Romania. After 10 years we are treating monthly more than 500 patients (40% of the OMT patients) offering integrated services. We had 2155 unique patients, 1654 men (76,7%) and 501 woman (23,3%). 89% of the patients had recent analyses (less than 12 month) at OST entry, knowing their HCV HVB and HIV status and 28% were treated with Peg-IFN + Ribavirin. In 2016 we were able through a grant to extensively test 100 of our recently and new admitted patients for hepatitis and HIV, testing for fibrosis, viral loads, genotype and IL 28. We have advertised the study through banners and leaflets stating that patients entered in the last 6 months can access the study. We analyze the results of this research but also compare the results in HCV and HBV treatment before and after the new DAA introduction in all our treated patients.

Results

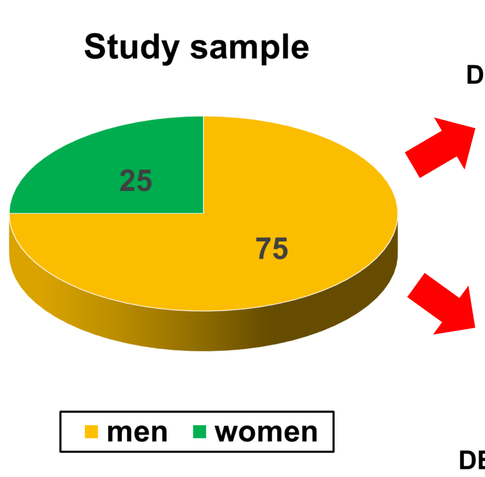
At entrance in treatment 54% of the patients declared they know they have HCV and 27% also HIV, after rapid testing within 3 months from admittance in OST 69% prove to be HCV positive and we found another 2 HIV seroconverts. At 6 month we had in total 7 new HIV cases and 2 new HCV cases. 95% have F0-F2 fibrosis, but 61% had positive viral loads. From the 39% 11 patients were SVR's after PegIFN/Riba therapy. 82% were Genotype 1b (compared to 98,5% in general population) the difference being a mix from genotype 1a, 3 and 4. Regarding the IL 28 distribution, 32% were CC, 61% CT and 7% TT.

Results (continued)

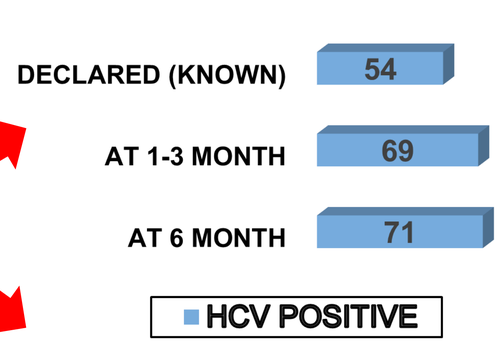
Number of unique patients in 10 years

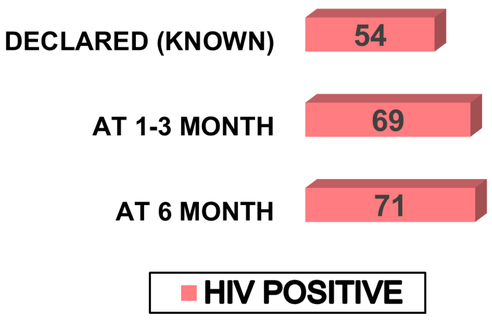


Study sample



HCV AND HIV STATUS

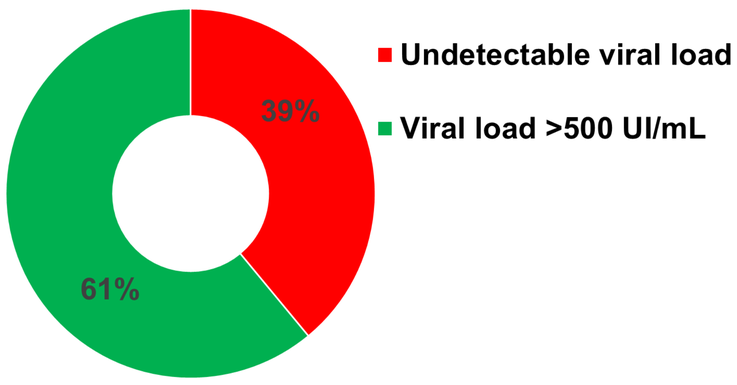




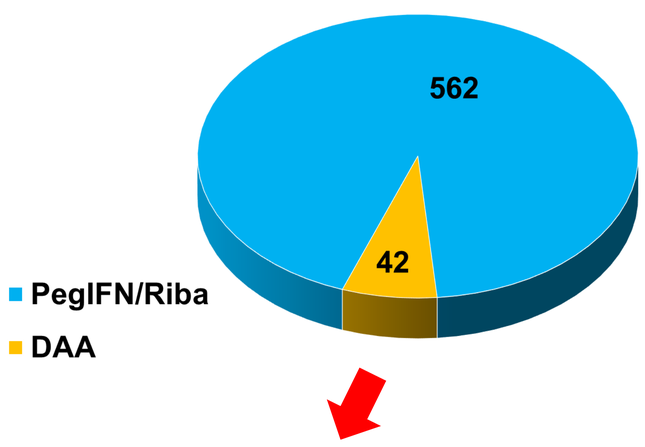
Fibrosis	F0	F1	F2	F3	F4
Percent	34	41	20	4	1

