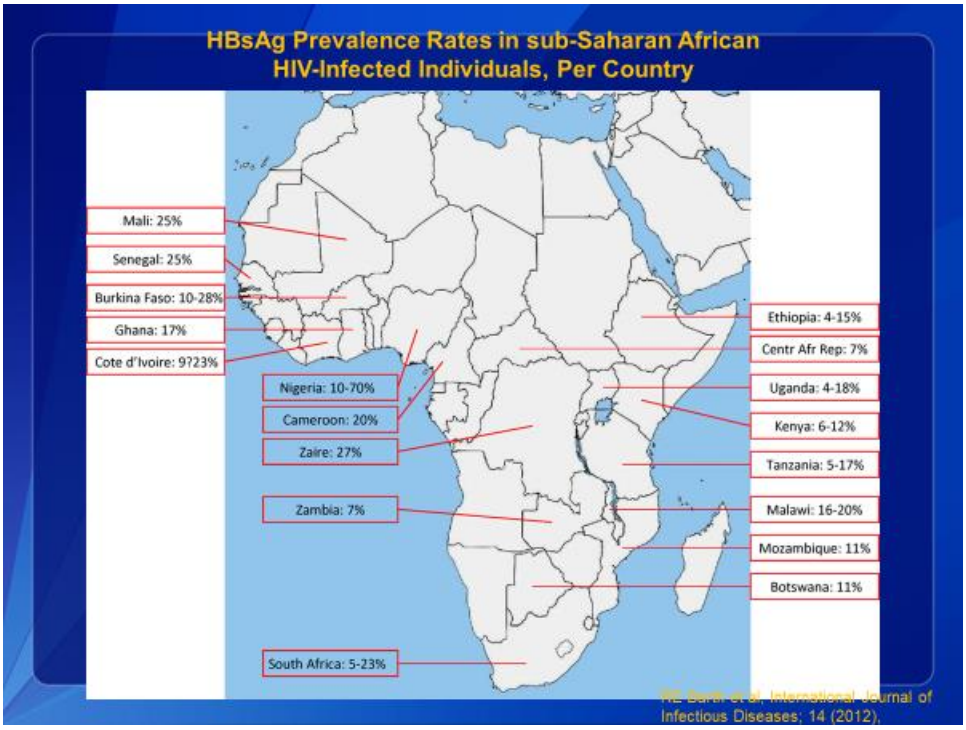
Notes for Talk at NOHep Breakfast: AASLD 2019

Prevalence of HBV in Tanzania: Over all 5%, range up to 17%

NO birth dose given in Country

HBV treatment not routine

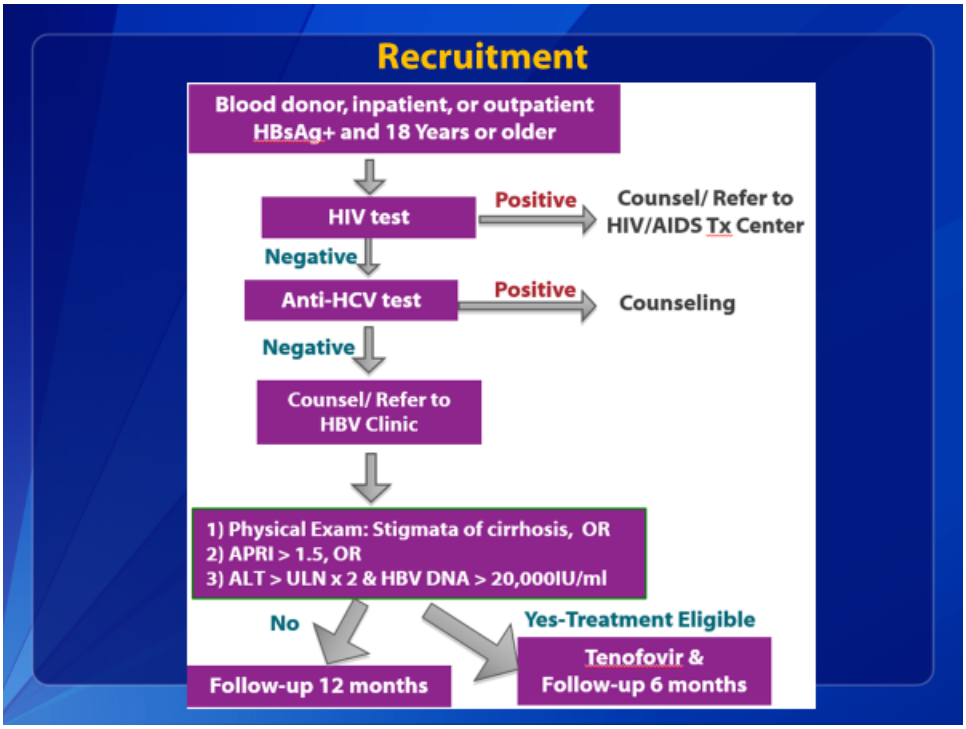


Tanzania HBV Demonstration Project Objectives: 5-year study.

