



Issues, initiatives, measures, etc. for infectious disease control in Tomsk Region for the current fiscal year

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Administrative-territorial division of Tomsk Region

Tomsk Region



Tomsk Region is a subject of the Russian Federation, part of the Siberian Federal District The administrative center is the city of TOMSK

1 043 385 population



Tomsk Region is located in the Southeast of the West Siberian Plain. The length of the Region from the North to the South is about 600 km, and from the West to the East, it is 780 km

Organization of Primary Health Care Infectious Diseases Profile



Children's Infectious Hospital named after G.F. Sibircey



City Clinical Hospital №3 named after B.I. Alperovich

PRIMARY SPECIALIZED MEDICAL AND SANITARY CARE

Infectious disease offices located within city polyclinics and the polyclinic departments of central district and municipal hospitals

infectious disease units for adults

og infectious disease units for children

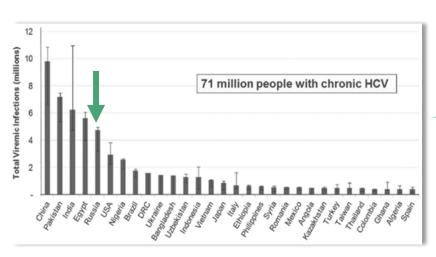
SPECIALIZED MEDICAL CARE

In **18 medical facilities**, including central district and city hospitals, there are infectious disease departments with a total of **384 beds** (277 for adults and 107 for children), there is no bed shortage

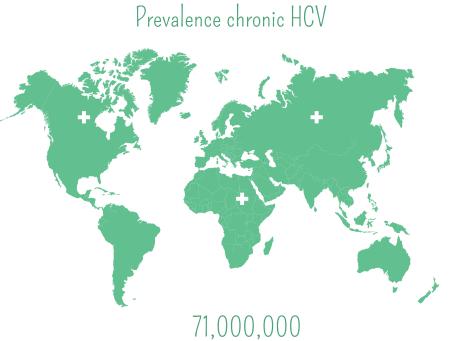
The bed availability rate is **3.6 per 10,000 people**, and the average annual occupancy rate for these beds is **288 days**



