Prevention of Hepatitis in risk groups and hepatitis and HIV in Albania

Ass.Prof. Najada COMO
Infectious Diseases Clinic UHC “Mother Theresa” Tirane

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Organization of the Epidemiological Health System in Albania

Ministry of Health

IPH

Third Diagnostic and curative health service
UHC “Mother Theresa”

Second Diagnostic and curative health service

Primary Diagnostic and curative health service

National Center of upbringing, the Child Development and Rehabilitation

University Dental Clinic

The National Center for Blood Transfusion
Referral of HIV /HBV /HCV Patients to Infectious Diseases Service UHC

- GP
- Direct
- IPH
- 2nd Regional hosp
- Center of Trafficed people
- Blood bank
- Oncology, Hematology, Nefrology, Toxicology, Hemodialysis Units
- Prisons
- UHC “Mother Theresa”
**Modes of transmission**

- Contact with infectious blood, semen and other bodily fluids, primarily through:
  - Sexual contact with a hepatitis B-infected person;
  - Birth from a hepatitis B-infected mother at the time of birth or from family member to infant in early childhood;
  - Sharing needles, syringes or drug paraphernalia (works);
  - Transfusions of HBV-contaminated blood and blood products;
  - Needle sticks or sharp instrument injuries;
  - Contaminated injections during medical procedures
  - Tattooing/body piercing

**Risk groups**

1. Newborns
2. Multiple transfusion and dialysis patients, patients admitted in hospitals
3. Health care workers and Medical university students
4. Injection drug users
5. Roma communities
6. MSM
7. Prisons
8. Trafficked people
Prevalence of positivity of HbsAg and HCV in Albania

Geographically distribution in total HBV and HCV

Seroprevalence studies undertaken over the years by IPH in our country is estimated that about 200,000 individuals are infected with HBV, with a prevalence that ranges from 7-9%, and about 30,000 people with HCV, with a prevalence ranging from 0.5 to 1.5%.

Hepatitis C prevalence is much higher in some population groups, such as MSM, or IDU.

Ref: IIPH Hepatitis draft
In 1994 it started to neonatal vaccination and then it became part of the national vaccination schedule for children during the first year of life. From this time and onwards are vaccinated over 1 million people against HBV.

In recent years they have been carried out vaccinations in selected groups:
1. 2001-2002 in the UHC employees and medical students
2. 2012 revaccination to UHC staff and nursing students, medicine and dentistry
3. Patients of dialysis
4. Travelers in countries with high risk
5. MSM
6. In HIV infected people and them with Co infection HIV/ HCV
Situation of HIV/AIDS in Albania 1993 - 2016

The incidence of HIV in our country is 0,03% and the prevalence 0.003%, until November 2014.

Although the prevalence of HIV infection is low, there has been an increasing trend in the number of new cases in recent years.

Co-infectious HIV/Hepatitis follows the same growth curve, especially recent years.
Geographic distribution of Co infections HIV / Hepatitis
Number of Male are higher than Female in three forms of co infections.
The highest number belongs to age groups 20-40 years old.
Distribution of our HIV / HBV and HIV / HCV cases at the time of registration in the outpatient clinic, according to the CDC clinical classification

<table>
<thead>
<tr>
<th>CDC clinical stage</th>
<th>HIV/AIDS</th>
<th>HIV/HBV/HCV cases ( In Tot )</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td></td>
<td>1 case</td>
</tr>
<tr>
<td>A2</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>A3</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>B1</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>B2</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>B3</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>C1</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>C2</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>C3</td>
<td></td>
<td>23</td>
</tr>
</tbody>
</table>

The highest number noted in stage C (C1,C2,C3) …they are presented in late stage of HIV
IN 2011 we switched some of them in TDF/TC + EFV
- Cases failed
- Those with side effects from ZDV
- New cases with coinfection used it as the first line

Since 2013 we performed
- Fibroscan in 40 pts
  F0-F1 4, F1 F2 = 25, F3 = 12
- HBV DNA > 2,000 Ui/ml 32 cases
- The other cases are filled with serological and virological HBV tests

2011 – 2016 New agents were added to ARV treatment schemes
- FTC/TDF/LPV/R
- FTC/TDF/RFV
- TDF/FTV/WATZ
- TDF/FTV/DAR/R
Antiviral used for HCV

- In Tot 15 cases HIV-HCV
  - In 9 of them we performed
    - Fibroscan
    - Genotype
    - HCV RNA / HIV RNA in base line and after therapy
  - We used PEG INF + RIB based on criteria of HIV/HCV treatment
    - 6 of them has undetectable HCV RNA
    - 3 cases have low level HCV RNA
    - 2 cases dead (Late stage of HIV)
    - 4 are testing for HCV RNA / HIV RNA level, genotype, Fibroscan and CD4 cell/count
Conclusions

• The rising trend of HIV has been associated with increased incidence of Co-infections.
• It is a higher concentration in the big cities.
• Actually in Albania we can diagnose, treat and follow up Not Even HIV but and HIV co-infections:
  - HIV / HBV
  - HIV / HDV and HIV / HCV
• Exit the database of Co Infection HIV / Hepatitis where adults are different in epidemiological Aspects.

Problems

• Difficulties on adherence of patients with therapy.
• Difficulties laboratory, pharmacology and optimal collaboration between different units who take with these problems.
THANK YOU