

Hepatitis-C Program

Annual Report (Mar'21-Mar'22)



Introduction

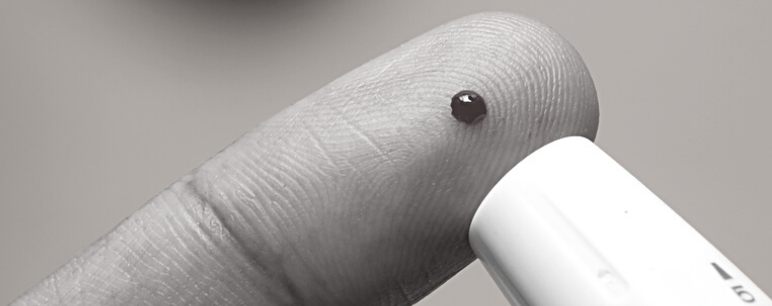
In 2016, the World Health Assembly assured to eliminate hepatitis C virus, a major public health threat, by 2030. (1)

To accomplish this goal, 90% of all patients with hepatitis C must be identified and about 80% of all eligible patients must be treated with antiviral medication. (2) Concentrating Pakistan, has the second-largest load of hepatitis C worldwide, with a countrywide prevalence of 4-8%. Although generic direct-acting antiviral medication is available in Pakistan with a reduced cost of treatment, the prevalence of hepatitis C remains high, with no evidence of decline. (3)

One of the reasons for this persistence is the lack of a detailed, community-wide screening program that can detect the missing individuals who require timely treatment followed by needless injection practices, lack of training of medical professionals on safe injection practices, and effective sharp and waste management, unregulated blood transfusion.

Notable statistics from World Health Organization

- Viral hepatitis is the eighth highest cause of mortality globally and was responsible for an estimated 1.34 million deaths in 2015.
- Globally, approximately 71 million are chronically infected with hepatitis C.
- Pakistan and Egypt bear 80% of the disease burden.
- Many people catch this infection in health care settings without being aware of it. The disease is called a silent killer because many patients remain undiagnosed and untreated for many years before developing complications and dying.
- A high prevalence of infection is reported in children, especially those who were admitted to hospitals with acute hepatitis



Goal of Program

Because of high consumption of sugar in everyday lifestyle and lack of awareness, the incidence of Diabetes in the rural district of Thatta is quite high. Infact, our data indicates that there is a higher prevalence among younger populations. Therefore, our program was formed with the following goals:



1. Identification of the population in Gharo at risk of Hepatitis C and provide medical care to the people identified.

- Screen patient(s) suffering from Hepatitis C using antibody testing.
- Ask the individual(s) about potential exposure(s) to Hepatitis C.
- Investigate in detail using blood workup of the current disease status.
- Provide medical care to the patients exposed to Hepatitis C.
- Snowball using the identified people from the community to cover the complete population in Gharo.

2. Create and disseminate educational material for the beneficiaries for Hepatitis C awareness.

- Using existing literature, medical advice from Gharo clinic physicians and external collaboration, create education material for the public.
- Incorporate LHW to help disseminate the awareness at the clinic and then expand towards the community.
- Train medical staff in safe injection practices and effective sharp and waste management.

3. Initiate a vaccination drive for the community against Hepatitis B.

- Acquire Hepatitis B vaccination through effective collaboration.
- Train medical staff in vaccine delivery.
- Maintain a cold chain to store the vaccination ampules effectively.