- **To establish two clinics of excellence that will implement hepatitis B management and treatment programs following the WHO guidelines**
    - Mnazi Mmoja Hospital in Stone Town, Zanzibar staffed by Internal Medicine and Family physicians
    - Muhimbili Medical University Hospital in Dar-es Salaam; Staffed by Gastroenterologists and GI Fellows
- **Implement a model HBV care and treatment program**
- **Evaluate the feasibility and acceptability by patients, providers, facilities and the governments**
- **Evaluate the impact on intermediate disease outcomes (improvements in liver enzymes and HBV DNA)**
- **Increase the capacity of healthcare professionals to care for patients with chronic HBV**

Methods

- **Project period: Jan 2017– Dec 2021**
- **Enroll HBsAg-positive and age 18 years or older**
- **Referred from blood banks, inpatient, outpatient clinics, and household contacts of HBsAg-positive persons**
- **Mono-infection**
    - HIV-negative
    - HCV-negative



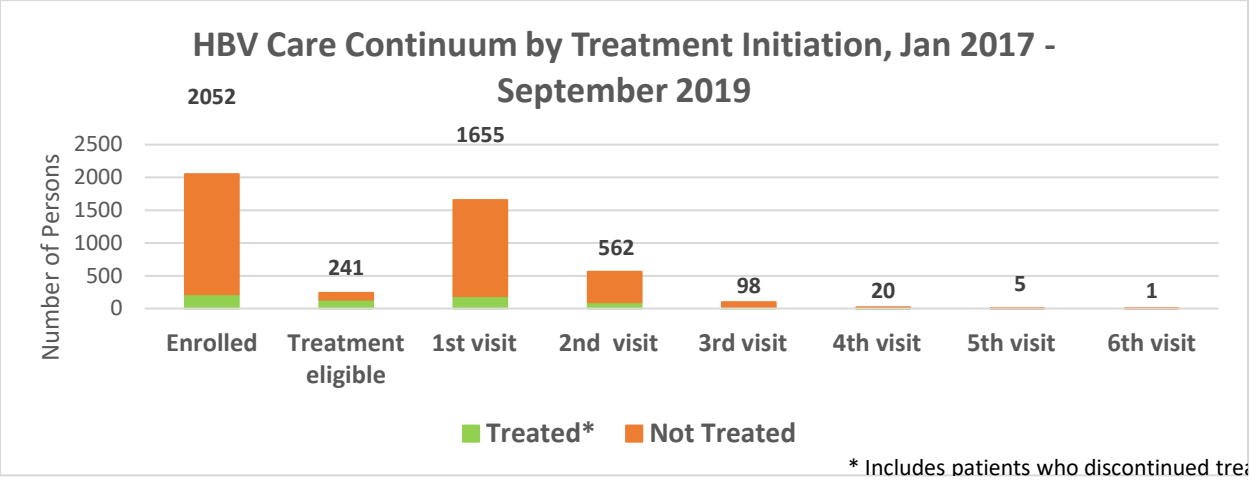
Treatment Eligibility:

- APRI > 1.5
- Elevated ALT > ULN x 2 & HBV DNA > 20,000 IU/mL
- One or more stigmata of liver cirrhosis
    - Spider angiomata
    - Palmar erythema
    - Splenomegaly
    - Caput medusa
    - Ascites

- Jaundice
- Asterixis or Encephalopathy

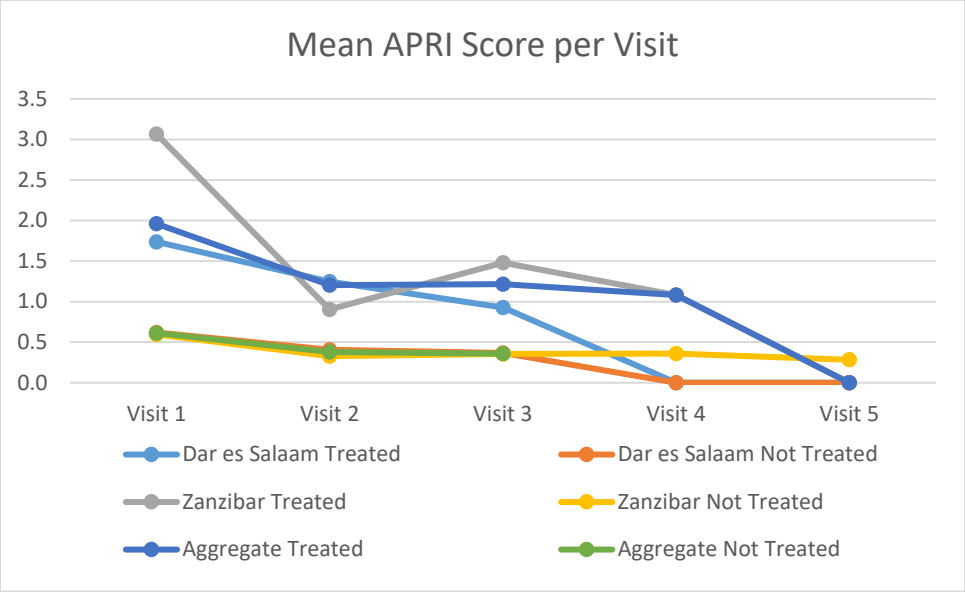
Results:

