

VHPB Meeting



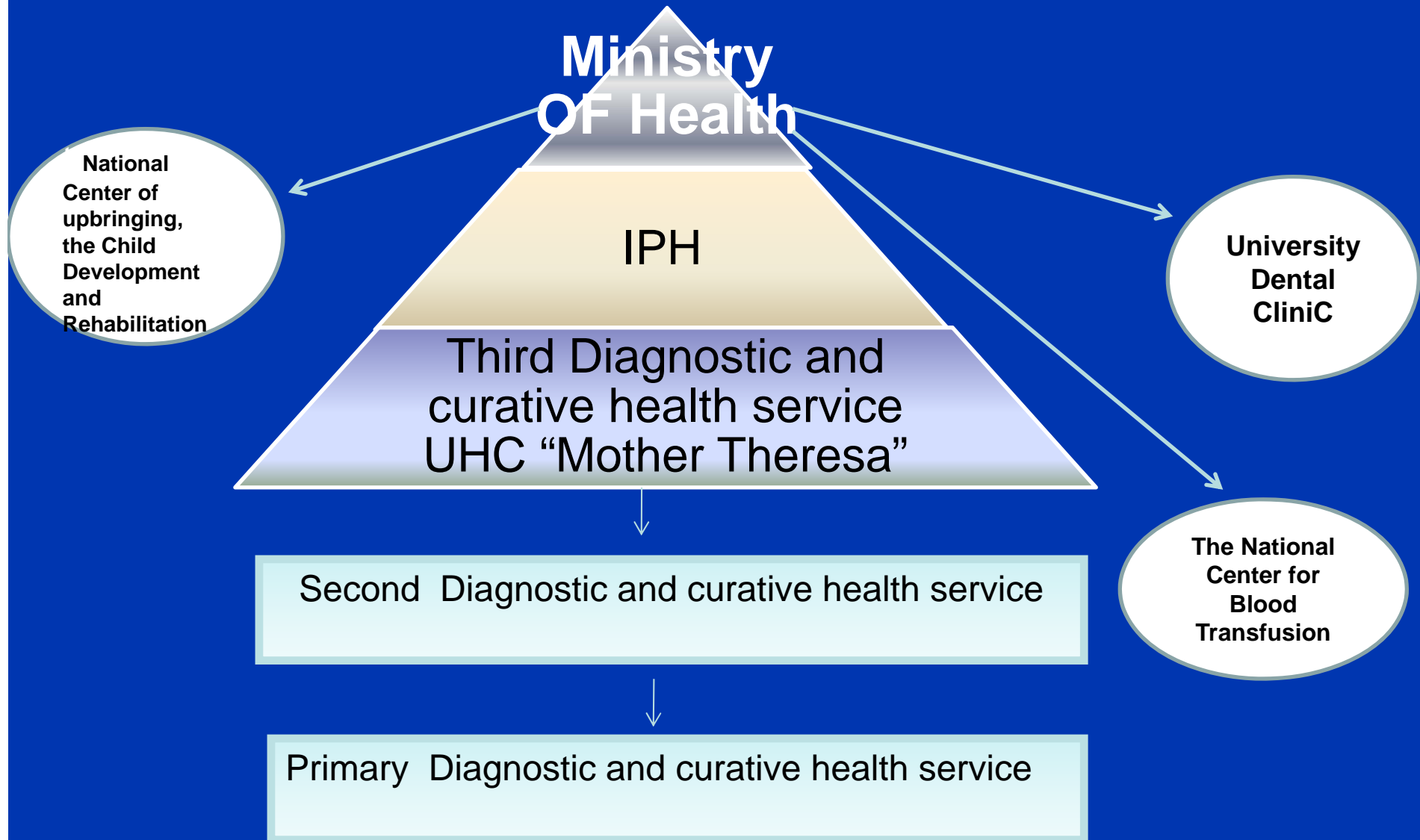
Prevention of Hepatitis in risk groups and hepatitis and HIV in Albania

