HCV TREATMENT IN HIV / HCV COINFECTION IN BRAZIL, 2016-2017

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BACKGROUND
From 2007 to 2016, around 15,000 people were identified with HIV and hepatitis C virus (HCV) coinfection in Brazil. Treatments for HIV and HCV are universal and provided free of charge by the Ministry of Health of Brazil (MoH). As of 2015, MoH has been offering direct-acting antivirals (DAAs) for HCV treatment, which is a better option especially for HIV / HCV coinfected people, since DAAs have fewer drug interactions with antiretrovirals and since HCV treatment in Brazil has become a priority in HIV/HCV co-infection regardless of the degree of liver fibrosis1,2. The aim of this study is to describe the characteristics of HIV / HCV coinfected people treated for HCV in Brazil, where approximately 10% of people with hepatitis C are coinfected with HIV3.

MATERIALS AND METHODS
We analyzed data collected from the Drug Dispensing Information System regarding HCV treatment of all people coinfected with HIV / HCV in public healthcare in Brazil from 2016 to 2017. The data were obtained through the Department of Pharmaceutical Assistance of the Ministry of Health.

RESULTS
A total of 2,538 HIV / HCV coinfected people were identified. Of these, 82% (2,071) were of genotype 1; 1% (35) of genotype 2; 15% (370) of genotype 3; and 2% (62) of genotype 4. Regarding the therapeutic regimen, 88% (2,242) were taking sofosbuvir and daclatasvir for 12 weeks and 9% (234) sofosbuvir and daclatasvir for 24 weeks; 3% (62) were taking other treatments (sofosbuvir and simeprevir; sofosbuvir and ribavirin; daclatasvir, peginterferon and ribavirin). The south and southeast regions distributed the majority of treatments, around 86% (2,201). Of this proportion, the state of São Paulo (southeast) was responsible for the highest number of treatments for HIV / HCV coinfected patients, followed by Rio Grande do Sul (south), Santa Catarina (south) and Minas Gerais (southeast) (Figure 1).

CONCLUSIONS
The strategy of prioritizing HCV treatment for HIV / HCV coinfected people, considering the coinfection’s morbidity and mortality, plays an important role on HIV/HCV control – being critical for the public health response to the diseases. As Brazil is increasing access to treatment in this population, this strategy could be implemented by other low- and middle-income countries. Knowing that new interferon-free therapy has more than 90% efficacy, the next step is to evaluate the sustained virological response in people coinfected with HIV / HCV in order to offer the most suitable therapy for this coinfection in the country.

REFERENCES