Staff & Team Members

THE AWESOME PEOPLE BEHIND THIS PROJECT



**DR. SYED UZAIR
MAHMOOD**
PROGRAM DIRECTOR



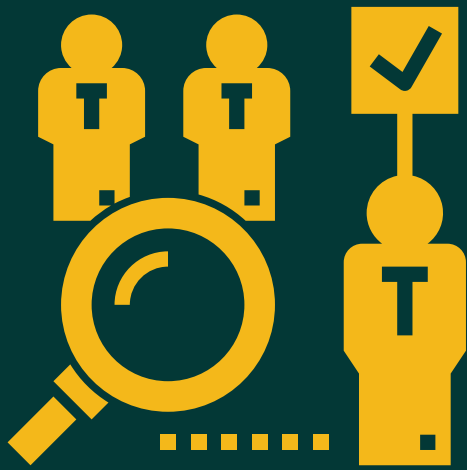
DR. MARVI MEMON
PROGRAM HEAD-PAKISTAN



ZAHEER LAGHARI
PROGRAM MANAGER



DANISH SAAD
DATA ENTRY OPERATOR



2019

total screenings

327

Positive screening



167

patients confirmed as Hepatitis-C



142

registered in the Hep-C program



Financial snapshot

ANNUAL COSTS

Human Resources	Rs.2,500,000
Medicine and Supplies	Rs.10,646,207
Total cost of project	Rs.13,146,207

