N41 Outcomes of hepatitis C antiviral treatment among PWIDs in Georgia

ჯანმრთელობის კვლევის კავშირი

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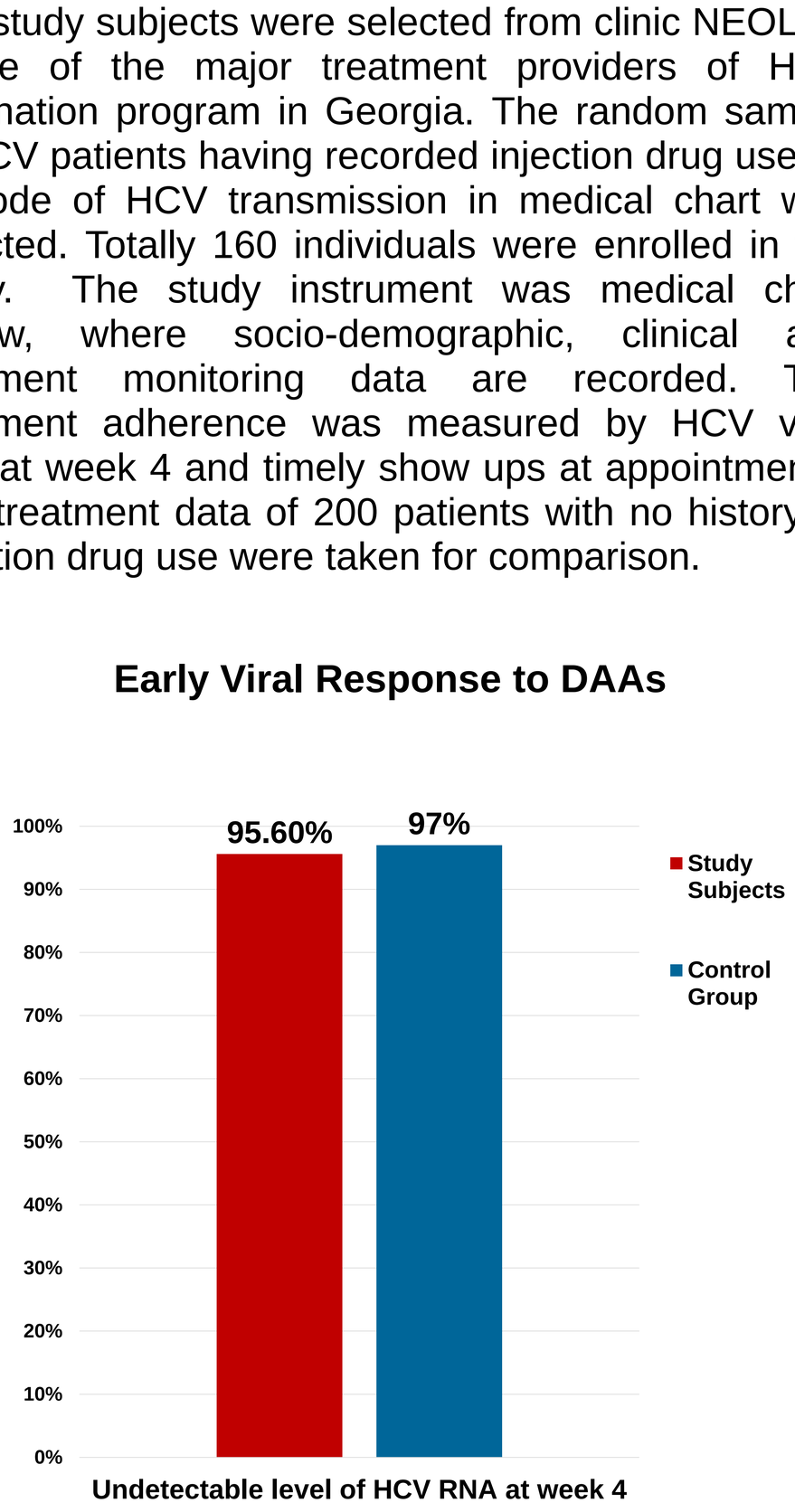
Introduction

PWIDs are vulnerable and stigmatized population and treatment adherence is a challenge in this target group. Some physicians consider that the treatment of hepatitis C in this group is not reasonable due to poor adherence and non-compliance to treatment regimens that have negative impact on treatment outcome. The goal of our study was to evaluate the adherence and outcomes of HCV antiviral treatment with direct acting antivirals (DAA) among PWIDs.

Methods

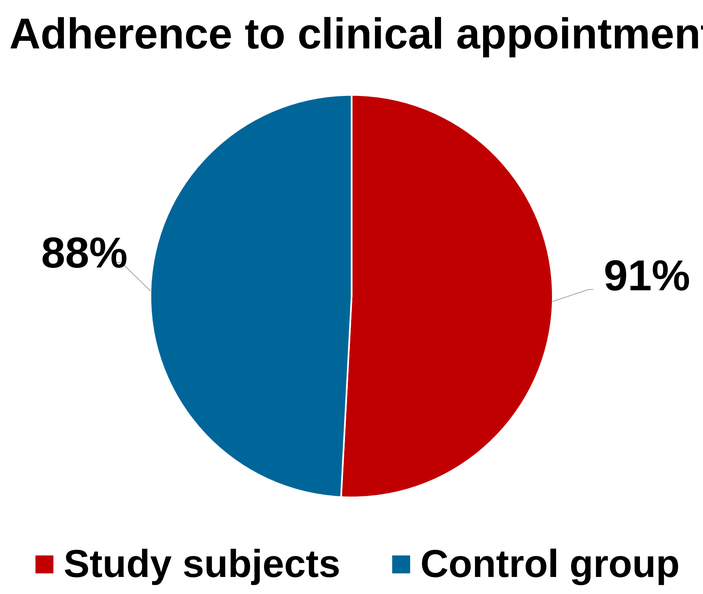
The study subjects were selected from clinic NEOLAB - one of the major treatment providers of HCV elimination program in Georgia. The random sample of HCV patients having recorded injection drug use as a mode of HCV transmission in medical chart was selected. Totally 160 individuals were enrolled in the study. The study instrument was medical chart review, where socio-demographic, clinical and treatment monitoring data are recorded. The treatment adherence was measured by HCV viral load at week 4 and timely show ups at appointments. The treatment data of 200 patients with no history of injection drug use were taken for comparison.

Early Viral Response to DAAs



Results

Among 160 study subjects 159 (99.3%) were males. Average age was 44.5 years (range 22-62 years). 17 (10.6%) individuals were on methadone substitution therapy. According to the quantitative PCR-test conducted at week 4 of treatment 95.6% % of study subjects (153 individuals) had undetectable level of HCV RNA. Among 6 individuals RNA was decreased at least by 2log. As for control group, 97% had cleared the virus at week 4. No statistically significant difference was observed. 91% of study subjects timely showed up at clinical appointments. This indicator was 88% among controls.



Conclusions

Our study revealed that PWIDs have high level of treatment adherence and accordingly, PWIDs should be enrolled in HCV treatment programs without any hesitation.

Acknowledgements

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