

SUCCESSFUL TREATMENT OF HEPATITIS C AMONG PEOPLE WHO INJECT DRUGS IN NAIROBI, KENYA.

Author: Ngwei G M¹

¹Medecins Du Monde France_Harm Reduction Program

Background: People who inject drugs (PWID) have a persistent epidemic of HCV (Hepatitis C virus infection) and remain as the population experiencing the most significant impact of HCV related morbidity and mortality worldwide. Evidence shows that people who abuse drugs are prone to various instabilities like homelessness and immigration which pose challenges in any treatment adherence. This abstract aims to describe a model of care and treatment of HCV in a PWID cohort in Nairobi, Kenya.

Intervention: Medecins du monde an international humanitarian organization offering harm reduction services for PWID through DIC (drop in center) and outreach activities, started screening for HCV since 2014 using Anti-HCV (HCV antibody) test . In 2016 through 2017, the positive Anti-HCV tests were confirmed using PCR (Polymerase chain reaction) and the patient who had CHC (chronic hepatitis C) were started on DAA (Direct-acting antiviral) medication. HCV viral load was measured at baseline and at 12 weeks after treatment completion. The modality of treatment was through DOT (Directly observed Therapy) at the Dic with transport facilitation and provision of meals. Followed up was done by clinicians, nurse counselors and peer educators.

Effectiveness: One hundred and seventeen patients had a positive Anti-HCV test but only 88 had CHC through PCR.76 were started on DAA with 13 not started because of either contraindication to the treatment or loss of follow up. By July 2018, all 76 clients completed treatment, outcome was available for 73 (96%) with a sustained virological response (SVR12), 1 (1.3%) did not attain SVR12, 2(2.6%) died before final HCV viral load was done.

Conclusion: HCV treatment combined with a model that enhance adherence can achieve high HCV treatment success rate among PWID. Therefore there is need to include interventions that promote stability among PWID to optimize care outcome.

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