PER PATIENT COST BREAKDOWN

Medicine/patient	Rs.3,623
Lab test	Rs.1,586



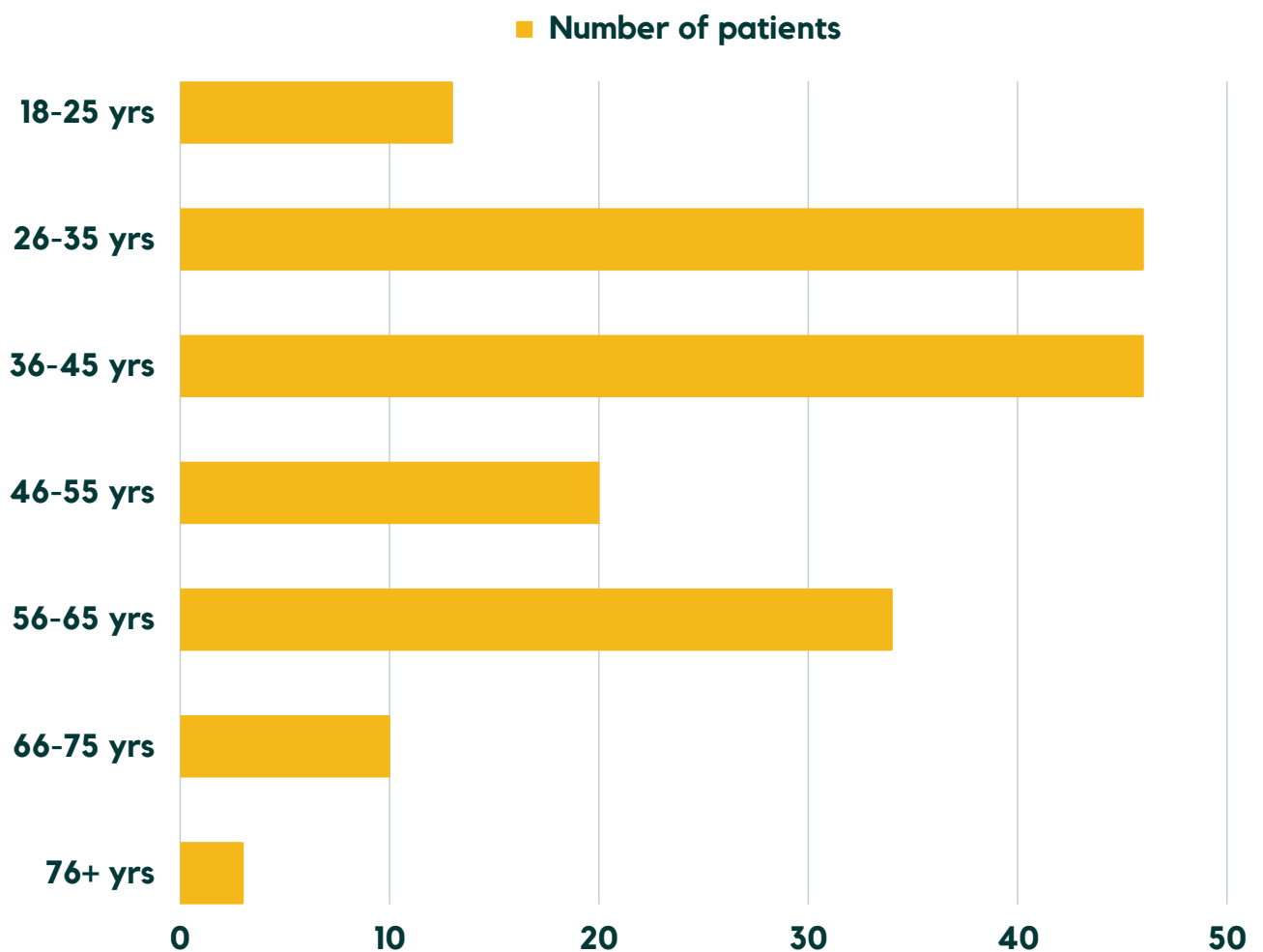
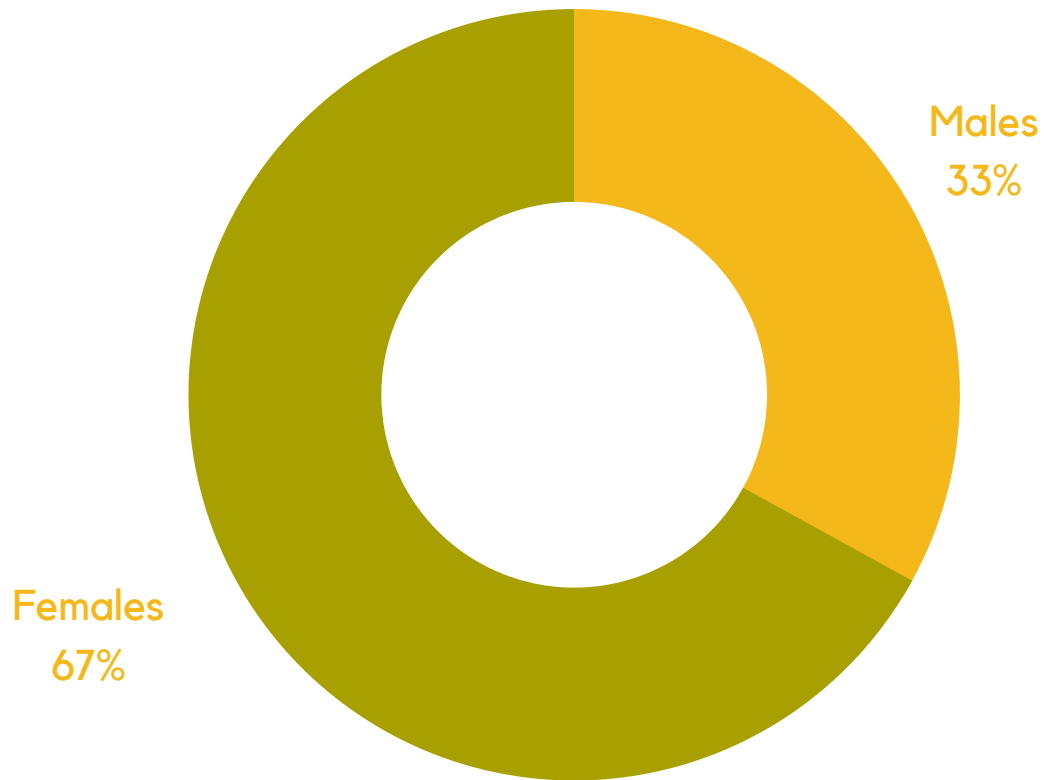
Success Story.

