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Monitoring the Hepatitis B and C Infections among HIV Patients: A Proposed Model for a Cascade of Care in Viral Hepatitis in the Dominican Republic

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Introduction

Although the hepatitis B vaccine began widely used in high-income countries in the 1980s, almost 20 years later it was still rarely used in low- and middle-income countries. The main reasons behind these gaps included limited money for immunization, a lack of the infrastructure needed to carry out effective immunization programs, and a lack of political interest in immunization. It is estimated a HBV prevalence of 2-4% in the Caribbean, and for HCV it is around 1.2% in the Latin-American region. In the DR prevalence of both HIV and/or HBV/HCV are higher among GMT persons.

Methods

Patients enrolled in care in a community-based clinic in Santo Domingo were evaluated for clinical indicators of HBV/HCV/Syphilis and HIV infections. A proposed model of cascade of care was proposed with the indicators found on (Figure 1/2).

Results

A total of 2435 cases of HIV (+) patients were evaluated. Serological tests demonstrating HBsAg detection was 91% (n=2238), and co-infection HIV/HBV was 63% (n=29), and Tenofovir-based ARV regimens among HBsAg (+) was 49% (n=14) The mean age in the HIV/HBV/HCV cohort was 44 years old, 71.8% were male, and of those 12% was MSM. HCV/HIV co-infection was 41%(n=19), and the frequency of HIV/HBV/HCV was only 4.3%. In all cases there were no HBV or HCV viral loads available, and none of them with treatment for HCV infection. Among those with HBV infection and HIV 48% was on ARV Tenofovir-based treatment.

Figure 1. Indicators for HIV and HBV co-infections.

