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3rd Euro-Global Conference on

Infectious Diseases

September 05-06, 2016 Frankfurt, Germany

Management of non-interferon versus interferon based therapy for chronic hepatitis C virus (HCV) in a free clinic setting

Mark Asperilla, Klein D M, Hishmeh J, Liu J and Neads C Bayfront Health Port Charlotte, USA

HCV is the most common cause of blood-borne infections and is the most common reason for liver transplants in the United States. Recent advances with sofosbuvir/ribavirin or ledipasvir/sofosbuvir have confirmed to be successful in eradicating HCV with minimal to no side effects versus previous treatment with telaprevir/peg interferon/ribavirin, resulting in discontinuation of therapy due to severe side effects. This study reports clinical management of 40 patients with HCV using sofosbuvir/ribavirin or ledipasvir/sofosbuvir for a reporting period 2013-2015 versus clinical management of 42 patients who were treated with telaprevir/ peg interferon/ribavirin based therapy for a reporting period 2011-2013. All 40 patients completed therapy with 37 attaining sustained viral response (SVR) at 12 or 24 weeks. 3 patients did not attain SVR with initial treatment and were placed on ledipasvir/ sofosbuvir for 12 weeks and attained SVR at completion. Previous studies indicated 42 completed therapy, with 36 attaining SVR at 24 weeks with telaprevir/peg interferon/ribavirin. Minimal side effects were noted with sofosbuvir/ribavirin. No side effects were noted with ledipasvir/sofosbuvir. Side effects included 1 patient with anemia, 1 patient with hyperanmonemia and 3 patients with headaches. In comparison to telaprevir/peg interferon/ribavirin based therapy where 7 patients discontinued therapy due to severe side effects consisting of, depression, peptic ulcer disease, hyperanmoniemia and extreme thrombocytopenia. The data demonstrated a statistically significant improvement with minimal to no side effects. Previous studies indicate a success rate of 85% with telaprevir/ peg interferon/ribavirin and 100% ledipasvir/sofosbuvir.

Biography

Mark Asperilla has completed his Fellowship at Chicago Medical School in Infectious Diseases in 1987. He has recently received the Ellis Island Award among many other awards, in addition to his many board certifications, institutional and administrative responsibilities. He is the Director of Infectious Disease and Infection Control at Bayfront Health Port Charlotte. He has published many articles in journals, editorials and book chapters. He volunteers his time with the Virginia B Andes Clinic to consult and treat patients who are uninsured and 200% poverty and also volunteers his time managing a free Hepatitis C Clinic.

doctor@daystar.net

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