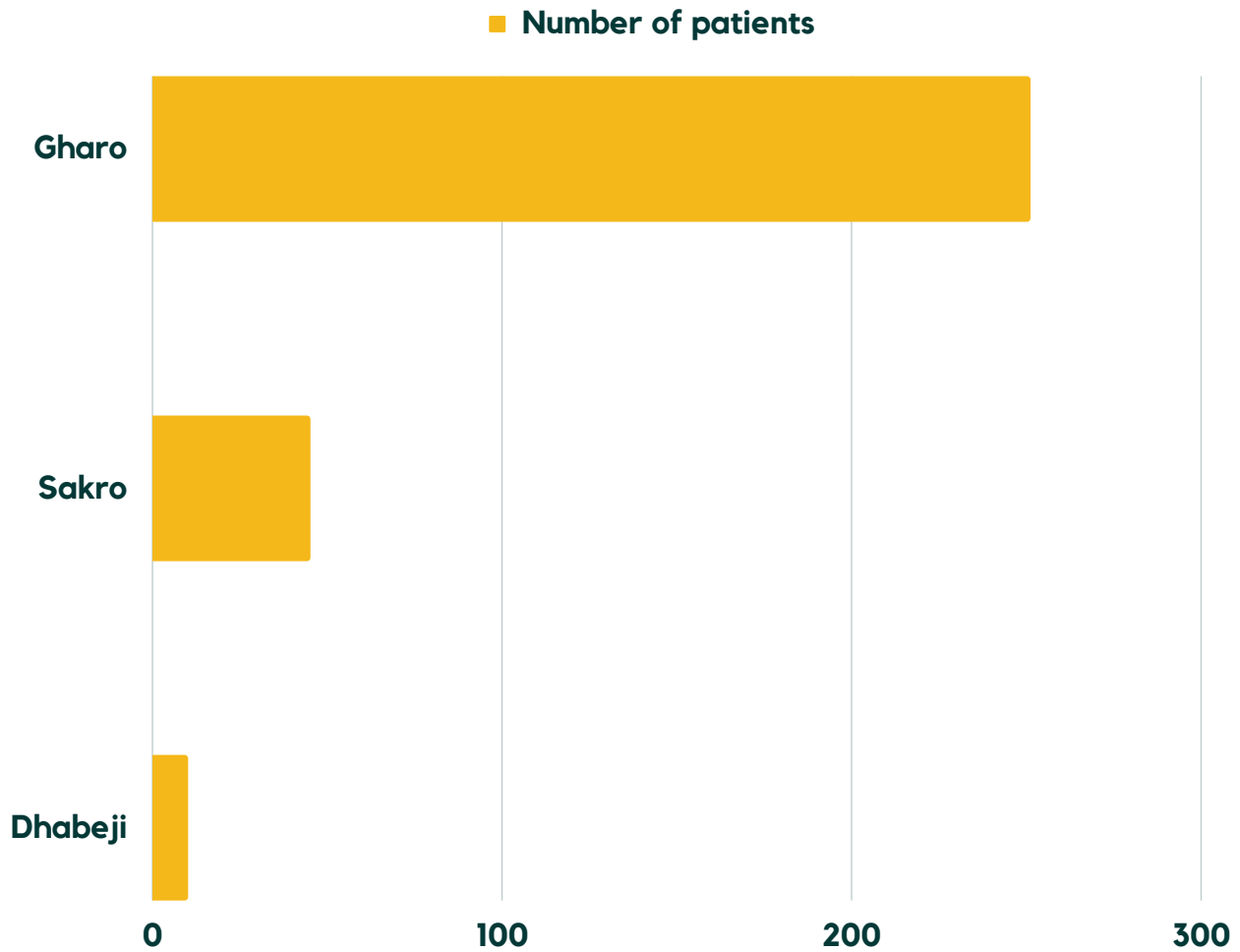


Muhammad Yameen

A 45-year-old male came with the complaint of yellow discolouration of skin. He also suffered from high grade frequent spells of fever. On further examination at the SHINE Humanity Garibsons clinic, he was diagnosed with Hepatitis-C and was treated for an year until the PCR results came out negative and the he was symptom free.

Patient Demographics





Completely treated for Hepatitis-C



11% of the patients have been completely treated and are symptom-free from the disease.