- Enrollment target: 2000; 2052 enrolled
- Advanced fibrosis/cirrhosis defined by, clinical findings, ultrasound or APRI >1.5 identified in 257 persons
- 41 diagnosed with HCC by liver US
- 17 deaths from HBV complications to date: most HCC
- 175 of 241 treatment eligible patients prescribed TDF
    - 4 patients enrolled with advanced disease and started on treatment died

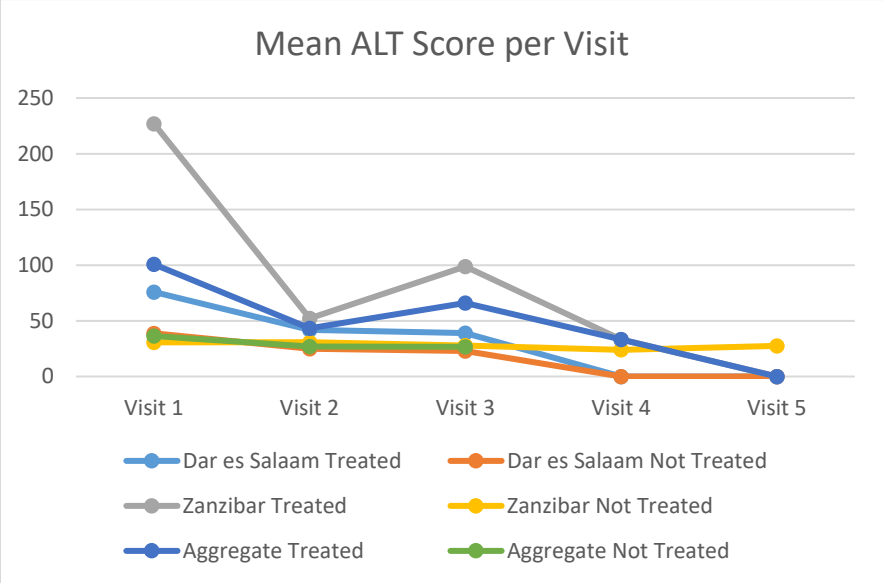


Regarding patients who have been started on TDF

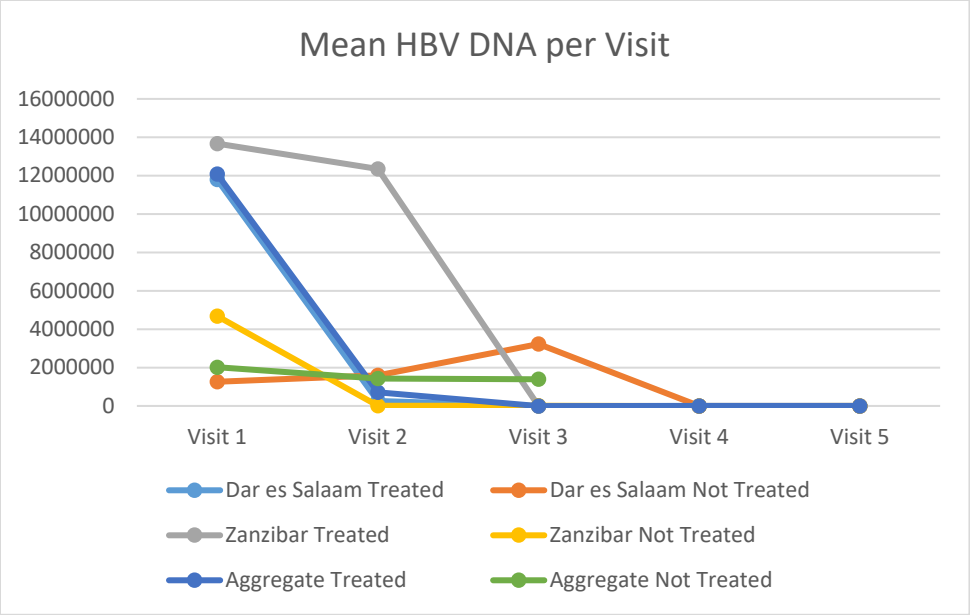
Mean APRI Score



Mean ALT Score



Mean HBV DNA



Conclusions:

- WHO Guidelines can be successfully implemented in two different practice models in Sub-Saharan Africa
- A Significant proportion of persons with HBV enrolled had advanced disease: cirrhosis and/or HCC
- Several patients the team elected to treat with HBV DNA between 2,000 and 20,000 IU/ml who had ALT >4 to 5 times upper limit of normal were also treated
- Both settings performed very well
- HBV management can be expanded in Sub-Saharan Africa
- Suggest relook at WHO guidelines to see if recommendation for treatment can be expanded to persons with HBV DNA > 2,000 IU/ml