REVIEW ARTICLE

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Antiviral therapy in chronic hepatitis C virus infection

Irina Russu, MD, Assistant professor

Department of Infectious Diseases, Tropical and Medical Parasitology
Nicolae Testemitsanu State University of Medicine and Pharmacy, Chisinau, the Republic of Moldova

Corresponding author: irina.rusu@usmf.md
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Abstract

Background: Hepatitis C is a disease with significant global impact. According to the World Health Organization there are 71 million people chronically infected with the hepatitis C virus. About 399.000 people die each year, mostly from cirrhosis and hepatocarcinoma. GT 1 and 3 are the most common causes of infection. Chronic HCV infection is accompanied by extrahepatic manifestations reported in up to 75% of patients, rapid development of hepatic fibrosis and accelerated time to cirrhosis and increased risk for liver failure, HCC and liver-related mortality. HCV therapy is one of the interventions necessary to reduce global burden of disease. Because of their high virological efficacy, ease of use, safety and tolerability, IFN-free, ribavirin-free, DAA-based regimens must be used in HCV-infected patients without cirrhosis or with compensated cirrhosis, including: treatment-naive patients: never been treated for their HCV infection, treatment-experienced patients: previously treated with PEG-IFNa + RBV. From pangenotypic drugs or drug combinations for treatment HCV in Europe are recommended: sofosbuvir/velpatasvir, sofosbuvir/velpatasvir/voxilaprevir and glecaprevir/pibrentasvir. Genotype-specific drugs sofosbuvir/ledipasvir, ombitasvir/paritaprevir/ritonavir, or grazoprevir /elbasvir are recommended for (GT 1, 4, 5 and 6).
Conclusions: The new direct-acting antiviral treatment regimens can be given to most patients with chronic hepatitis C virus infection, including those with liver cirrhosis, they have shown high efficacy, achieving sustained virologic response in over 90% of patients. DAA are well tolerated and have minimal side effects that do not require treatment discontinuation.

Key words: viral hepatitis C, direct-acting antiviral combination therapies.