Patient Attrition data

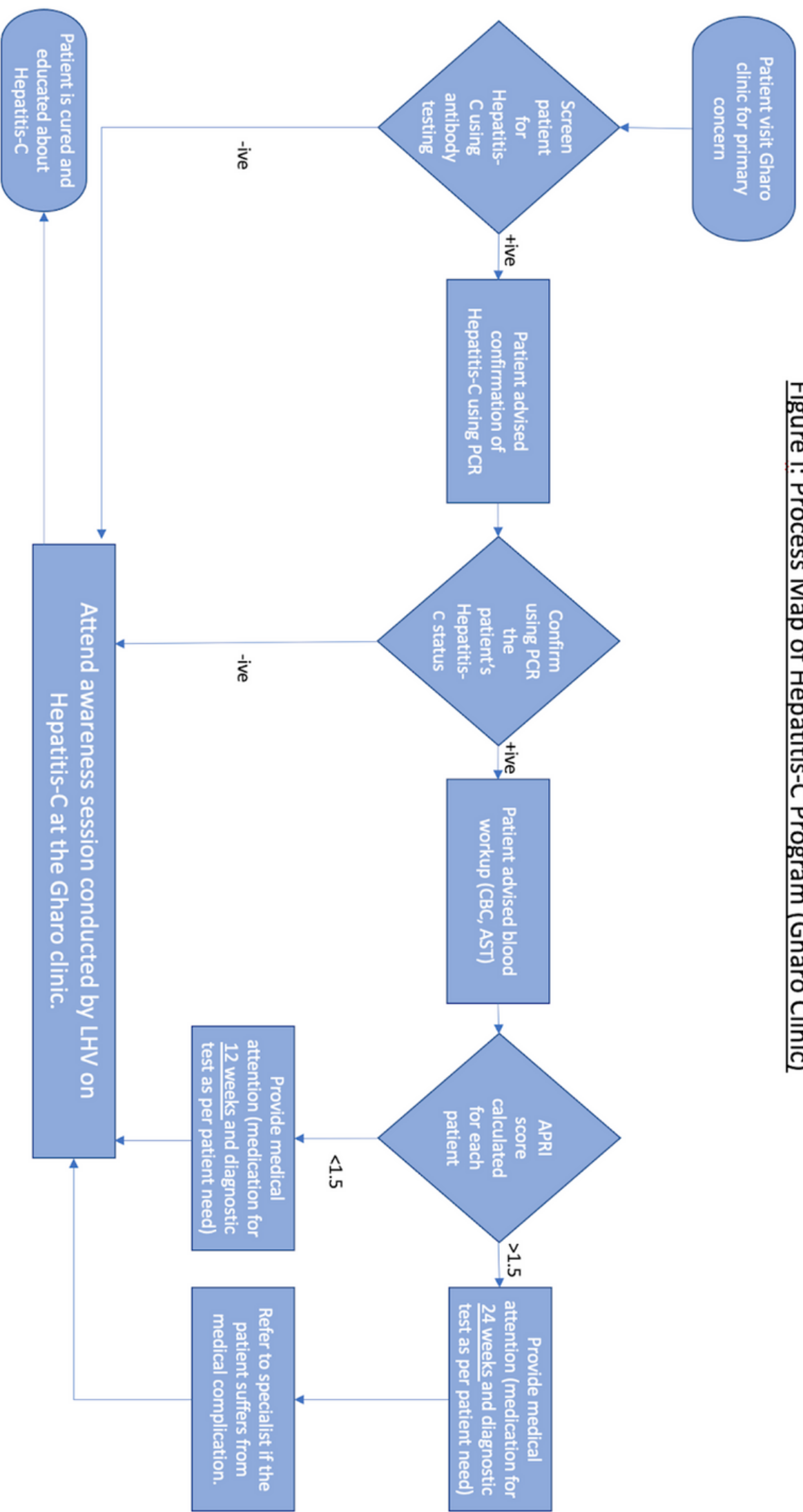


15% of the people identified as Hepatitis-C patients did not follow up on their treatment

Medication/patients

Metformin+Glipizide	16
Metformin only	20
Cholestrol medication	12
Hypertensive medication	25

Figure i: Process Map of Hepatitis-C Program (Gharo Clinic)





Thank you for
your
contribution!