Ass.Prof. Najada COMO

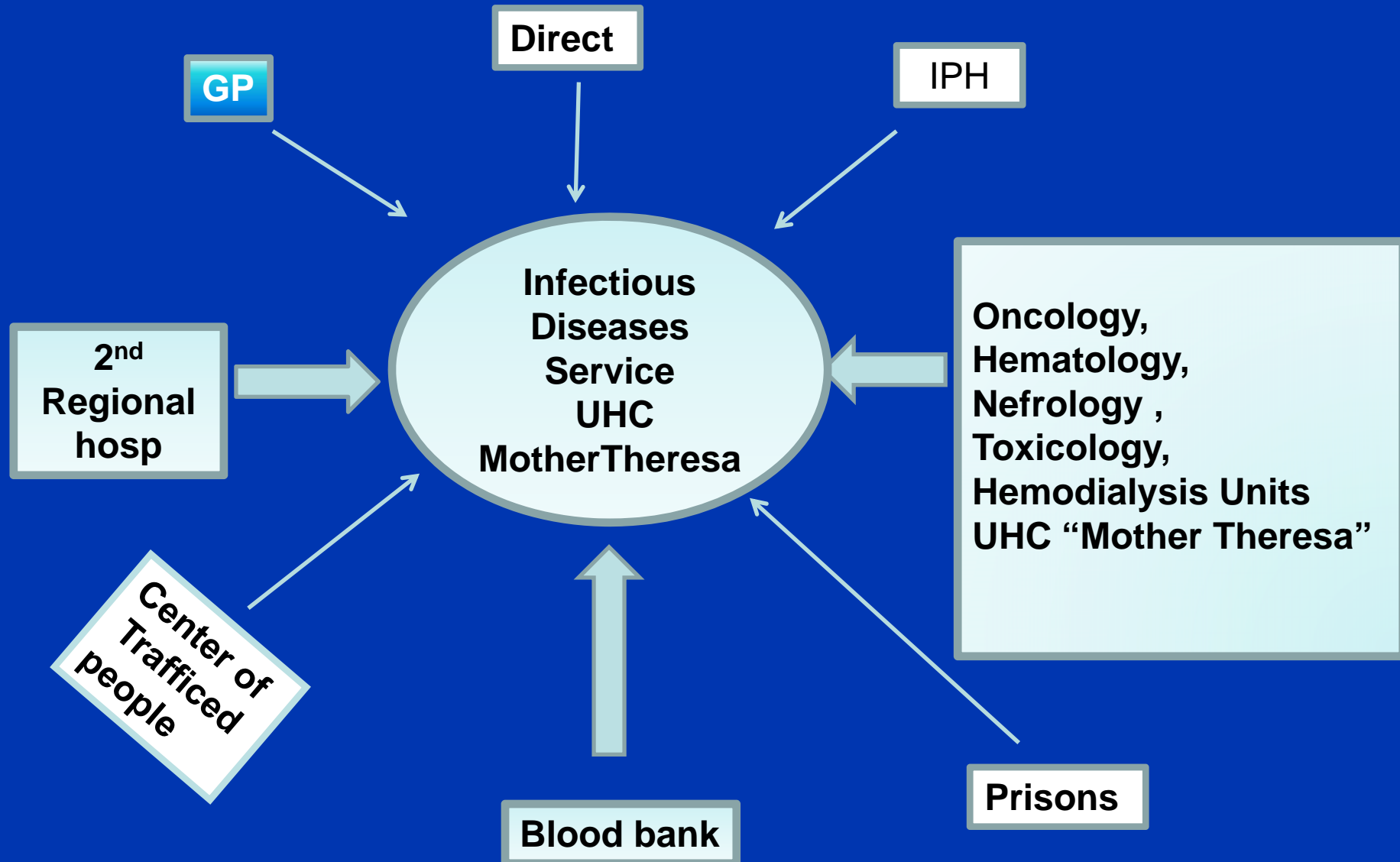
Infectious Diseases Clinic UHC "Mother Theresa" Tirane

