TITLE

HEPATITIS C VIRUS TESTING AND TREATMENT AMONG PERSONS RECEIVING BUPRENORPHINE IN AN OFFICE -BASED PROGRAM FOR OPIOID USE DISORDER IN NIGERIA.

PRESENTING AUTHORS

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AIMS

IN NIGERIA, HEPATITIS C VIRUS (HCV) INFECTION IS PRIMARILY SPREAD THROUGH INJECTION DRUG USE. THERE IS AN URGENT NEED TO IMPROVE ACCESS TO CARE FOR HCV AMONG PERSONS WITH OPIOID USE DISORDERS WHO INJECT DRUGS. THE PURPOSE OF OUR STUDY WAS TO DETERMINE THE PREVALENCE OF HCV, PATIENT CHARACTERISTICS, AND RECEIPT OF APPROPRIATE CARE IN A SAMPLE OF PATIENTS TREATED WITH BUPRENORPHINE FOR THEIR OPIOID USE DISORDERS IN A PRIMARY CARE SETTING.

METHODS

THIS STUDY USED RETROSPECTIVE CLINICAL DATA FROM THE ELECTRONIC MEDICAL RECORD. THE STUDY POPULATION INCLUDED PATIENTS RECEIVING BUPRENORPHINE IN THE OFFICE BASED OPIOID TREATMENT (OBOT) CLINIC WITHIN THE ADULT PRIMARY MEDICINE CLINIC AT LAGOS MEDICAL CENTER BETWEEN OCTOBER 2008 AND AUGUST 2015 WHO RECEIVED A CONCLUSIVE HCV ANTIBODY AB TEST WITHIN A YEAR OF CLINIC ENTRY. WE COMPARED CHARACTERISTICS BY HCV SEROSTATUS USING PEARSON'S CHI-SQUARE AND PROVIDED NUMBERS/PERCENTAGES RECEIVING APPROPRIATE CARE.

RESULTS

THE SAMPLE COMPRISED 300 PATIENTS. SLIGHTLY LESS THAN HALF OF ALL PATIENTS (N = 134, 27.7%) WERE HCV AB POSITIVE, AND WERE SIGNIFICANTLY MORE LIKELY TO BE OLDER HAUSAS AND YORUBA'S, HAVE DIAGNOSES OF POST- TRAUMATIC STRESS DISORDER (PTSD) AND BIPOLAR DISORDER, HAVE PRIOR HEROIN OR COCAINE USE, AND BE HI V- INFECTED. AMONG THE 134HCVAB POSITIVE PATIENTS, 126 (67.7%) HAD DETECTABLE HCV RIBONUCLEIC ACID (RNA)INDICATING CHRONIC HCV INFECTION; ONLY 8 PATIENTS (2.21%) WITH CHRONIC HCV INFECTION EVER INITIATED TREATMENT.

CONCLUSIONS

NEARLY HALF OF PATIENTS (47.7%) RECEIVING OFFICE-BASED TREATMENT WITH BUPRENORPHINE FOR THEIR OPIOID USE DISORDER HAD A POSITIVE HEPATITIS C VIRUS ANTIBODY SCREENING TEST, ALTHOUGH INITIATION OF HCV TREATMENT WAS NEARLY NON-EXISTENT (2.21%).

KEYWORDS

HEPATITIS C VIRUS TESTING, HEPATISTIS TREATMENTS, INJECTING DRUG USERS AND INFECTIOUS DISEASES.

BIOGRAPHY

DR, ADEYEMI ABATI COMPLETED IS MBBS IN 2004 AT OBAFEMI AWOLOWO UNIVERSITY TEACHING HOSPITAL ILE –IFE NIGERIA, WHERE HE WAS TRAINED AT THE DEPARTMENT OF INECTIOUS DISEASES DURING IS RESIDENCY.

HE PROVIDED SEVERAL SUPERIOR CARE AND CONSULTAION THAT RESULTED IN OVERALL IMPROVEMENT OF DEPARTMENT PATIENT'S SATISFATION QUOTIENT.

HE FOCUSED ON PATIENT'S TREATMENT AND RE-EVALUATED SEVERAL METHODS OF THERAPY MANAGEMENT DEPENDANT ON INFECTION TYPES TAILORED TO PATIENT'S INDIVIDUAL PATIENT HISTORY AND EFFICACY OF PREVIOUS TREATMENTS.

HE LATTER PRECEDED AND COMPLETED IS MASTER DEGREE IN PUBLIC HEALTH AT THE SAME INSTITUTION

HE HAS THEN BEEN PRACTICING IN DEPARTMENT OF INFECTIOUS DISEASE AT LAGOS UNIVERSITY TEACHING HOSPITAL, ONE OF THE TOP TREE INFECTION DISEASE HOSPITAL IN NIGERIAAND ALSO DOING HIS PHD AT THE MOMENTAND CURRENTLY HOLDS A CERTIFICATION FROM NIGERIAN BOARD OF INTERNAL MEDICINE FOR INTERNAL MEDICINE ,HEMATOLOGY AND INFECTIOUS DISEASE AND ALSO AWARDED THE WARD OF THE DEVELOPING LEADER IN MEDICINE FROM NIGERIAN MEDICAL ASSOCIATION IN 2010 FOR HIS EXCELLENT CONTRIBUTION IN GENERAL TREATMENT AND TOWARDS THE REDUCTION OF INFECTIOUS DISEASE IN NIGERIA .

