



High HCV Treatment Success among People Living with HIV - Kyrgyzstan, 2018-2021

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BACKGROUND

People living with HIV (PLHIV) with viral hepatitis C (HCV) co-infection have higher risk of liver failure and mortality. Globally, >2 million people globally have HIV/HCV co-infections.

- Central Asia is one of the regions most affected by HCV and HIV
- Since 2018, Kyrgyzstan has provided HCV treatment free of charge to 427 PLHIV.

METHODS

Inclusion criteria

- Enrolled in HCV treatment in 2018-2021
- ≥18 years old on HIV antiretroviral treatment
- Completed viral hepatitis C before Sept 2021

Data sources

- Abstracted demographic, clinical, and laboratory from the national registry
- Interviews using online questionnaire

Data analysis

- Generalized logistic regression with fixed effect for study city

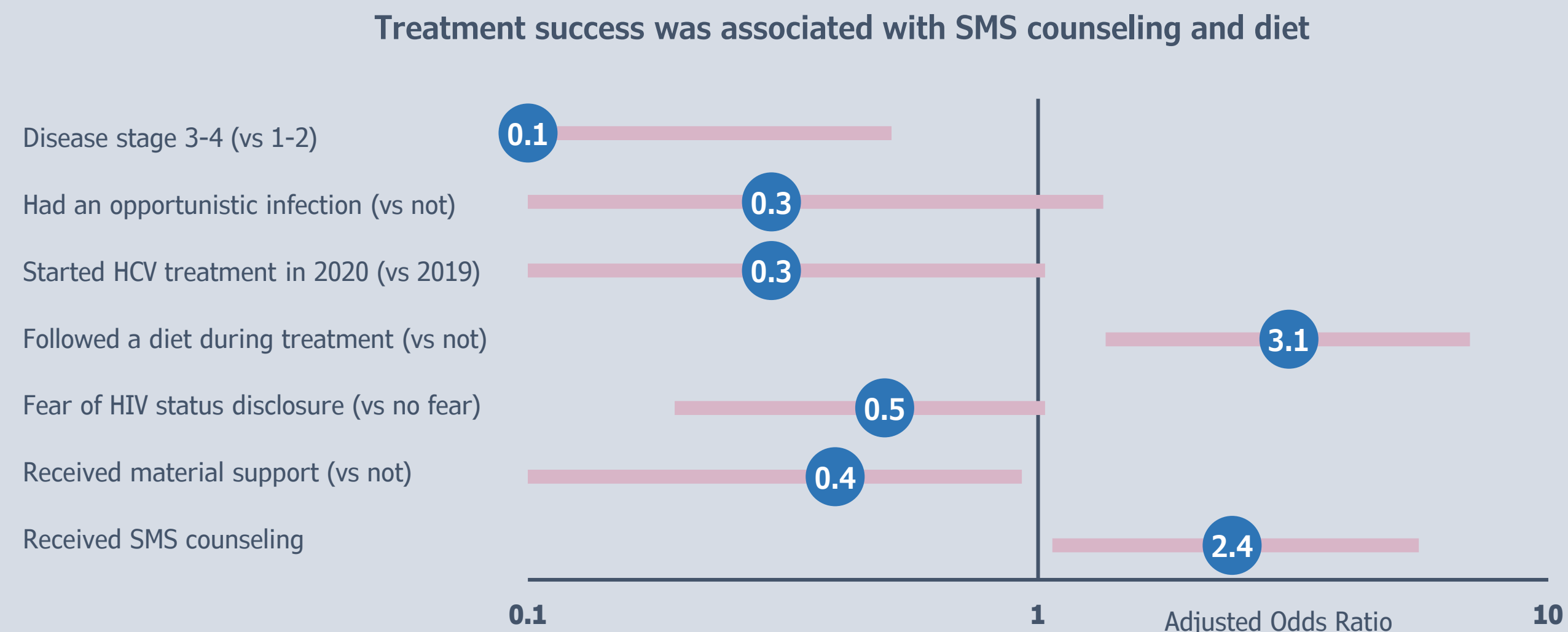
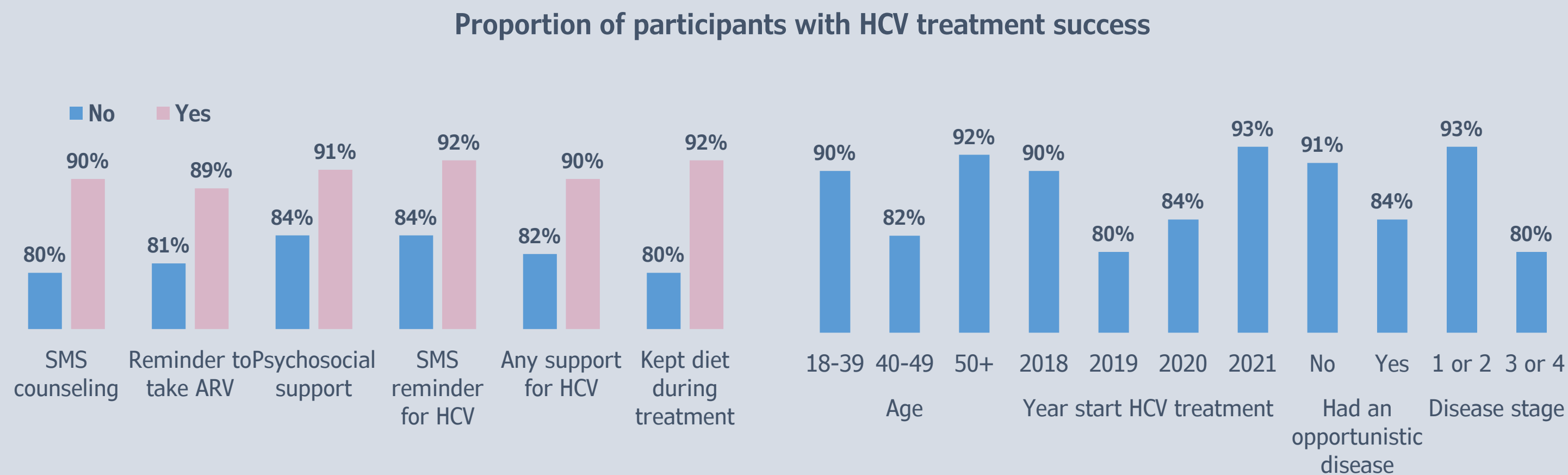
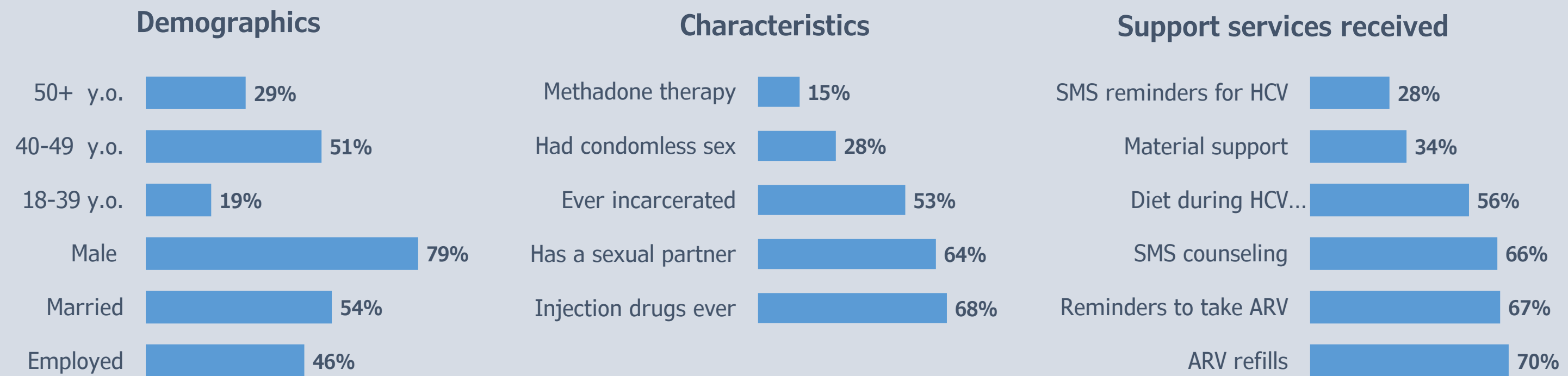
Definition of successful treatment

RNA PCR < 15 IU/mL post-treatment & negative DNA PCR 12 & 24 wks post-treatment

Treatment regimens

- SOF/DAK: Sofosbuvir and daclatasvir 68% (n=205)
- SOF/VELP: Sofosbuvir and velpatasvir 32% (n=97)

RESULTS



DISCUSSION

- High HCV treatment success in a difficult-to-treat population including during the COVID-19 pandemic (though with reduced enrollment and successful outcome).
- Counseling, reminders (including through SMS), material support consultations and diet increased the chances of success of HCV treatment.
- High proportion of PLHIV with opportunistic diseases and stage 3 or 4 disease indicate delays in HIV testing and/or ART treatment initiation.
- High fear of disclosure of HIV status in medical or social services point to high stigma towards PLHIV.

Limitations:

Small number of respondents (405)

18% (73) of HCV patients excluded due to refusal to participate in the study

9% (30) of HCV patients excluded during analysis due to missing confirmatory PCR results

RECOMMENDATIONS

Consider adoption and expansion of programs could help increase treatment success for PLHIV in groups at reduced risk of treatment success, such as programs that:

- reduce stigma towards PLHIV,
- promote early engagement in care, and
- provide SMS-based counseling.

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