HEPATITIS C INDUCTION INTO CARE FOLLOW UP AND OUTCOMES

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Background

The prevalence rate for Hepatitis c for people using drugs in Kenya is 23% and it's against this background that MDM traced and contacted patients living with Viral Hepatitis C.
MDM was to trace and refer patients to MSF who were to provide treatment.

Aims and objectives

The aim of the MDM/MSF project was to treat patients with chronic Hepatitis C by providing them with treatment, prevention of re-infection and cross infection among people who inject drugs

Method

Testing was done through Rapid Results initiative to attending MDM DIC. The positive patients were referred to MSF clinician within MDM DIC. The clinician enrolls him to pretreatment investigations. PCR and genotyping was done and the positive for PCR, other medical investigations were done.
Through MDM peer educators, outreach workers and nurse counselors the patients were closely monitored and traced to ensure adherence to medication. This was done by mapping the patients' sites, area of origin, and the close family members.

Results

78 patients were treated for Hepatitis C with 99% treatment success with one treatment failure. Through this model PWUD were able to access treatment and other harm reduction services (Needle and syringe exchange program, HIV and STI screening, referral to Opioid Substitution Therapy and hygiene support). The social support provided ensured 100% adherence and 99% treatment success. Peer-led support ensured that all investigations are done on time and adherence to treatment is maintained.

Conclusion

Using the MDM model using the peer educators, hepatitis C patients benefited from the medication. This is because the peers MDM were using had chronic Hepatitis and hence there no stigma.
Through this model, cross infection and new infections have been been reduced.
It's possible to treat hepatitis c with minimal resources

Disclose of interest: none