



CAN WE REPORT THE STATUS OF A CASCADE OF CARE FOR VIRAL HEPATITIS B AND C IN ROMANIA?

The Experience of Baylor Foundation's Hepatitis Screening and Care Program in Dobrogea Region between 2010 - 2018

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Romania

Objectives





We aimed to identify the extent to which current partenerships in Dobrogea region allow to report a cascade of care for viral hepatitis B and C.

Figure 1. The Dobrogea region of Romania





Introduction



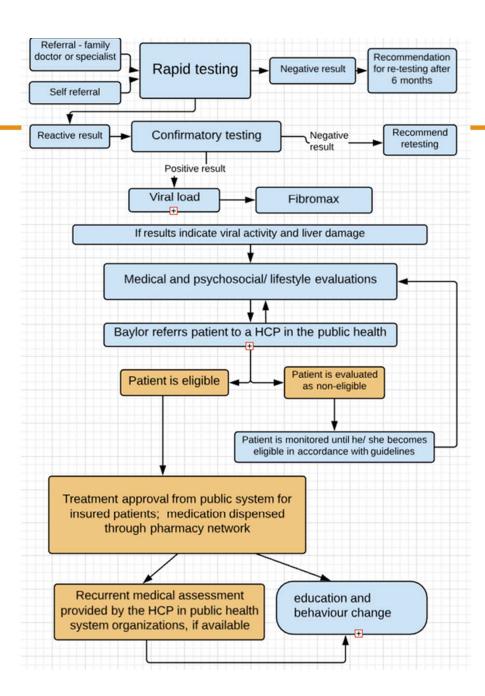


Baylor Black Sea Foundation has initiatied in 2010 a viral hepatitis FIND-TEST-LINK-CARE PROGRAM for the general population in Dobrogea, with funding from the Abbott Fund and AbbVie Foundation.

DAAs, ARVs and interferon based treatment are available in Romania through the National Health Insurance House.



Photo: Baylor Clinic in Constanta, Romania







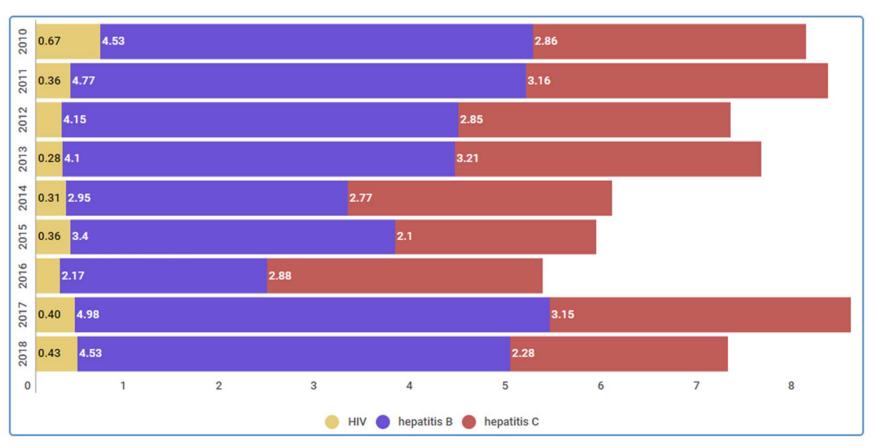
Baylor testing and care program is articulated with the regional health system

HIV, HBV and HCV





Reactive results identified in the general population through the VCT program



Unduplicated persons tested approximately 52.000; tests (including retested) = 63.649

Demographic Data





		HCV (N= 63559)
Mean Age	43.7	43.6
Gender		
Female	40 267	42 132
Male	23 472	23 427
Medical Insurance		
Covered	14 215	14 156
Without	1 149	1 150
No Data	48 375	48 253
County		
Constanta	40 443	40 271
Tulcea	23 296	23 288

