

Public Health Issue of Hepatitis C in Russia

- There are more than 5 000 000 patients with HCV in the country
- The most prevalent HCV genotypes are:
 - 1b (↑50% of all infected population)
 - 3a (≈35-40%, mainly in younger patients 20-35 yrs)
- Key issue in transmission is IVD abuse, which is responsible for majority of new cases of HCV
- Prevalent alcohol abuse negatively modulates HCV course in many patients towards advanced liver disease

Why is Management not Optimal?

- Lack of HCV-infection indication in the national mortality registry, therefore its role in mortality is not evident for decision makers
- State insurance covers HCV treatment only in disabled people or HIV-coinfected patients
- Not all drugs are approved
 - PegIFN+RBV + TVR or BOC or SMV are approved and recognized as SOC
 - SOF+RBV (mid/late 2015)
 - 3D (early 2015)
 - DCV+ASV (mid/late2015)

How to Improve Access to the Treatment?

- Several good regional registries and national registry for HCV patients were started a few years ago, but
 - we need more (85 in total), as every region has its own budget for healthcare
 - registries can reveal the patients in whom treatment is badly needed
- Only gastroenterologists and infectious disease specialists can prescribe treatment for HCV, therefore we need to educate
 - GPs in HCV treatment, because after 5 years simple IFN-free regimens will be widely available and much cheaper
 - Nephrologists and hematologists also needed to be educated in HCV
- Newer drugs mean more access
 - Narlaprevir (once-daily second generation NS3 inhibitor boosted with ritonavir) is in registration