Rogner, Tirane, Albania, 27-28 October 2016

Organization of the Epidemiological Health System In Albania



Referral of HIV /HBV /HCV Patients to Infectious Diseases Service UHC



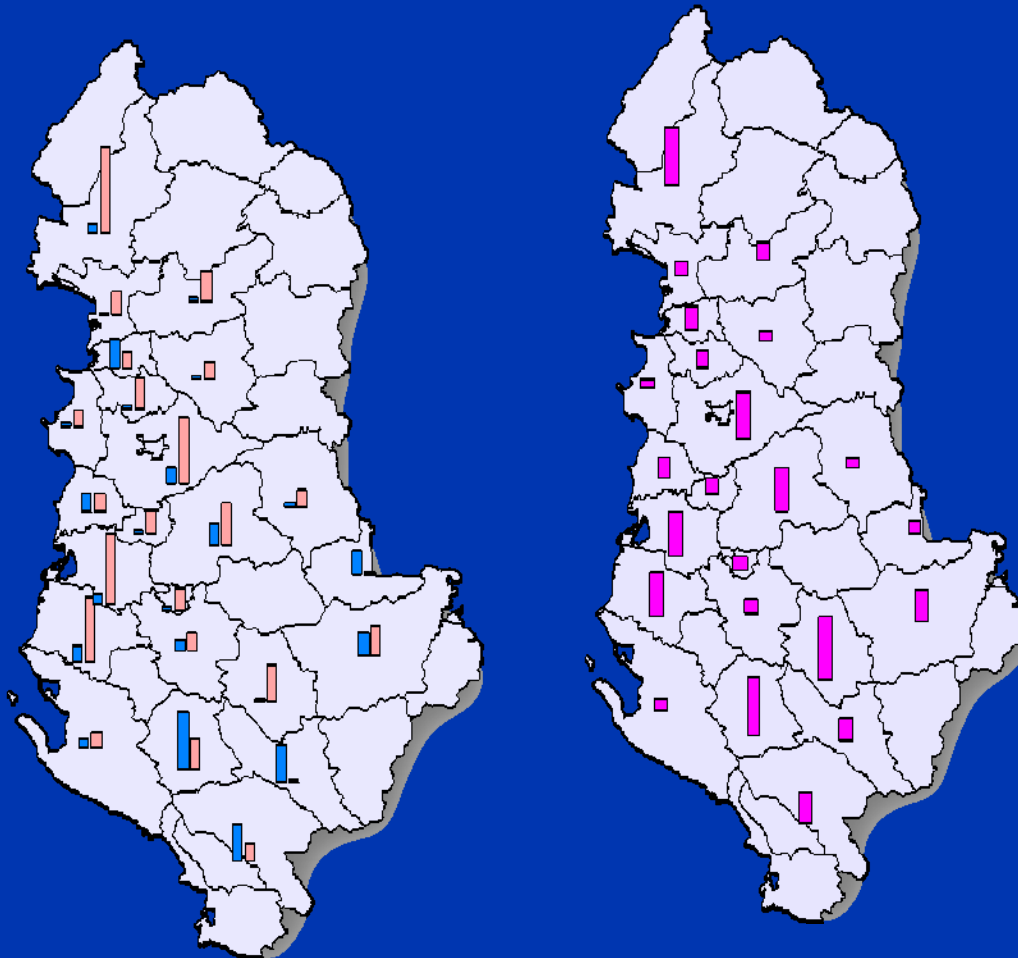
Modes of transmission

- 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.Traficed people

Prevalence of possitivity of HbsAg and HCV in Albania



**Geographicaly 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%**.

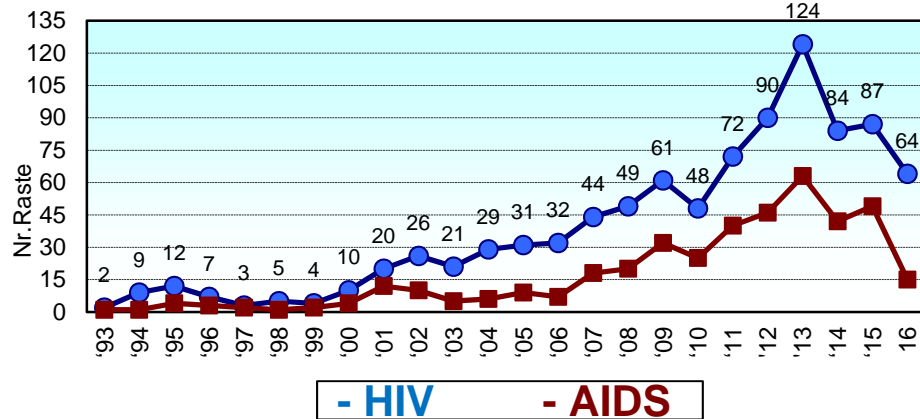
Hepatitis C prevalence is much higher in some population groups, such as MSM , or IDU