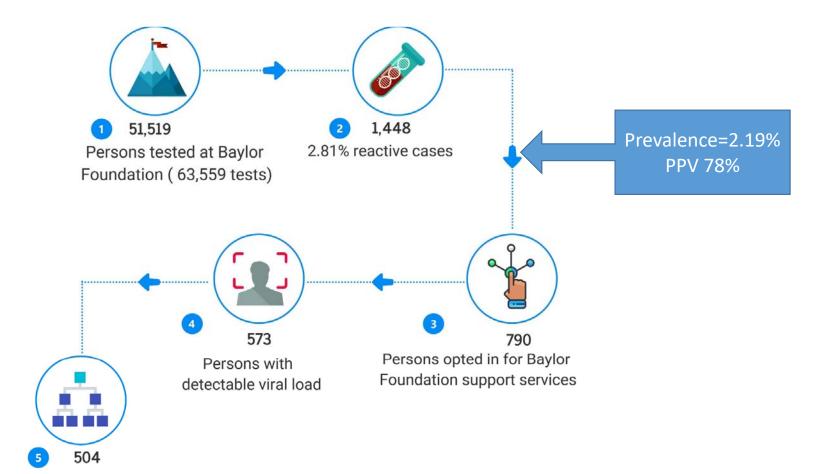


NB: all data updated as per December 31st, 2018

Cascade of Care HCV





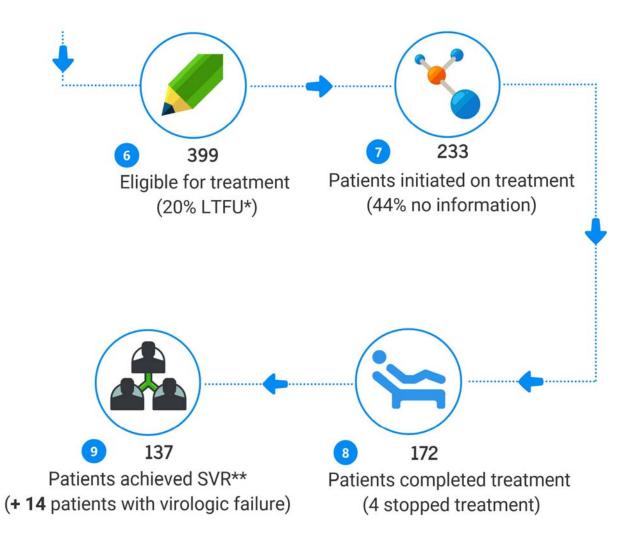


Patients linked with care in public health hospitals

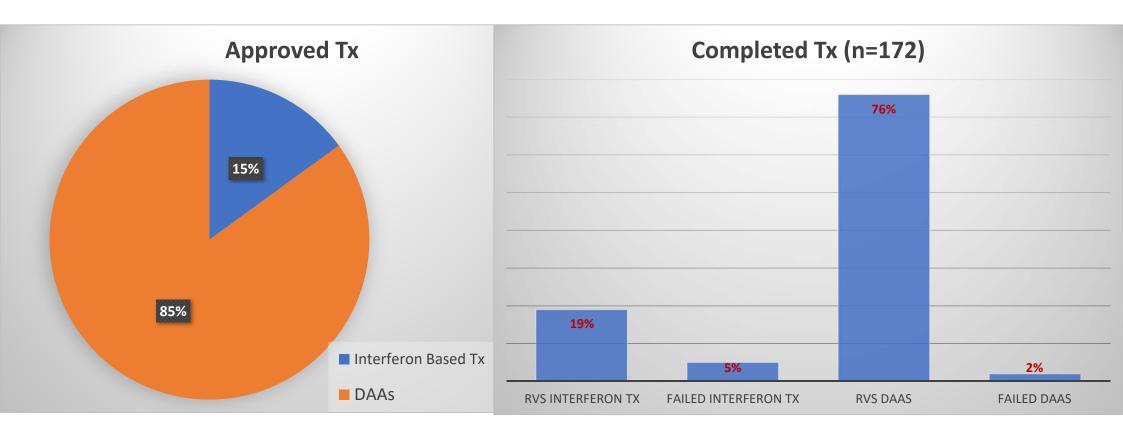
Cascade of Care HCV







Treatment information







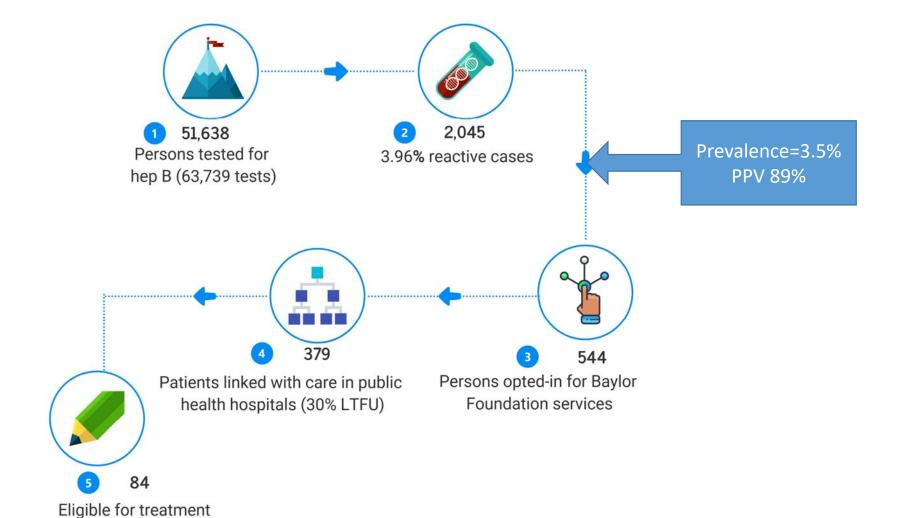
Comments regarding hep C cascade

- Our data indicates a PPV for HCV tests = 78%
- We managed to successfully link with care about 64% of the patients enrolled into our program
- There is follow up information regarding treatment initiation for only 56% of those referred to the public health system
- 74% and 57%, respectively, have completed Tx and achieved SVR

