Hepatitis C treatment in a primary care clinic in the high HCV burden setting in Karachi, Pakistan

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• National prevalence of HCV Ab sero-positivity 4.9%

• Pockets with higher prevalence exist
MSF intervention in Machar Colony, Karachi

- Unregulated neighborhood
- Population of over 150,000
- Initial focus on emergency care (2012)
- Treatment of Chronic HCV infection since May 2015
- Integrated in MSF Primary health care clinic
Patient management

• Screening for HCV among risk groups by rapid test
• Confirmation of chronic infection by PCR
• Severity staging by APRI (marker for fibrosis – no Fibroscan)
• Sofosbuvir and weight-based Ribavirin 12 or 24 weeks
• HCV VL at baseline, EOT and 12 weeks after treatment completion
Results

Between April 2015 and May 2016:

- Patients screened 4589
- Rapid test positive 1107 (27%)
- Confirmed chronic infection 988 (89%)
- Presented with confirmed CHC 610

- Total confirmed CHC 1598
- Eligible for treatment (APRI >1.0) 408 (26%)
Distribution of HCV genotypes

- GT1: 7%
- GT2: 3%
- GT3: 90%

N 368
End of treatment

- Patient initiated on treatment: 307 (75%)
- Still on treatment: 155 (50%)
- Completed treatment: 136 (44%)
  - Negative PCR: 135
  - Positive PCR: 1
- Lost to follow-up: 15
- Discontinued treatment: 1
Sustained Virologic Response (12w)

- Completed 12 week follow-up 45
- LTFU before EOT 1 (2%)
- Failure 1 (2%)
- SVR 12 weeks after EOT 35 (78%)
- Relapse 1 (2%)
- LTFU after EOT 7 (15%)

(EOT: end of treatment)
Conclusions

• Results are interim, small set of outcomes data
• Good outcomes for HCV treatment were achieved in a primary care delivery model
• Simplification of diagnostic and treatment algorithm allowed decentralization of HCV care into affected communities
What next?

• Further simplification of algorithms is required
• There is still a need for referral of complex cases to hepatology center and collaboration with a referent specialist
• No IVDU in the clinic: special population needs special case finding strategy
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