HIV and HCV Situation in Russia

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Incidence of chronic hepatitis B and C in Russia, 2001-2015

Federal Center of Hygiene and Epidemiology, http://rospotrebnadzor.ru/
Regional registers of patients with chronic viral hepatitis: scope of CVHC patient assessment, 2015

Prevalence of chronic hepatitis C in Russia

- Total population of Russia (01.01.2014) – 143.7 mln
- Rate of anti-HCV detection – 4.1%
- Estimated number of anti-HCV positive cases – 5.9 mln
- Ratio of chronization – 60-80%
- Estimated number of CVHC cases – 3.5-4.7 mln

Reference center for monitoring of viral hepatitis: http://rospotrebnadzor.ru/
HCV genotypes in Russia, 2015 (n=41685)

- 50.6%: Genotype 1b
- 35.8%: Genotype 1a
- 8.2%: Genotype 2a
- 5.4%: Genotype 3a
- 2%: Mixed genotypes

Registry of patients with viral hepatitis in Russia, 2015
Stages of liver fibrosis in patients with chronic hepatitis C in Russia, n=12829

<table>
<thead>
<tr>
<th>Stage</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>F0-F2</td>
<td>79%</td>
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<tr>
<td>F3-F4</td>
<td>21%</td>
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Registry of patients with viral hepatitis in Russia, 2015
Patients with chronic hepatitis C who received treatment

Registry of patients with viral hepatitis in Russia, 2015
Outcomes of treatment for CVHC: PEG-INF+RBV

- Low adherence: 5%
- Severe adverse events: 8%
- Planning completed: 87%

Registry of patients with viral hepatitis in Russia, 2015
Outcomes of treatment for CVHC by genotype of the virus: PEG-INF+RBV

Registry of patients with viral hepatitis in Russia, 2015
Incidence of chronic hepatitis C in the regions of Russia:

- **2013**: 56,146
- **2014**: 57,197
- **2015**: 57,491 new cases

January-July 2016 – compared to the same period in 2015: decrease in morbidity of acute hepatitis C registered in the Russian Federation – 11%, chronic hepatitis C – 5.1%

Incidence of acute and chronic hepatitis C in the RF and the North-West Federal District, 2000-2015 (per 100 thousand population)
Incidence of chronic viral hepatitis C in the RF and NW Federal District, 2013-2015
Molecular epidemiology of HIV infection in Russia

Bobkova M.R., St.Petersburg, 2016
Distribution of HIV-1 subtypes in Russian by the end of the second decade of the epidemic

Bobkova M.R., St.Petersburg, 2016
- Number of HIV-infected patients (excluding deaths) – 824,706
- Diagnosis of HIV infection in 2015 – 100,220
- Died in 2015 – 27,654
- Diagnosis of hepatitis B and/or C ever made – 272,223, including hepatitis C – 237,254
- Diagnosis of hepatitis B and/or C made in 2015 – 27,896
- ART – 216,923 (26.3%)
- Treatment for hepatitis – 3475, including that with ART – 1,987
We are witnesses of how the co-infection “epidemic” is spreading: HIV combined with viral hepatitis C and B

- Chronic viral hepatitis, first and foremost, hepatitis C – the most prevalent comorbidity in HIV+ patients due to common infection transmission modes
  - By 2014, 19,291 (76%) patients followed up at the AIDS Center had HIV combined with hepatitis B and C, of who 13,353 – with hepatitis C (F61)
- Rapid progression of chronic viral hepatitis to cirrhosis is characteristic of HIV/HCV co-infection:
  - In 15-25% of this patient population within 10 to 15 years versus 2-6% in HIV-negative patients for the same period of time

- Among causes of death, decompensated liver cirrhosis and HCC accounted for 5.4% in patients receiving HAART whose primary disease was under control
- *In the profile of deaths clinically unrelated to HIV, liver impairment holds the 3d position (22.6%) after cardiovascular diseases and external causes (drug overdose, violent death/suicide, road accidents etc.), including 95% associated with chronic hepatitis B and C*
- Analysis of the survival of patients receiving HAART (with no treatment interruptions) – cause of death in patients with maximal life expectancy (17.5 years) is the viral liver disease (90%)
Proportion of patients with HIV in the RF who were diagnosed with chronic hepatitis C and/or B

In 2008-2015, more than 16 thousands of patients with HIV have died in Russia of end-stage liver disease, HCC. About 12-14% of patients received treatment for chronic viral hepatitis.

By data of the Reporting Form No.61
Distribution of HCV genotypes and fibrosis staging in CHC patients in Russia

Registry of patients with viral hepatitis in Russia, 2015
Distribution of HCV genotypes and fibrosis staging in HIV/CHC patients in St. Petersburg, 2015, n=2379

HCV genotypes in patients with HIV/HCV in St. Petersburg:
1b – 50%, 3 – 45%, 2 – 5%
Estimates of the need for antiviral therapy for CVHC in the setting of HCV/HIV co-infection (St. Petersburg, 2015)

What should making decisions in regard to regimen selection by an attending physician in real practice be based upon?

*Developing the waiting list for AVT (~1000 patients)*
Conclusions

• In the RF, increase of the number of new cases of chronic viral hepatitis C along with sustainable decrease of chronic viral hepatitis B are observed. Despite high prevalence of HIV/CVHC co-infection, there is a trend to relative reduction of this patient population’s size due to more significant contribution of HIV sexual transmission mode.

• It’s difficult to evaluate the social-economic burden of chronic viral hepatitis in the RF, plan allocations for the programs aiming at viral hepatitis control because of lack of country’s true chronic viral hepatitis incidence and prevalence rates.

• In the RF, the State strategy to combat viral hepatitis is being developed: the established registry is being maintained, both Federal and regional programs on chronic viral hepatitis and HIV prevention and treatment – designed whereas available healthcare resources – re-distributed.

• Currently, treatment for chronic viral hepatitis on the ambulatory basis paid for from the budgetary funds, is provided to patients co-infected with HCV and HIV, patients with disabilities, and children who are not eligible to the State social aid comprising a set of social services.

• In general, multiple-source funding is available that builds capacity of healthcare provision within the RF territories, as a result of which the number of patients receiving treatment for chronic viral hepatitis C is going up annually.