HIGH COMPLETION AND CURE RATES WITH A DECENTRALIZED, INTEGRATED HCV TREATMENT APPROACH IN VIETNAM

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Nhan T. Do[1], Nhung T. Vo[2], Huong T. Phan[1], Dung A. Tran[1], Thuy T. Pham[3], Chieu V. Vu[4], Linh An T. Tong[4], Hang T. Duong[4], Duy T. Nguyen[4], Mai T. Pham[2], Lisa A. Cosimi[5], **Todd M. Pollack[2]**
[1]Vietnam Administration for HIV/AIDS Control, Hanoi, Vietnam, [2]Beth Israel Deaconess Medical Center, Boston, USA, [3]Beth Israel Deaconess Medical Center, Hanoi, Vietnam,
[4]The Global Fund, Hanoi, Vietnam, [5]Brigham and Women's Hospital, Boston, USA

BACKGROUND

- Vietnam is one of the 20 highest burden countries for chronic viral hepatitis
- To increase access to hepatitis C treatment, WHO recommends a simplified service delivery approach, including decentralization to the primary care level and integration into existing services.
- In 2021, with support from the Global Fund, the Vietnam MOH scaled up HCV treatment through public HIV and methadone clinics.

OBJECTIVE

- Assess hepatitis C treatment outcomes among individuals enrolled in public HIV and methadone clinics in Vietnam.





METHODS

- **Data source:** Ministry of Health program data
- **Setting:** Public HIV and methadone clinics across 36 provinces in Vietnam.
- **Population**: Individuals with HCV viremic infection with and without liver fibrosis or cirrhosis
- **HCV Treatment:** Sofosbuvir/daclatasvir for 12- or 24-weeks following Vietnam national guidelines.
- **Analysis:** Primary endpoints were treatment completion and sustained virologic response 12 weeks after treatment completion (SVR12). Multivariate logistic regression analysis was used to find factors associated with SVR12.

RESULTS

- Between 5/2021 and 6/2023, 15,196 individuals were enrolled in HCV treatment through HIV (71.3%) or methadone (28.4%) clinics.
- Of the 7663 (51%) with an HCV RNA test 12 weeks or more after completing therapy, 7169 (93.8%) achieved SVR12.
- SVR12 rates were 98.9%, 95.9%, and 93.5% at the national, provincial, and district levels, respectively.
- 271 discontinued treatment due to lost-to-follow-up (63.1%), change to private treatment (14.8%), drug stock-out (7.7%), side effects (4.4%), or death (10.0%).

Table 1. Demographic & Clinical Characteristics

Characteristics (N=15196)	(n,%)
Gender (n=15145)	
Male	14344 (94.7)
Mean age (year), [SD}	42.3 [6.9]
Risk factor (n=15191)	
MSM	71 (0.5)
PWID	8696 (57.2)
Other	6424 (42.3)
Cirrhosis stage (n=10900)	
F0-F1	4641 (42.6)
F2	3131 (28.7)
F3-F4	3128 (28.7)
Mean yrs on ART, [SD] (n=10327)	8.5 [4.2]
ARV regimen (n=10833)	
TDF-containing	10339 (95.4)
DTG-containing	7274 (67.1)
EFV-containing	3114 (28.7)
NVP-containing	90 (0.8)
LPV-containing	544 (5.0)

Figure 1. Descriptive Analysis

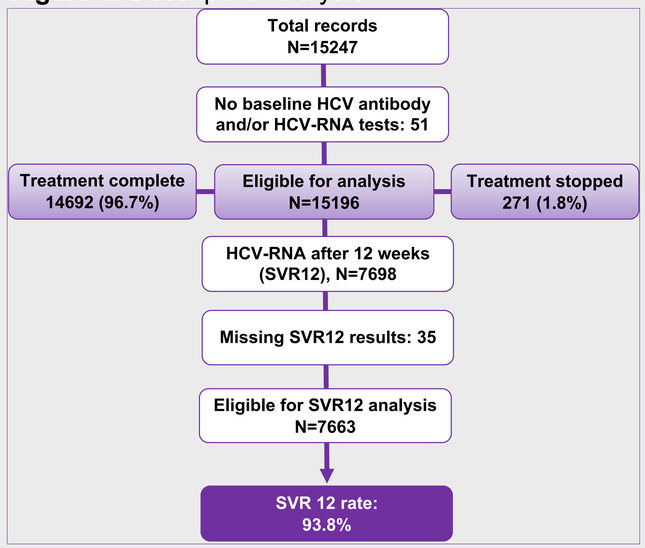


Figure 2. SVR12 Rates Stratified by Level of Care in Health System

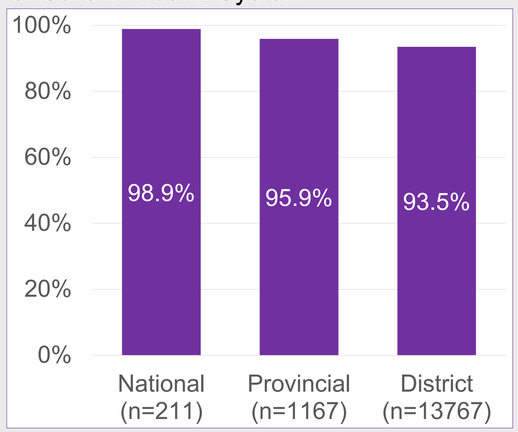


Table 2. Multivariate Analysis of Factors Associated with SVR12 Among 7663 Patients Treated for HCV Infection

Factors	aOR (95% CI)	p-value
Female	1.2 (0.7-1.7)	0.5
Age > 40 years old	1.5 (1.2-1.8)	0.000
Neither MSM or PWID	1.5 (1.3-1.9)	0.000
DTG-containing regimen	1.3 (1.1-1.6)	0.015
Presence of cirrhosis	1.6 (1.1-2.2)	0.005

Decentralized treatment of hepatitis C infection integrated into HIV and addiction care was highly effective in Vietnam with high rates of treatment completion and SVR12

CONCLUSIONS

- Nearly 94% of patients treated for HCV during the study period achieved an SVR12.
- Treatment discontinuation occurred in less than 2% of cases.
- SVR12 rates were similar across national, provincial, and district levels with most patients receiving care at the district level.
- Integrating HCV treatment into HIV and addiction care programs at the primary care level can help country programs reach hepatitis elimination goals.
- With continued support from The Global Fund, Vietnam MOH plans to continue to scale up HCV treatment.
- Ensuring the continued availability of medications and testing reagents, as well as financing mechanisms, will further strengthen and sustain this program.

Contact: tpollack@bidmc.harvard.edu