Ref:IPH Hepatitis draft

Profilaxia Hepatitis B in the Risk Groups

- 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

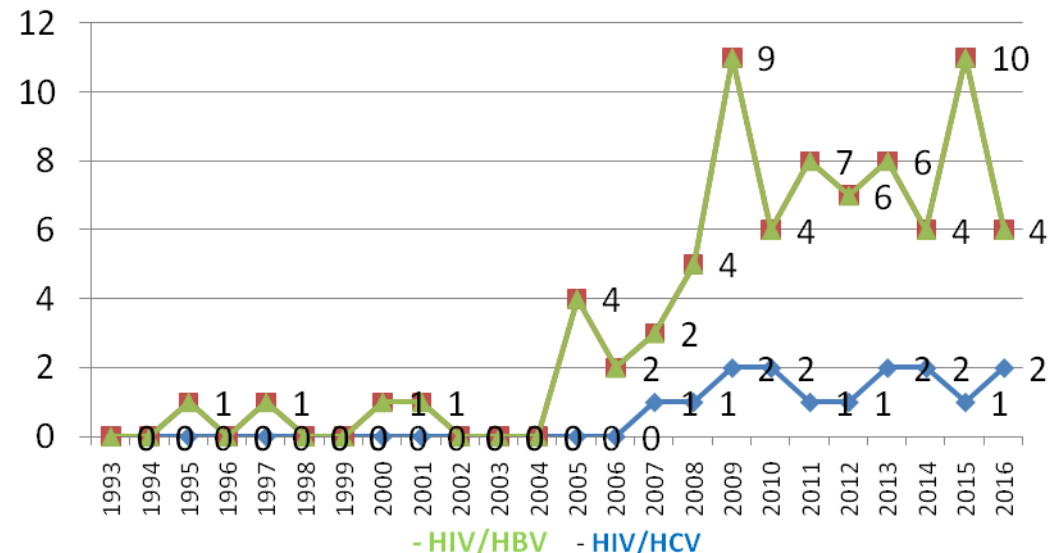


The incidence of HIV in our country is 0,03% and the prevalence 0.003%, until November 2014 .

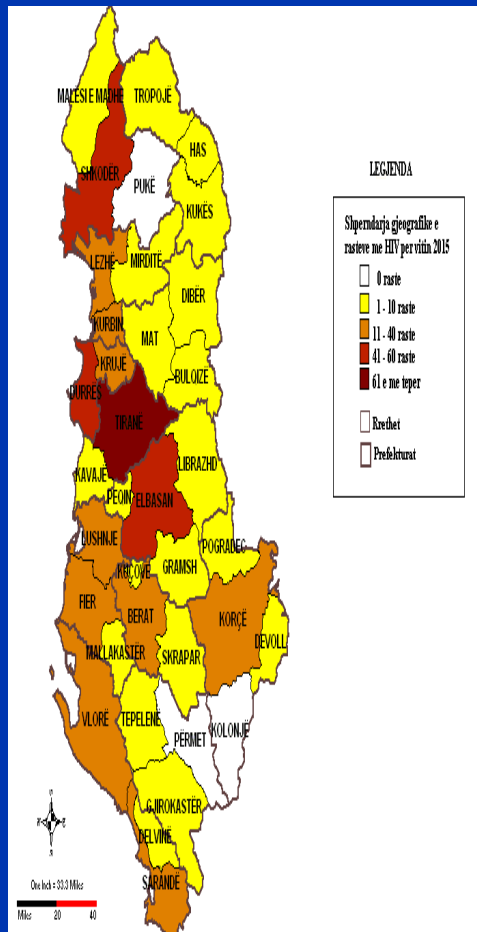
Although the prevalence of HIV infection is low, there has been an increasing trend in the number of new cases in recent years

Situation of HIV/HBV and HIV/HCV in ID CLINIC UHC "Mother Theresa"

