

EFFECTIVE DAA HCV TREATMENT AND CARE MODEL AMONG PEOPLE WHO INJECT DRUGS IN MOST HARD-TO-REACH CONFLICT AREAS IN NORTHERN MYANMAR

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Background:

Myanmar is confronted with a HIV/AIDS, viral hepatitis and drug use syndemic. It is estimated that there are 93.000 people who inject drugs (PWID), among PWID HIV prevalence is up to 61.4%, HCV positivity rate 87.9% and HCV/HIV co-infection 25%. We assessed the effect of direct-acting antiviral (DAA) HCV treatment among PWID in remote rural conflict areas of Kachin State in Myanmar.

Description of model of care/intervention:

This demonstration project started June 2018 to August 2019. Pre-treatment assessment included: clinical examination, HIV status, APRI-score, complete blood-count, liver and renal function. Participants were screened for HCV using SD Bioline HCV Antibody and those positive confirmed using Cepheid Gene Xpert. All HCV RNA positive patients were enrolled in a comprehensive HCV treatment model of care: addressing psycho-social, clinical and drug dependency needs. All eligible patients, of which 110 on methadone maintenance therapy (MMT), were initiated on 12 weeks Sofosbuvir and Velpatasvir. Viral load was retested at 24 weeks (12 weeks post treatment).

Effectiveness:

A total of 412 were screened for HCV and HIV, 358 (86.8%) were HCV RNA positive, 270 (65.5%) were HIV/HCV co-infected and ART viral load suppressed at initiation of treatment. The median age was 31 and the median viral load was 25×10^5 (IU/ml) at baseline. 205 patients completed treatment and assessed for viral load, 81.4% achieved SVR, MMT patients SVR 94.5% and non-MMT PWID SVR 66%, 5 LTFU and retention rate was 98%. HCV treatment was perceived as an important incentive to seek other treatment and self-reported health seeking behavior increased significantly.

Conclusion and next steps:

Treatment and adherence in rural conflict areas with oral DAA regimens is effective. In absence of blanket HCV treatment, increased efforts need to ensure appropriate reach and harm reduction coverage, notably needle exchange and MMT to mitigate transmission and reinfection of HCV.

Disclose of interest: none