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HCV TREATMENT OUTCOME AMONG HCV/HBV CO-INFECTED PATIENTS IN GEORGIA

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INTRODUCTION

Georgia has a high burden of hepatitis C virus (HCV) infection. In 2015, Ministry of health of Georgia with National Center for Disease Control and Public Health (NCDC) and US Centers for Disease Control and Prevention (CDC) conducted the study where a national probability sample of approximately 6000 adults in Georgia was tested for HCV infection, yielding a prevalence estimate of 7% for chronic HCV with an estimated 5.4% of adults currently infected.

On April 28, 2015, in collaboration with CDC, Gilead Sciences and other partners, Georgia launched a comprehensive, national HCV elimination program that included free of charge treatment for all HCV infected persons. If successful, the viral reservoir will be substantially reduced and will dramatically decrease the risk of HCV transmission in the country.

AIM

The aim of this study was to evaluate HCV treatment outcome among patients co-infected with hepatitis B virus (HBV) – HBsAg positive individuals.

METHODS

The Elimination Program requires participating clinics and treatment sites to collect pre-treatment socio-demographic, clinical and laboratory data, prescribed medications, treatment adherence and monitoring data.

These data are collected using standardized protocols, and entered in information management system STOP-C - Georgia's national electronic treatment database, developed for the HCV elimination program.

The Elimination Program requires all patients to have a pre-treatment FIB4 score, which is computed from age, ALT, AST and platelet count. A FIB4 score is interpreted as follows: below 1.45 (low), 1.45-3.25 (equivocal), and greater than 3.25 (advanced fibrosis). For those in the equivocal range, a liver elastography is conducted and results recorded.

Data from one of the major clinical sites in Tbilisi, capital of Georgia, providing HCV treatment within elimination program were analyzed. The database contains sociodemographic, clinical and laboratory data, treatment regimens, and outcomes of treatment.

Different treatment regimens were used: sofosbuvir and ribavirin with or without pegilated interferon and sofosbuvir/ledipasvir combination with or without ribavirin depending on genotype and disease severity.

Treatment outcome was estimated by sustained viral response (SVR) at 12-24 weeks after treatment.

Chi-square test was used to determine the association between SVR and presence of HBsAg at baseline.

RESULTS

The total number of patients during the study period was 1128.

The majority (90.3%) was male and about half of patients were at the age group of 45-60 years.

HBsAg prevalence was higher among males compared to females (2.2% vs 0.5%).

The SVR rate was not significantly different among patients co-infected with active HBV from those having HCV mono-infection (93.1% and 90.7%, respectively, p=0.48).

The prevalence of anti-HBs was 27.9% with only 9 patients (<1%) being vaccinated against HBV infection.

The SVR rate was similar among anti-HBs positive and negative patients (90.4% vs 91.7%, respectively, p=0.31).

CONCLUSIONS

The treatment outcome was similar among patients co-infected with HCV/HBV and mono-infected with HCV treated with DAAs within HCV elimination program in Georgia.

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