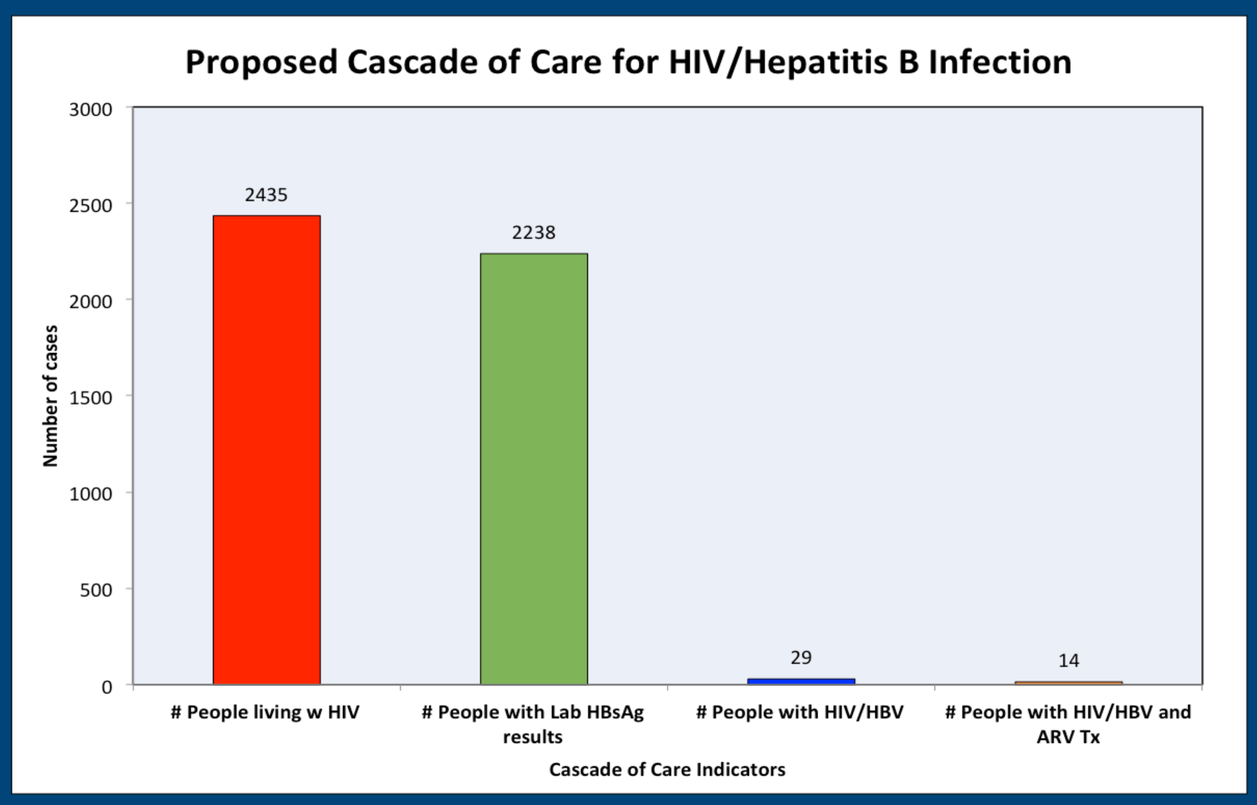
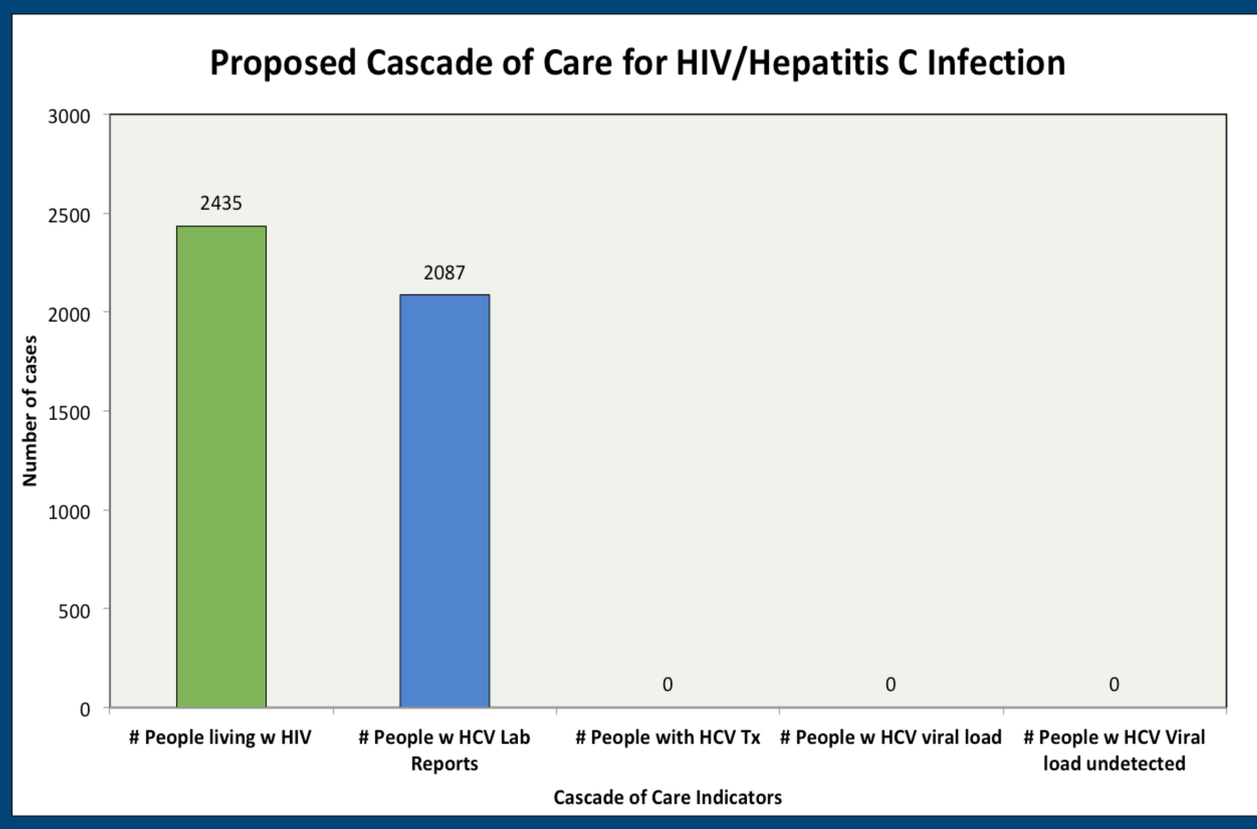


Figure 2. Indicators for HIV and HCV co-infections.



Conclusions

This study reveals that it is needed more investment on early detection and intensive screening for both HBV and HCV in the context of non-HIV positive patients. The proposed cascade of care to monitor interventions requires a scale-up in case reporting and early treatment in each scenario.

Acknowledgements

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