Il-28	CC	CT	TT
Percent	32	61	7

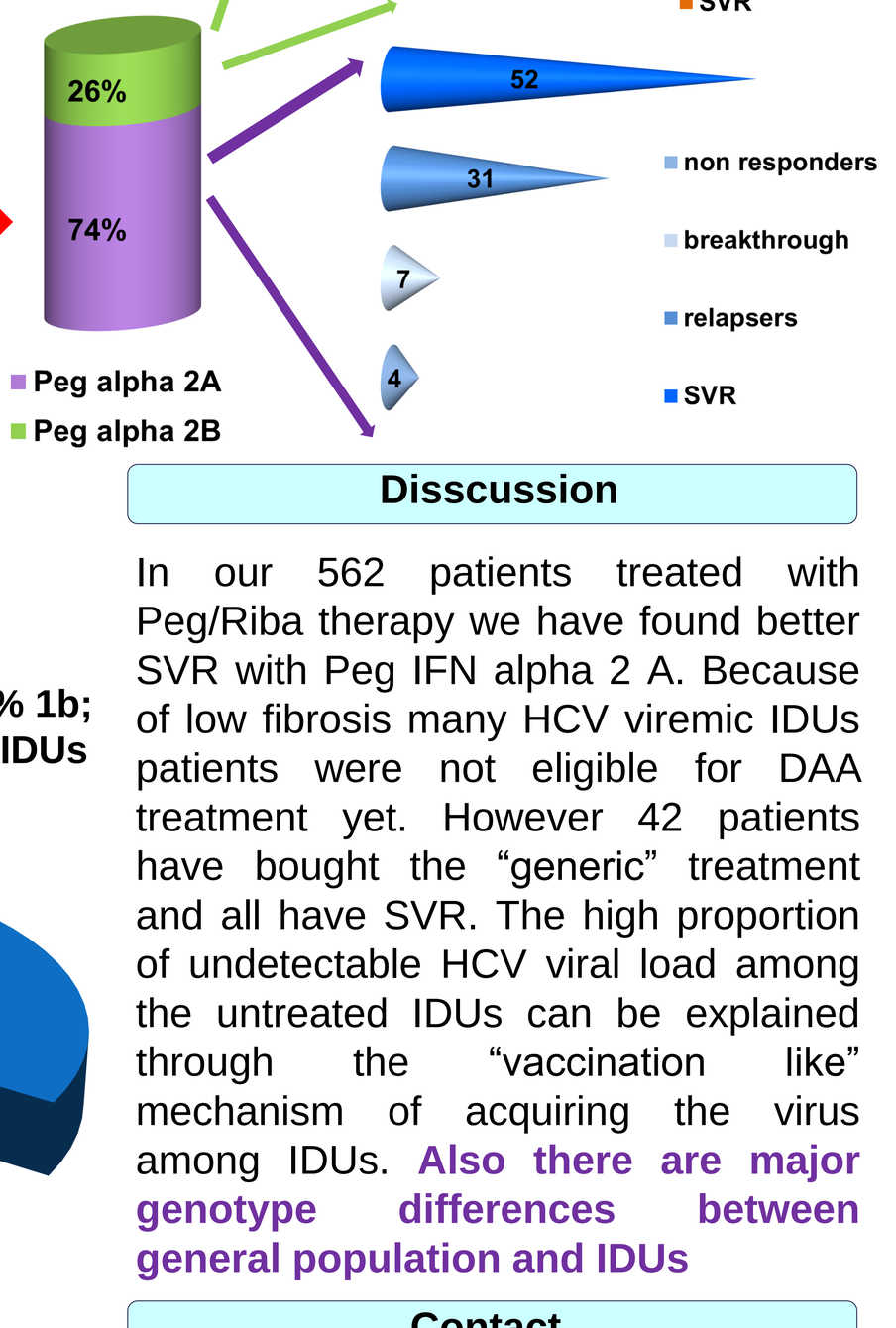
HCVRNA



604 treated patients (28%)



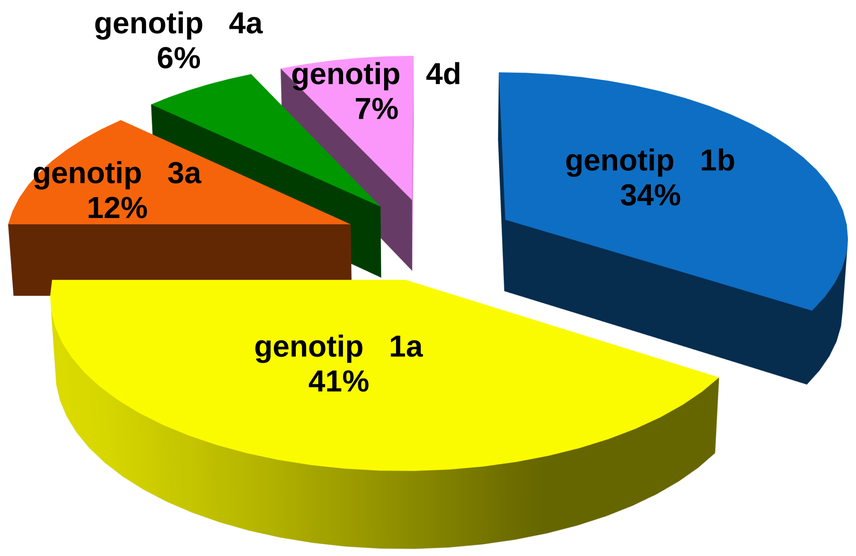
Sofosbuvir/Ledipasvir
100%SVR



Disscussion

In our 562 patients treated with Peg/Riba therapy we have found better SVR with Peg IFN alpha 2 A. Because of low fibrosis many HCV viremic IDUs patients were not eligible for DAA treatment yet. However 42 patients have bought the "generic" treatment and all have SVR. The high proportion of undetectable HCV viral load among the untreated IDUs can be explained through the "vaccination like" mechanism of acquiring the virus among IDUs. **Also there are major genotype differences between general population and IDUs**

HCV Genotype in general population =98% 1b; versus genotype distribution among 200 IDUs



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