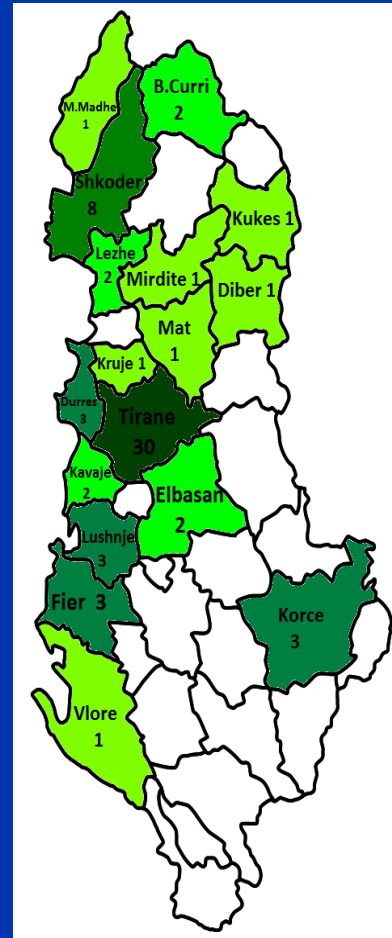
Co infectious HIV/Hepatitis follows the same growth curve, especially recent years



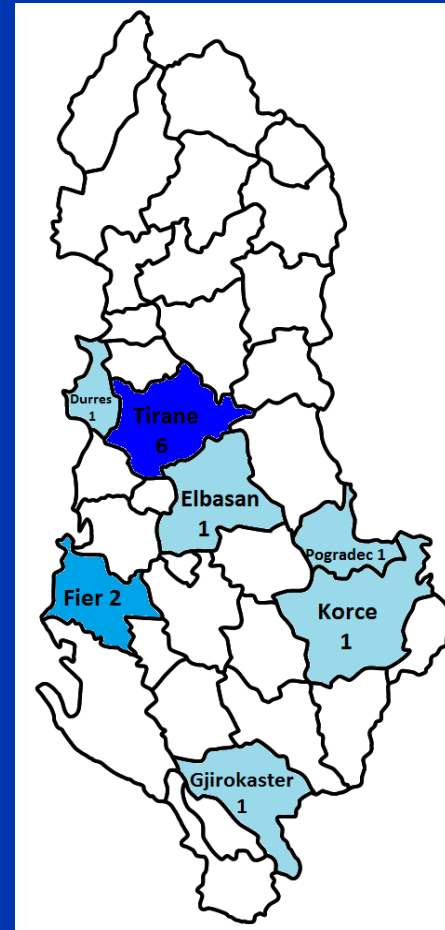
Geographic distribution of Co infections HIV /Hepatitis