Cascade of Care HBV



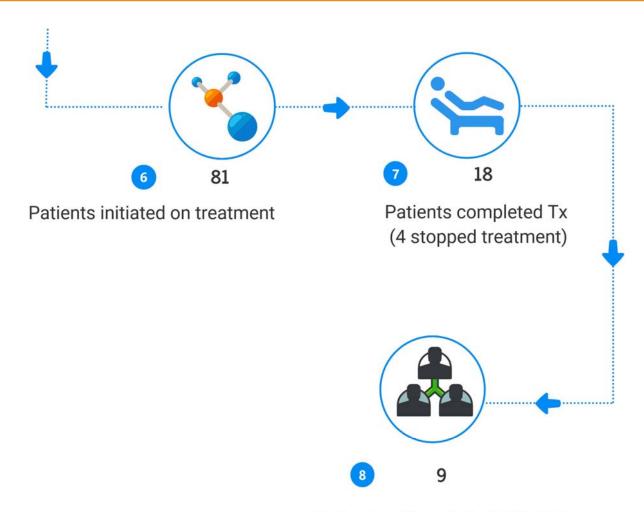




Cascade of Care HBV

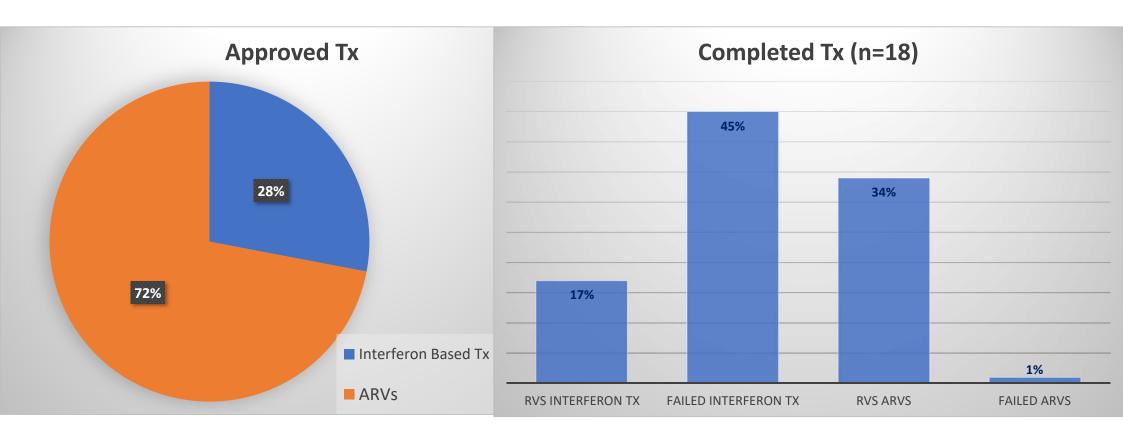






Patients with undetectable VL*

Treatment information







Comments regarding hep B cascade

- Our data shows PPV for HBV tests 89%
- We managed to successfully link with care about 70% of the patients enrolled into our program
- There is only follow up information regarding treatment initiation of only 22% of those referred to the public health system
- 15% and 10% respectively have completed Tx and achieved SVR

Conclusions





- The NGO run health community service was accessed since it's inception by
 2.2 % of the total population in Dobrogea
- The 9 year long Baylor program confirms high prevalence of hep B (3.5%) and hep C (2.19%) in this geographical region
- 25% of the HCV patients linked with care achieve SVR and 3% for HBV
 - ➤ There is still a big number of patients who need *monitoring*, *care and support*, including mental health and life style change interventions
 - ➤ These services can be offered by creating and strengthening public-private partnerships

Conclusions





- There is an obvious difference in the level of structure and communication when comparing the two infections; during the last years, health system strengthening has been focused on hep C, but much less on hep B
 - ➤ Our data shows significantly higher rates of patients lost to follow up for hep B (78% HBV and 12% for HCV) after referral.

 Clear and improved surveillance, as well as monitoring and evaluation processes are needed to articulate data from community programs with the ones in the public health system

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