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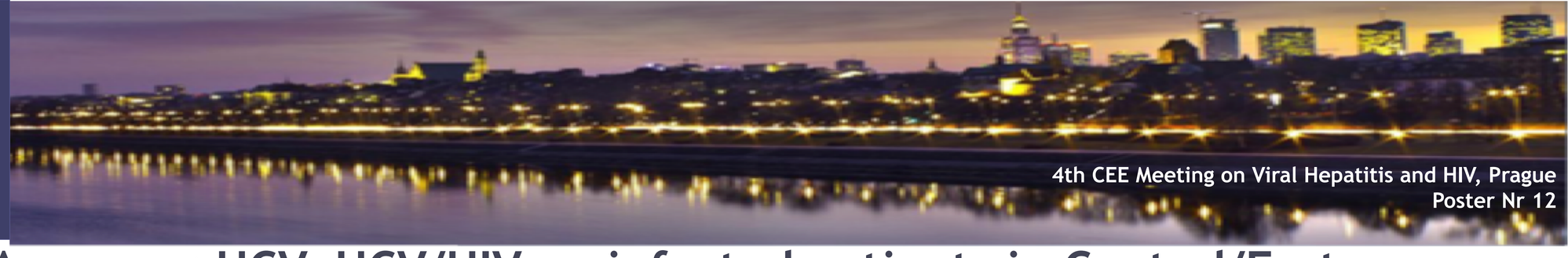

Access to DAAs among HCV, HCV/HIV co-infected patients in Central/Eastern Europe and the epidemiological characteristics of ESLD in this region - data from the ECEE Network Group

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Background

- The investigation of the epidemiological data upon the prevalence of chronic viral hepatitis C, and viral hepatitis induced end stage liver disease (ESLD) along with the availability of HCV treatment using direct acting antivirals (DAAs) in the populations of HCV mono-infected patients, as well as among HCV/HIV co-infected in Central and Eastern European Countries could elucidate in which way our efforts should be put on in order to reduce the spread and complication of both infections.

- The epidemiological models of HIV and HCV infections, including the intravenous usage of psychoactive substances has been influencing the high prevalence of both blood borne infections in this area.

- We investigated the prevalence and the most common causes for the ESLD among patients in countries represented in the ECEE Network Group, along with the access to DAAs treatments in the region.

Methods

- Euroguidelines in Central and Eastern Europe (ECEE) Network Group was initiated in February 2016 to compare standards of care for HIV and viral hepatitis infections in the region. Information about availability for HCV, HCV/HIV co-infection treatment options, the prevalence and causes of ESLD were collected through on-line survey.

- Respondents were ECEE members from 14 countries from the region.

Results

- The number of HCV-infected patients treated with DAAs ranged from 0 to 15 500, while in four countries the data was unavailable. The number of HIV / HCV- coinfected patients treated with DAAs ranged from 0 to 500, while data was unavailable in three countries. Pan-genotypic DAAs are available only in three countries. (Table 1).

- ESLD prevalence rate ranged from 0,5% to 1% and 1% to 25% in general population, and among HIV-infected, respectively. The most common cause of ESLD is viral hepatitis (43%). (Figure 1).

Conclusions

- Our findings showed that there are gaps in the epidemiological data on the numer of patients treated with DAAs.

- In many Central and Eastern European countries access to DAA treatment is very poor. High quality healthcare, including broad access to DAAs is particularly important in the first straggle against viral hepatitis.

- It should be taken into account that the most common cause of ESLD is viral hepatitis in this region.

Figure 1. Causes for end stage liver disease in Central and Eastern Europe Countries

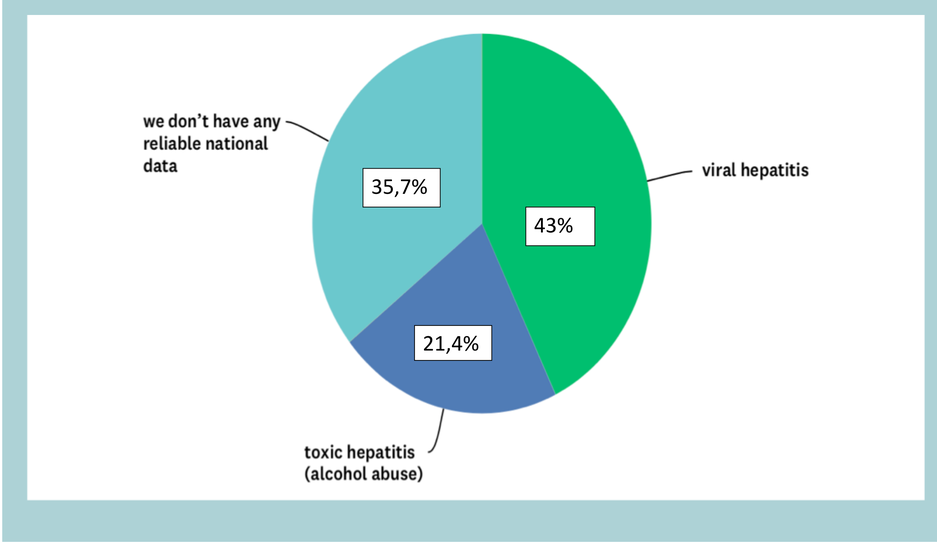

Table 1. Estimated number of HCV-infected patients treated with DAA in Central and Eastern Europe Countries and access to pan-genotypic DAAs

Country	DAA treatment in HCV population	DAA treatment in HCV/HIV population	Access to pan-genotypic DAAs
Romania	5 800	200	No
Greece	1 200	150-200	Yes
Poland	15 000	500	Yes
Bosnia and Herzegovina	82	0	No
Republic of Moldova	5 000	Unknown	No
Albania	20-25	0	No
Belarus	unknown	Unknown	No
Kosovo	0	0	No
Hungary	1 000-1 200	30-50	No
Georgia	15 500	200	No
Turkey	unknown	100-200	No
Armenia	unknown	Unknown	No
Serbia	0	0	No
Estonia	unknown	200	Yes

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