

Uptake of DAAs for treatment of hepatitis C in HIV/HCV co-infected children and adolescents in Russia

Farihah Malik¹, Giuseppe Indolfi², Inga Latysheva³, Evgeny Voronin³, Rebecca Lundin⁵, Nataliia Levina⁶, Claire Thorne¹, Anna Turkova⁴ on behalf of the REACH Consortium

✉ farihah.malik.18@ucl.ac.uk 🐦 malik_farihah

1.UCL Great Ormond Street Institute of Child Health, University College London, London, UK, 2.Department Neurofarba, University of Florence and Meyer Children's University-Hospital, Florence, Italy, 3.Republican clinical hospital of infectious diseases, Saint-Petersburg, Russia, 4.MRC Clinical Trials Unit at University College London, London, UK, 5 Institute for Maternal and Child Health, IRCCS "Burlo Garafolo", Trieste, Italy, 6. Fondazione Penta Onlus, Padova, Italy



BACKGROUND

HIV/HCV co-infected children are at risk of advanced disease progression and are identified by professional society guidelines as a priority group for HCV treatment. In the Russian Federation (RF) **Glecaprevir/Pibrentasvir (G/P)** became available for adolescents ≥ 12 years, through the government programme, in late 2019.

Aims:

- to explore HCV therapeutic management practices and policies for children and adolescents with HIV/HCV co-infection and
- to evaluate HCV treatment availability and utilisation.

METHODS

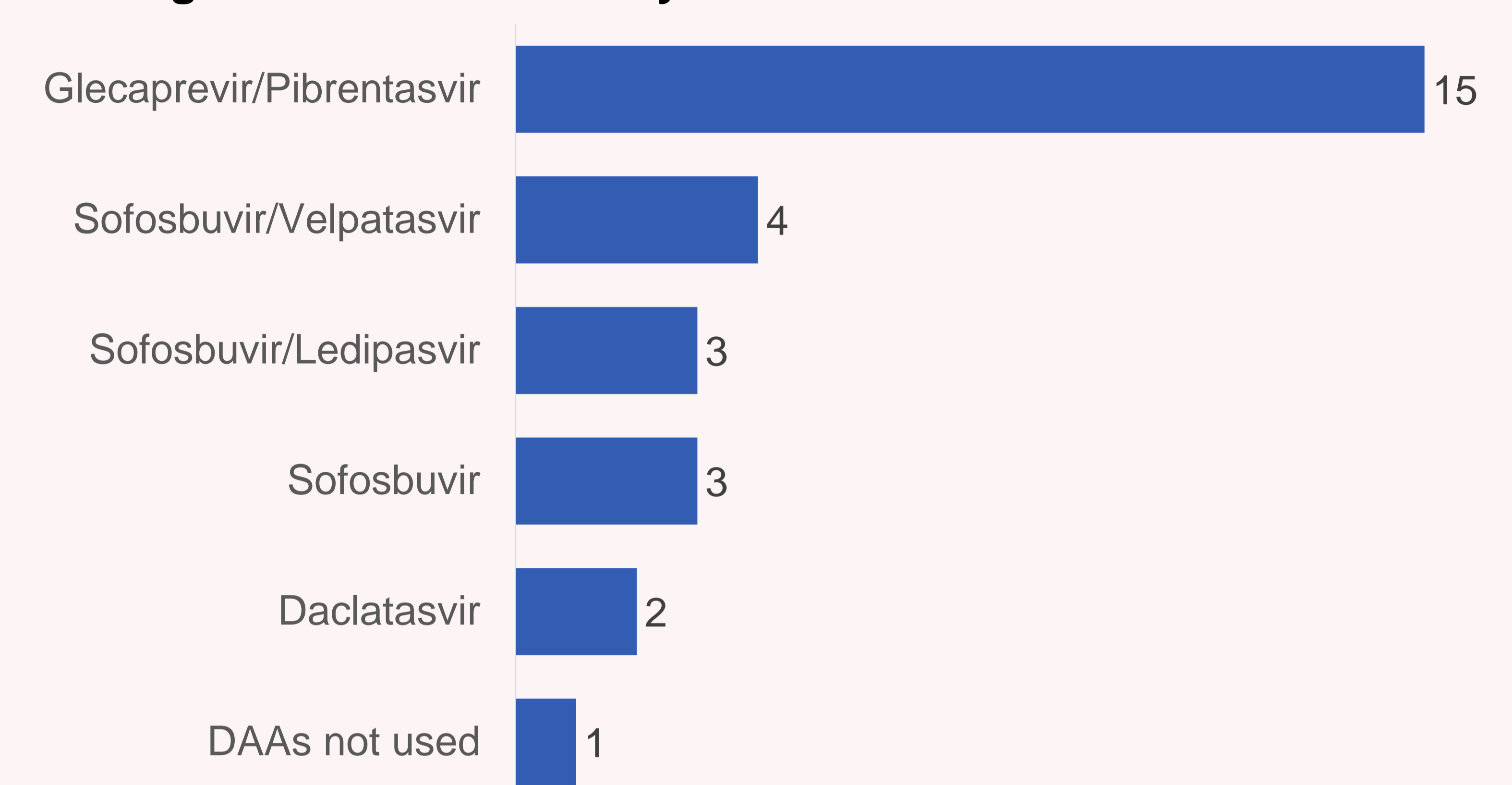
The **Russian European Alliance for research among women, Children and adolescents impacted by HIV, TB and HCV (REACH)** addresses key research questions in the health response to these intersecting epidemics.

Survey: A web-based survey was distributed to clinicians in **20 AIDS centres** across RF in October 2020, with a **95% response rate**. The survey collected aggregated data on numbers of HIV/HCV co-infected children (<18 years) under current care by age group, sex, HCV genotype (GT), and HCV treatment history. Details of policies or guidelines for identification, monitoring and treatment of paediatric HCV were also requested.

Table 1: Patient characteristics at AIDS centres

	n=125
Treatment status	
treatment naive	68 (54%)
failed a previous HCV treatment	5 (4%)
currently receiving treatment	28 (22%)
treatment status missing	24 (19%)
Mode of transmission	
infected through mother-to-child transmission	92 (74%)
Age groups	
0 to <3 years	8 (6%)
3 to <6 years	21 (17%)
6 to <12 years	26 (21%)
12-18 years	70 (56%)
Sex	
Female	61 (49%)
HCV Genotype	
GT 1	60 (48%)
GT 2	2 (2%)
GT 3	32 (26%)
unknown or missing genotype	31 (25%)

Figure 1: DAA availability for adolescents at AIDS centres



RESULTS & CONCLUSION

Results:

- 125 HIV/HCV co-infected children were in follow-up (Table 1), ranging from 0 to 39 per centre.
- Direct acting antivirals (DAAs) were indicated for treatment of adolescents ≥ 12 years at 19 (95%) centres (Fig 1).
- **51 (73%) of the 70 coinfecting adolescents were treated with DAAs, of whom 50 received Glecaprevir/Pibrentasvir and 1 Sofosbuvir.**

Conclusion:

- DAA treatment uptake was high for HIV/HCV coinfecting adolescents in the RF.
- Most of those in care at responding clinics were treated through the government programme soon after approval of pangenotypic formulations.

