IMPACT OF EMICIZUMAB ON ANNUALIZED BLEEDING RATES IN PERSONS WITH HEMOPHILIA A IN WESTERN KENYA

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INTRODUCTION

Prophylactic treatment for Persons with Hemophilia (PWH) still remains largely inaccessible in Kenya. Donation of Emicizumab for PWH A through the World Federation of Hemophilia (WFH) Humanitarian Aid Programme in March 2021, started the first sustainable prophylaxis programme in Kenya.

AIM

To assess the impact of Emicizumab on annualized bleeding rate in persons with hemophilia A at Moi Teaching and Referral Hospital Hemophilia comprehensive clinic

METHOD

58 PWH A were enrolled into the Emicizumab programme in Kenya, with of them 29 at Moi Teaching and Referral hospital (MTRH) in western Kenya. Emicizumab was given at a loading dose of 3mg/kg subcutaneously for 4 weeks, then maintenance dose of 6mg/kg subcutaneously every 4 weeks. Patients received all their treatment at the hospital between March and October 2021

RESULTS

25 patients had severe hemophilia A and 4 with moderate levels. 16 patients had inhibitors, 3 with history of life-threatening bleeds and 10 with annualized bleeding rate (ABR) of >8 The age range for the 29 patients was 3 -34 years (mean 14.2 years).

Before initiation of Emicizumab the average ABR was 9.79. After 8 months of Emicizumab prophylaxis treatment the ABR reduced to 0.75, 92.3% reduction.

3 patients underwent minor dental procedures without requiring clotting factor concentrates.

2 patients had long bone fracture (tibia and radius) and were managed conservatively with clotting factor concentrates and closed reduction with a cast.

There were also documented improvements in patients' joint health, mobility and quality of life with fewer sick days from school or work or hospital visits due to frequent bleeds.

1 patient had a mild drug reaction, injection site rash and itchiness. 2 patients delayed maintenance schedule for 2 months.

CONCLUSIONS

Emicizumab treatment led to a significant reduction of ABR, with close to 100% adherence to the regimen and no adverse drug reaction. The main challenge was transportation to the clinic for treatment. Attesting to the impact of support by WFH in providing access to treatment for persons with hemophilia.

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1.World Federation of Hemophilia

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4. Indiana Hemophilia and Thrombosis center

REFERENCES

World Federation of Hemophilia Guidelines 3rd Edition