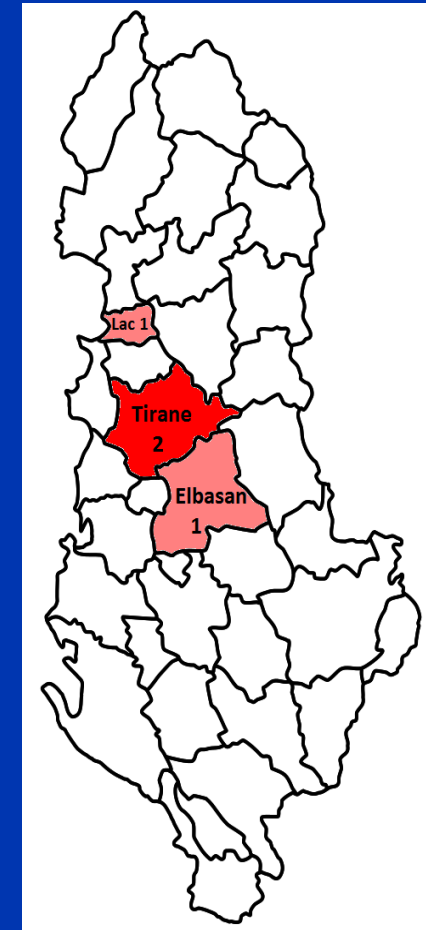
HIV/AIDS



HIV/HBV

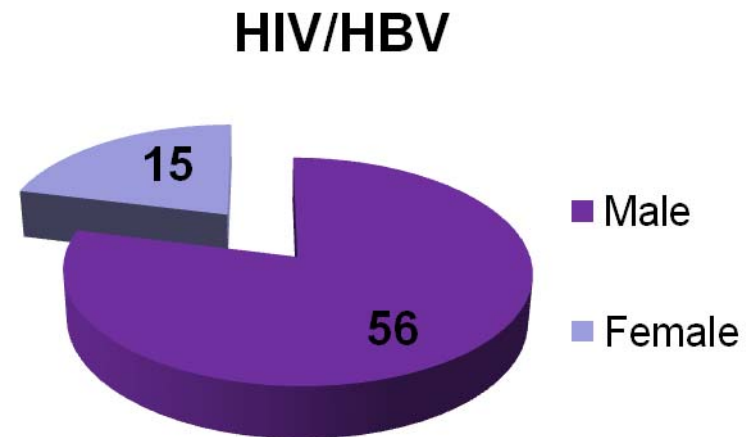
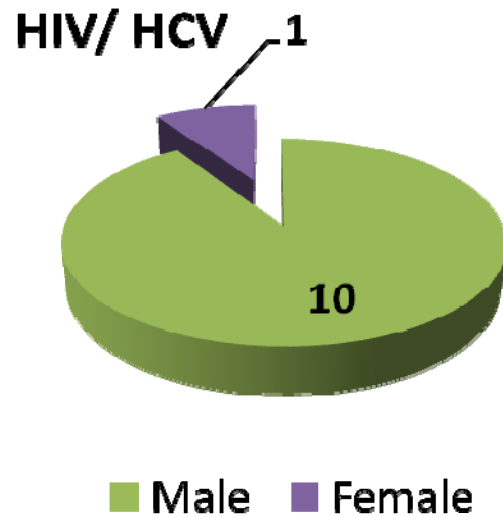


