LOW-THRESHOLD HEPATITIS C TREATMENT FOR PEOPLE WHO INJECT DRUGS

Testing, compliance and treatment

BACKGROUN AND AIMS

HCV infection among people who inject drugs (PWID) in Norway
• Approximately 50% are chronically infected
• Treatment uptake remains low despite changes in national treatment guidelines recommending treatment to all, including PWID. DAA’s are prescribed to patients with fibrosis stage 2 or more
• Among Norwegian PWID deceased after the age of 50 liver related diseases are the most common causes of death

The HCV Clinic
• In 2013 our group initiated a Hepatitis C street-clinic in Oslo to provide HCV testing and treatment for PWID.

Aim
• To describe the HCV Cascade in a low threshold HCV clinic for PWID

METHODS

HCV Clinic, the model of care
• Two fulltime nurses are supported by a general practitioner and a specialist in infectious diseases. The nurses have long experience in low-threshold work and a vast knowledge of the relevant services in Oslo
• Patient-centric with flexible staff, extensive use of existing networks, outreach work and tailored treatment plans
• The nurses do all medical procedures allowing them to do a complete examination in the patient’s home, in prisons or other locations
• The Salvation Army’s Street Hospital can provide in-house treatment if needed

Location
• The clinic is located at Prindsen Mottakssenter, a low threshold facility consisting of emergency housing, a low threshold health clinic, injection room, outreach program and a needle exchange program.

RESULTS
• 273 patients have been tested
• 185 had a chronic infection
• 59 had antibodies
• 29 had never been exposed to the virus
• Eighty-two% (n=151) of 185 patients with chronic infection have been evaluated using fibroscan (6 of these were referred for biopsies)
• 70 patients had F2 or more, and thus qualified for treatment
• 45 patients have been treated
• One patient treated with interferon did not complete the treatment due to side effects
• Two died of unrelated causes
• One relapsed
• In the Oslo populous genotype 1 and 3 are the most common. Several genotype 3 patients are on hold awaiting new medications coming fall of 2016

CONCLUSIONS
Treating hepatitis C amongst PWID in a low-threshold health-service is feasible. It requires flexibility and close collaboration with the patients and their network. The clinic has a SVR rate of 81%.

DISCLOSURE OF INTEREST STATEMENT
The clinic has access to a fibroscan machine donated by Abbvie to The Salvation Army.