Findings



Russia ranks **5th** in the world for hepatitis C virus infections



5047

Patients with Viral Hepatitis

Tomsk Region



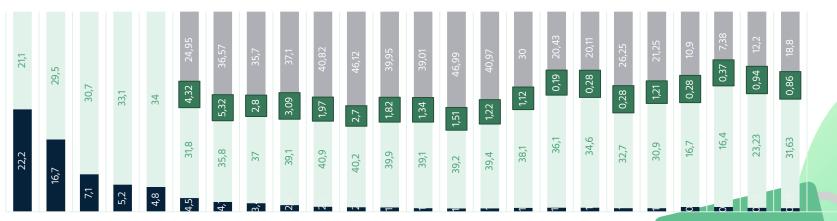
Morbidity of Hepatitis C

Tomsk Region, Russia

■ Acute hepatitis C, Russia

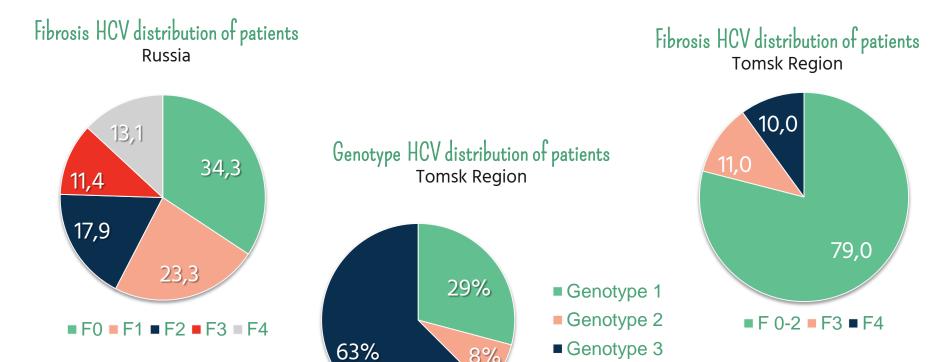
■ Chronic hepatitis C, Russia

■ Acute hepatitis C, Tomsk Region ■ Acute hepatitis C, Tomsk Region



2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

Characteristics of Patients with Chronic Hepatitis C



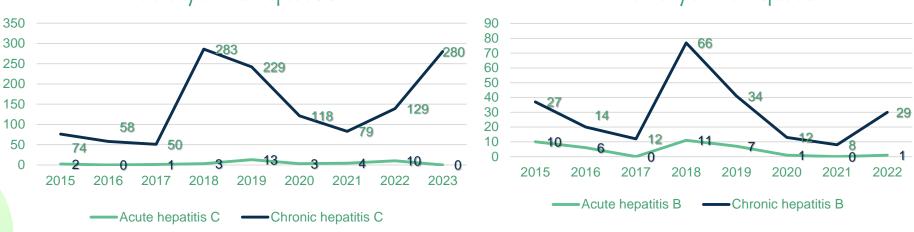
8%

Morbidity of Viral Hepatitis B, C, D Tomsk Region









EXACT PREVALENCE OF CHRONIC VIRAL HEPATITIS D IN RUSSIA IS UNKNOWN

In Tomsk Region, there are 18 people with VIRAL HEPATITIS D

REASONS:

- No previously established Federal HDV patient record system, unlike for HCV and HBV
- No hepatitis D reported in the Russian statistics №2
- No general testing for HBsAg

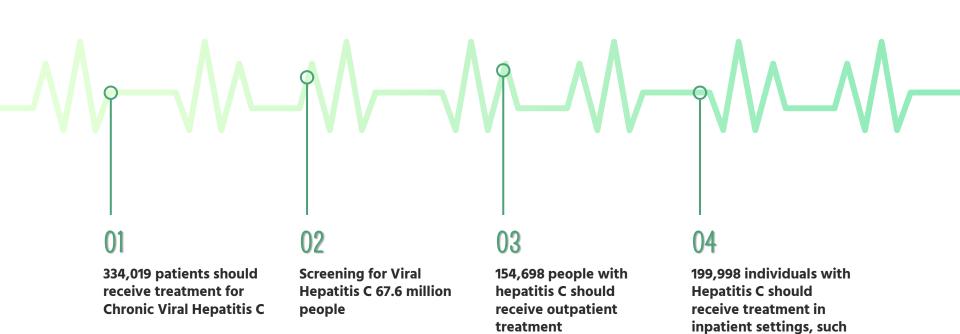
Issues, initiatives, measures for VIRAL HEPATITIS C control

FEDERAL PROJECT FOR **THE CONTROL OF VIRAL HEPATITIS C** - part of the National Project «LONG AND ACTIVE LIFE»

The main objective of the project is to increase the availability of treatment for patients with chronic hepatitis C



Project targets for 203 in Russia



treatment

as hospitals

Project targets for 2030 in Tomsk Region

Outcome: s	ustained vir			in patien ourse of a			al hepatit	is C who	nave
Subject of the RF	Unit of measureme nt	Base value		Base value Period of implementation of the project, year					
		value	year	2025	2026	2027	2028	2029	2030
Tomsk Region	person	217	2024	346	353	355	357	359	359
Activity: so conducted onc			testing fo	or total an	tibodies		patitis C v	irus in th	e blood
Subject of the RF	measureme nt	value	year	2025	2026	2027	2028	2029	2030
Tomsk Region	person	27 323	2024	54 646	54 646	54 646	54 646	54 646	

Clinical Recommendations of the Ministry of Health of the Russian Federation, Chronic Viral Hepatitis C 2021

Treatment in inpatient settings

 with HCV with outcome to cirrhosis (including decompensated cirrhosis); with severe fibrosis (METAVIR F3)

with clinically significant extrahepatic manifestations

with relapse of CVC after liver transplantation

 at risk of rapid development of liver disease due to comorbidities (chronic viral hepatitis B, HIV infection, diabetes mellitus, etc., after transplantation of organs other than the liver)

at high risk of transmission



Co-financing program Decree of the Government of the Russian Federation №407 Program «Development of Healthcare» Order of the Government of the Russian Federation dated 15.03.2024 №615



Treatment

Patients without urgent treatment indications receive care <u>based on</u> <u>priority</u>

Criteria for the priority selection of patients with Chronic Viral Hepatitis C for antiviral therapy in an outpatient stage are:

- Placement of the patient in the regional state medical organization for admission to a clinic at the place of attachment with diagnosis of chronic viral hepatitis C;
 - Availability of patient screening results for referral of chronic hepatitis C patients to the Hepatology Clinic for administration/delivery of antiretroviral therapy;
 - Positive PCR results for HCV for at least 6 months;
 - No HIV infection



Conclusions



• State funding (state guarantees program, federal co-financing program, regional budget) helps to increase the volume of antiviral therapy. This, in turn, allows the government to achieve the goal of eliminating the hepatitis C virus. The initiative will also facilitate timely detection of patients with this infection thanks to the creation of a unified registry and will make a contribution to the prevention and minimization of HCV spread.