HIV/HCV

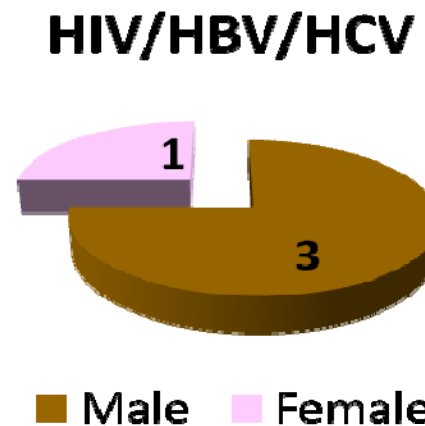


HIV/HBV/HCV

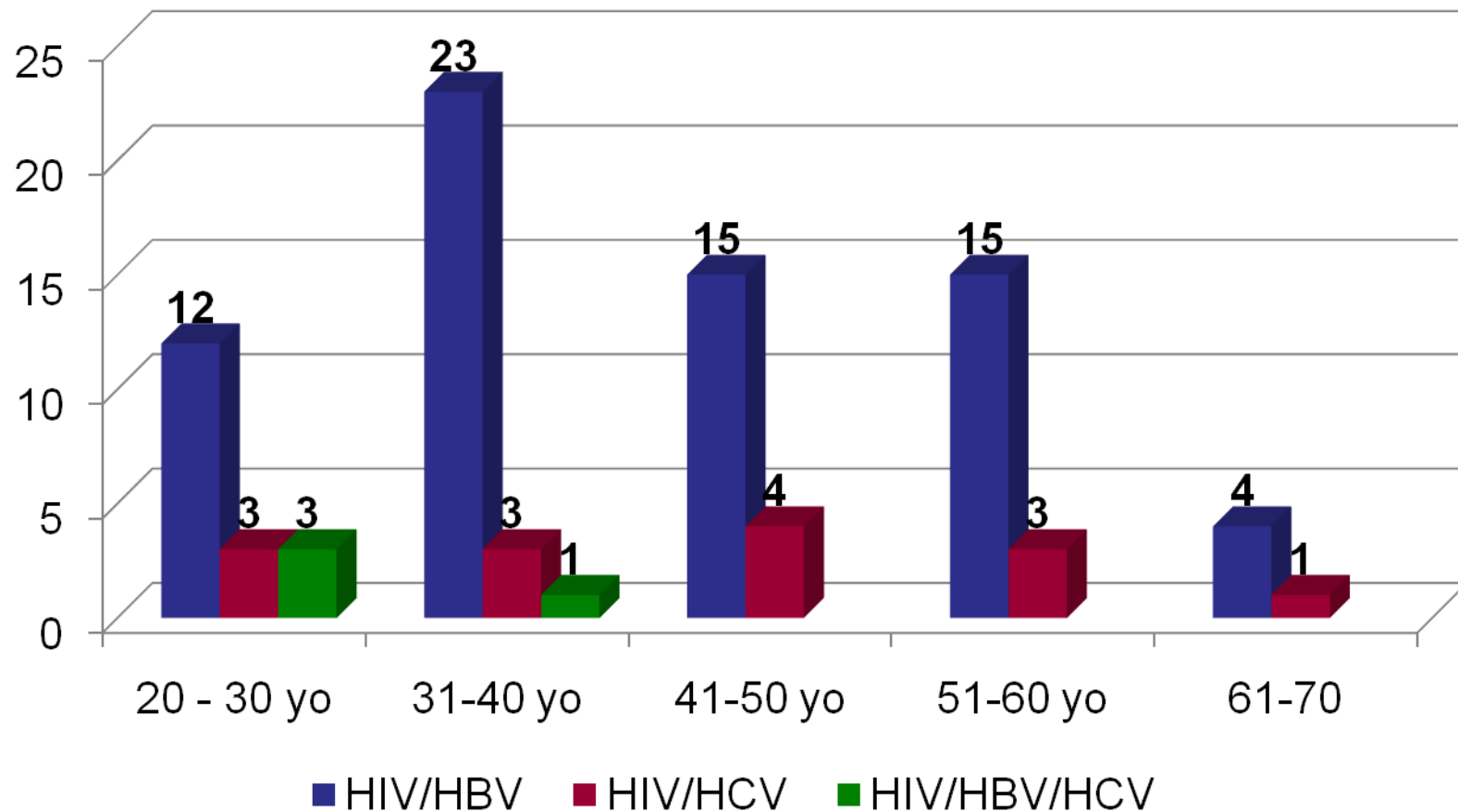
Distribution based on Sex



Number of Male are higher than Female in three forms of co infections



Distribution of HIV/HBV/HCV based on Agegroup



The highest number belongs to age groups 20-40 years old

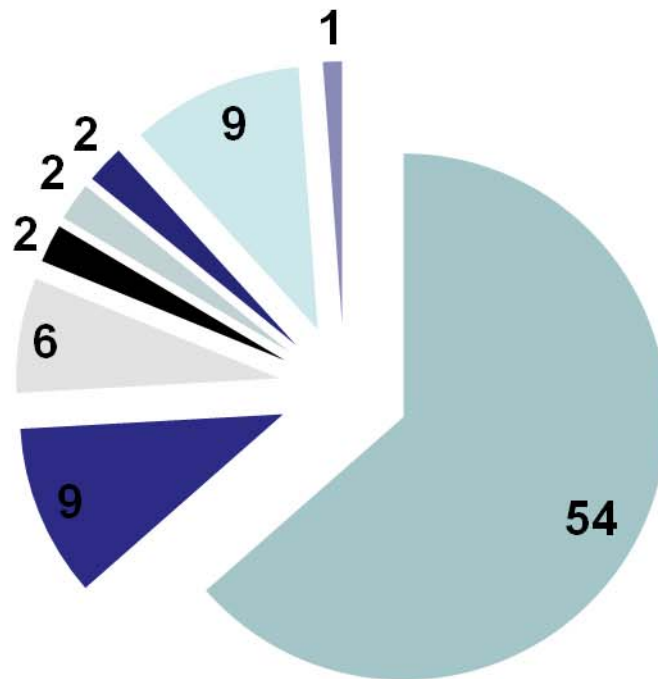
Distribution of our HIV / HBV and HIV / HCV cases at the time of registration in the outpatient clinic, according to the CDC clinical classification

CDC clinical stage HIV/AIDS	HIV/HBV/HCV cases (In Tot)
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A1	1 case
A2	5
A3	6
B1	8
B2	9
B3	13
C1	11
C2	8
C3	23

The highest number noted in stage C (C1,C2,C3)
...they are presented in late stage of HIV

