

TREATMENT OF HEPATITIS C IN A COHORT OF FORMER AND CURRENT INJECTING DRUG USERS IN NAIROBI, KENYA

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Background:

People who inject drugs (PWID) have high burden of chronic hepatitis C (CHC). In urban settings in Sub-Saharan Africa, injecting drug use is an important routes of HCV infection. Data on HCV among PWID in these settings are limited. HCV care programs for PWID in SSA have recently been rolled out. We describe data from the HCV treatment program for PWID in a primary care setup in Nairobi, Kenya.

Approach:

PWID were enrolled in harm reduction services in Drop In Centre (DiC); OST was provided in a separately located MoH clinic; HCV care was integrated into DiC. PWID were screened for HCV according to the WHO guidelines (OraSure[®] HCV RDT). CHC was confirmed by HCV RNA in the serum using Abbott M2000. Patients with CHC were treated with DAA. Treatment was carried out by clinical officers and nurses in DiC.

Outcomes:

Between September 2016 and March 2018, 72 PWID with CHC initiated HCV treatment with Sofosbuvir and either Daclatasvir or Ledipasvir. 35 (48%) had HIV. HCV genotype 1 was most prevalent.

By March 2018, 65 patients completed treatment; outcome was available for 42: 37 (88%) achieved SVR, 2 had detectable HCV RNA, 1 LTFU after completion of treatment, 2 patients have died, both for causes unrelated to CHC; 25 are awaiting their post-treatment HCV RNA result; 6 patients are under treatment.

Conclusion:

Initial results of HCV treatment from the cohort of PWID with CHC suggest that, HCV treatment delivery at primary care, combined with the evidence based interventions for substance use disorder, achieve high HCV treatment success rate. Care delivery that includes MAT, harm reduction, medical (including HCV, HIV, and TB) and psychosocial services at a single point, are needed to optimize the care outcomes.