

P-10 SEROPREVALENCE OF CHRONIC HEPATITIS C INFECTION AND VIROLOGICAL CURE WITH A DAILY ADMINISTRATION SYSTEM OF NS3/4A PROTEASE INHIBITOR AND NS5A INHIBITOR IN IMPRISONED PATIENTS.

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Conflict of interest: No

Introduction and Objectives: Hepatitis C infection has a high prevalence in social rehabilitation centers and prisons; however, patient migration, lack of adherence monitoring and risk practices are determinants for abandoning treatment. **Objectives:** Determine the seroprevalence in patients deprived of their liberty in social rehabilitation centers for chronic hepatitis C infection, as well as evaluate the effectiveness of daily provision of antivirals in patients who are deprived of their liberty.

Patients / Materials and Methods: Information was collected through the national hepatitis C elimination program database in patients screened for HIV infection, syphilis and hepatitis C during the period 2021-2024 in Baja California Sur, Mexico. Mass screening tests were performed with serological antigen and PCR for hepatitis C. Those patients with a positive viral load were treated with direct-acting antivirals for 2 months and a viral load was performed to verify sustained viral response. During this period, medical teams supplied the drug in a controlled manner provided by the health services in prisons. To keep the rehabilitation centers free of hepatitis C, serologies were implemented under informed consent for newly admitted people that were admitted.

Results and Discussion: 3452 rapid tests were performed, of which 77 tests (2.23%) were reactive with positive viral load in 76 cases (98.07%), all patients were male (100%), with an average age of 42.1 years. Of the patients studied, the main risk factor was intravenous drug use (98%). Viral loads were measured 3 months after treatment where 98.68% had virological cure, 1.3% migrated from a social rehabilitation center and 0% presented virological failure.

Conclusions: The intervention of health services continuously and jointly with the penal system is a determining factor in achieving virological cure and rehabilitation centers free of hepatitis C.

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P-11 REAL-WORLD DATA WITH PANGENOTYPIC DIRECT-ACTING ANTIVIRALS IN LATINAMERICA: PRELIMINARY RESULTS OF THE SVR10K STUDY

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Introduction and Objectives: A previous real-world data (RWD) analysis demonstrated high effectiveness of sofosbuvir/velpatasvir (SOF/VEL) without ribavirin in > 6,000 HCV patients from 12 clinical cohorts across Australia, Canada, Europe & USA. Expand this research initiative with the ongoing SVR10K study, to include even more patients from additional geographical areas, which will allow to show SOF/VEL effectiveness across multiple diverse populations, including Latin-American (LATAM) region.

Patients / Materials and Methods: This RWD analysis includes patients ≥ 18 years treated with SOF/VEL without RBV for 12 weeks, as decided by the treating HCP, from 13 sites across Brazil, Colombia, Hong Kong, Mexico, Singapore, Sweden, Spain, Taiwan, and the United Arab Emirates. Age, sex, treatment experienced (TE), cirrhosis stage (no decompensated included), genotype, coinfections, time to treatment initiation (TTI) from HCV diagnosis, and SVR were analyzed for LATAM region.

Results and Discussion: Overall, 7,027 patients have been included up to now, 13% (n=890) of them from four sites in the LATAM region (Table). There, median age was 54.5 [IQR 43.2-63.5], where males 51%, and age > 50 years in 62%. Genotype 3 was present in 14%, cirrhotic (CC) 34%, TE 8%, while HIV, HBV and HDV coinfection was reported in 7.2%, 0.3%, and 0.0%, respectively. The TTI was available in 94%, with 28% having ≤30 days (In Brazil 57%). In terms of effectiveness, SVR was achieved in 99.6% of the treated population (n=788); being 98.2% in GT3 patients (n=112), 99.6% in CC patients (n=279), and 97.4% in GT3 CC patients (n=38).

Conclusions: Results on treatment effectiveness in LATAM region did not differ from RWD studies of patients in the North-Western countries, reinforcing that HCV treatment guidelines are globally applicable, and supporting the efficacy of panfibrotic, pangenotypic, and pangeographic DAA therapy. Although with positive signs, there is still a significant room for improvement in the time to treatment initiation in the LATAM region.