Classification of Mode of transmission HIV/Hepatitis



■ heterosex + bisexual

■ IDU

■ vertical

■ unknown

■ homosex

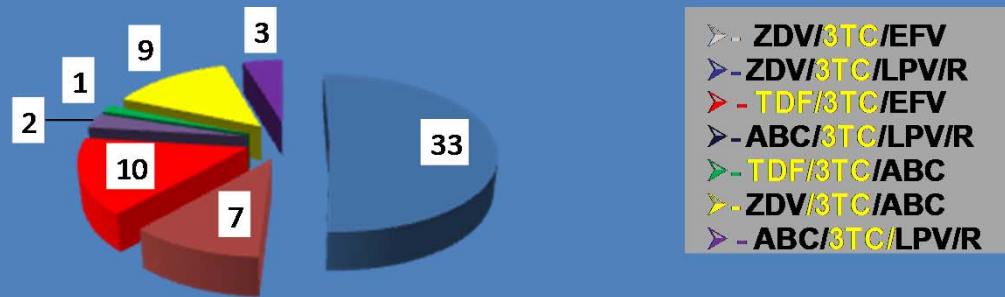
■ Blood transfusion

■ prisons

■ •Needle sticks or sharp instrument injuries;

ART schemes used in HIV - HBV cases

1993 - 2012 usually schemes of ARV



IN 2011 we swichted some of them in TDF/TC + EFV

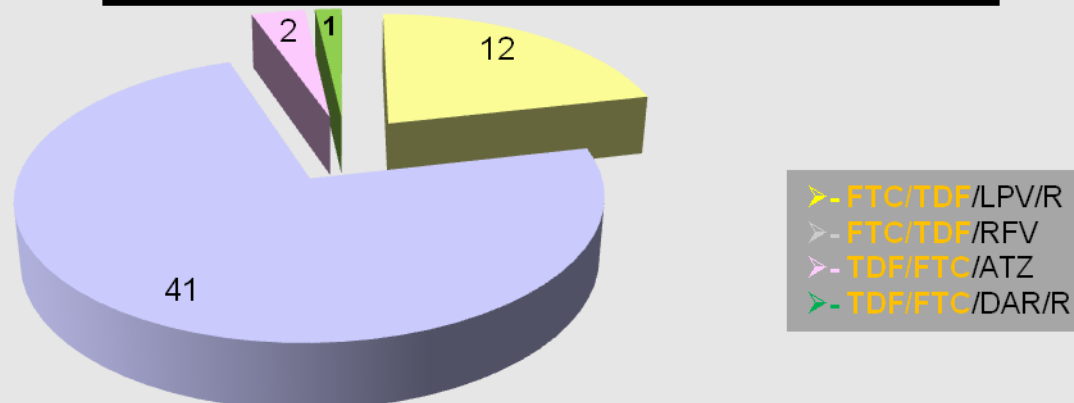
- Cases failed
- Those with side effects from ZDV
- New cases with coinfeksion used it as the first line



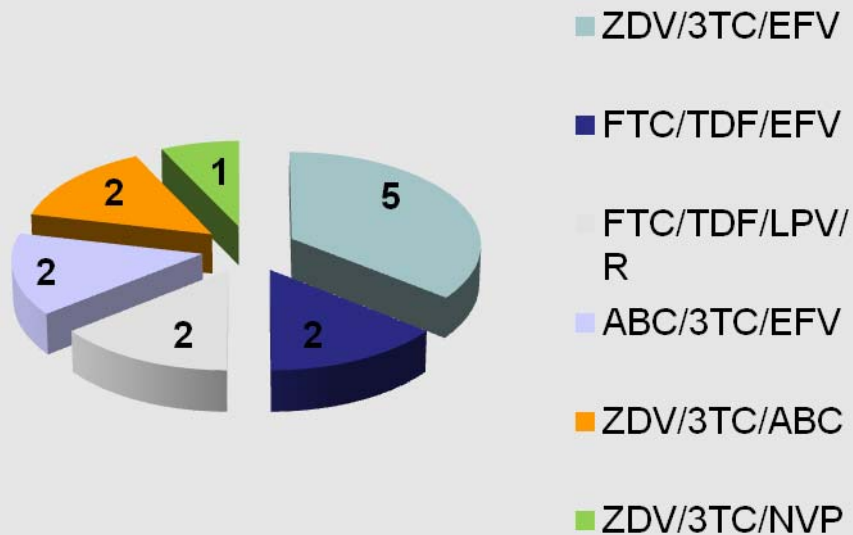
Since 2013 we performed

- *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



ARV combination on HIV – HCV cases



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