

MICROBIOLOGIE, INFECTIOLOGIE ET IMMUNOLOGIE

Université 
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CONFÉRENCE

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HCV in Children in Resource-Limited Countries

Resource-limited countries bear the highest burden of HCV infection. A number of studies have reported global estimates of HCV infections, but little attention has been paid to HCV infection among pediatric and adolescent populations aged 15 years old or younger. In resource-limited settings, the prevalence and mortality rates related to HCV infection are mostly the consequence of inadequate prevention and screening strategies and frequent iatrogenic transmission. Studies examining HCV vertical transmission vary widely with ranges between 0-44% for mothers co-infected with HIV and 0 to 17% for mothers with HCV infection alone. A literature search was recently conducted to identify studies reporting actual or modeled HCV infections among the Pediatric population. Given the high spontaneous clearance in the Pediatric population, a viremic rate of 50-75% was applied to the anti-HCV estimates. The Pediatric to Adult anti-HCV prevalence ratio was 4% (90% uncertainty interval) in high income countries, 21% in upper middle income countries, 28% in lower middle income countries and 54% in low income countries. Globally, 13.2 (11.5-21.2) million Pediatrics were estimated to be anti-HCV positive, corresponding to a prevalence of 0.7% (0.2-1.3%) and 6.6 (6.1-11.6) million viremic infections corresponding to a prevalence of 0.4% (0.1-0.8%). Viremic prevalence was lowest in high income countries at 0.3% (0.03-0.5%) and highest in low income countries at 0.6% (0.1-1.0%). Over 85% of all infections in children younger than 15 years are estimated to be in low income and low middle income countries. Despite availability of the new oral HCV direct antiviral agents for adults since early 2014, the only available FDA approved therapy for children is Peg-interferon alfa and ribavirin where more than 1000 Egyptian children were treated in a comprehensive program in eight specialised Pediatric hepatology centers. Access to newer therapies for treatment of children and adolescents remains a challenge particularly in high risk children at increased risk for rapid progression of liver disease.

Jeudi 25 février 2016 à 11h30
Pavillon Claire-McNicoll, salle Z-255

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